

NON- DELEGATED POTW PRETREATMENT ANNUAL REPORT

Cover Sheet

Control Authority Name Hamilton_Lake Conservancy District

Report Date 6-25-2024

Period Covered by this Report, from 01/01/2023 to 12/31/2023

Name of Wastewater Treatment Plant(s)	NPDES Permit No.
<u>Hamilton Lake Conservancy District</u>	<u>IN0050822</u>
_____	_____
_____	_____

Person to contact concerning information contained in this report:

Name (Mr.) (Mrs.) (Ms.) Lance Garman

Title Superintendent

Mailing Address P.O. Box 331 _____

Hamilton Indiana 46742 _____

County Steuben _____

Telephone No. 260-488-3251 _____

Fax No. (optional) _____

Email Address

HLCDPlant@Frontier.com

Website Address _____

Name (Mayor) (Town Council Pres.) Dick Lineberry

Mailing Address P.O. Box 331 _____

Hamilton Indiana 46742 _____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Date: 6-25-2024 **Signed:** Lance Garman _____

Print Name Lance Garman _____ **Title** Superintendent _____

PRETREATMENT NARRATIVE SUMMARY

****The following is a mandatory requirement per Part III of your NPDES permit. Please include information regarding, but not limited to, the following:**

- (1) program effectiveness as measured by the impact of the discharges from IUs on the operation/performance of the POTW;**
- (2) the adequacy of the local SUO and local limits;**
- (3) the adequacy of resources, including personnel, training, equipment, and laboratory; and**
- (4) the need for program modifications to improve program effectiveness. Include additional pages if necessary.**

Triton Industries is a categorical industrial user. They powder coat and fabricate metal parts. Only powder coating some.

I am in the plant once per month reading the meter and looking for problem areas. But Triton is a very clean and organized facility.

All our sampling was done by a 3rd party lab.

The HLCD pretreatment program appears to be adequate at this time.

FORM NO. 1

BIOSOLIDS

What does the Control Authority do with the sludge/biosolids? Landfill _____

If biosolids are land-applied, please fill out the following Table.

Pollutant	Biosolids Concentration (mg/kg)		503 Table 1 limits Ceiling Concentration (mg/kg)	503 Table 3 limits Monthly Ave. (mg/kg)
Arsenic			75	41
Cadmium			85	39
Copper			4300	1500
Lead			840	300
Mercury			57	17
Molybdenum			75	N/A
Nickel			420	420
Selenium			100	100
Zinc			7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)? _____

What date(s)? _____

FORM NO. 2

**REPORT OF UPSETS, BIOSOLIDS VIOLATIONS,
AND NPDES PERMIT EFFLUENT LIMIT VIOLATIONS**

<u>Type of Incident</u>	<u>Date</u>	* <u>Explanation of Incidents</u>	* <u>Corrective Action Taken</u>
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If no upsets or violations write NONE

FORM NO. 3 INDUSTRIAL USER UPDATE

INDUSTRIAL USER NAME/MAILING ADDRESS	CONTACT (PLEASE INDICATE MR./MS.) PHONE/FAX (OPTIONAL) EMAIL ADDRESS (OPTIONAL)	**TYPE OF INDUSTRY	ACTUAL FLOW (GPD)
Triton Metal Products 7790 South Homestead Drive Hamilton Indiana 46742	Shawn Sabins	Metal Finisher	611

****If an IU is Categorical (CIU), list the applicable category (i.e., metal finisher, electroplater, leather tanner, etc. or 40 CFR 433.17, etc.). Non-categorical SIUs should be listed as "SIU", with a description of the process (i.e., SIU-landfill or SIU-hospital). Industries that are not significant and not categorical are not required to be listed in this report. However, if you wish to list them on this form, please identify them as "Other."**

Please attach a copy of the completed industrial user survey form for each of the IUs listed above (the industrial user survey is due every other year, or bi-annually per Part III of your NPDES permit). See Attachment A for a blank copy of the industrial user survey.

Form No. 5

INDUSTRIAL USER COMPLIANCE REPORT

(For the annual reporting period January 1, ____2023____ - December 31, ____2023____)

Industrial User	Oct- Dec		Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements

If no SIU had a violation write NONE

List only CIUs/SIUs who had a violation. Use one line for each parameter violated. Record Chronic or TRC violation on Form 6. Provide a copy of the analytical results that indicate a violation of an applicable IWP or the SUO.

Monthly average and daily maximum for a specific parameter are considered to be two separate parameters.

Form No. 6

SNC - INDUSTRIAL USER COMPLIANCE REPORT

(For the annual reporting period January 1, _2023____ - December 31, _2023____)

Industrial User	Oct-Mar		Jan-Jun		Apr-Sep		Jul-Dec	
	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)

If no SIU was in SNC write NONE

Use one line for each parameter for each SIU with violations, showing whether a TRC or Chronic Violation resulted: 1 for violations resulting in TRC or Chronic (both are SNC), or 0 for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate parameters.

FORM NO. 7

ENFORCEMENT AND COMPLIANCE

Industrial User	No. Verbal Warnings (1)	No. Notices of Violation	Compliance Schedule Conformity (2) YES/NO/NA	No. Administrative Orders	Number of Violations Resolved
Triton metal Products	0	0	N/A	0	0

If no SIU had a violation write NONE

1 Verbal warnings include phone calls and site visit discussions.

2 Use the following code:
In compliance with schedule = Yes
Out of compliance with schedule = No
Facility not on a schedule = NA

Note: Describe compliance schedule in a footnote or in the Narrative Summary, giving the date issued, the violation and due dates for major milestones.

FORM NO. 8
INDUSTRIAL SURVEY SUMMARY

Year Industrial Survey Completed Required every 2 years	
No. of Customers	
No. of Non-Domestic (ND) Customers	
No. of Sanitary Only ND Customers	
No. of Non-Contact Cooling, Boiler Blowdown, & or Compressor Condensate Only ND Customers	
No. of Surveys sent out	
No. of Surveys returned	
No. of potential new SIUs	
No. of SIUs with significant changes (>20%)	
List methods used to find Non-Domestic Customers	

FORM NO. 9 PRETREATMENT PERFORMANCE SUMMARY

I. GENERAL INFORMATION

Control Authority Name	Hamilton Lake Conservancy District
Address	4810 E 775 S P.O. Box 331
City	Hamilton Indiana
Contact Person	Lance Garman
Contact Telephone No.	260-488-3251
Contact E-Mail Address	HLCDplant@frontier.com
No. of Categorical SIUs	01
No. of Non-Categorical SIUs	0
Total No. of SIUs	01

	Categorical	Non-Categorical
II. SIGNIFICANT INDUSTRIAL USER COMPLIANCE		
1) No. of SIUs in Significant Non-compliance (SNC)	0	
2) Reasons for Significant Non-compliance (SNC)		
a) In SNC for Effluent Discharge Violations		
b) In SNC for Reporting Violations		
c) In SNC for Compliance Schedule		
d) In SNC for Other (explain in Narrative Summary)		

	Categorical	Non-Categorical
III. MONITORING		
1) Facilities Monitored by CA (samples analyzed for all SIU permit parameters):		
a) No. of SIUs Sampled by the Control Authority (CA)	01	
b) No. of SIUs Inspected by the CA	0	
2) Total Monitoring Events:		
a) No. of Samples by the CA	02	
b) No. of Inspections by the CA	0	

	Categorical	Non-Categorical
IV. ENFORCEMENT		
1) No of SIUs Subject to Any Enforcement Actions (include verbal warnings)	0	
2) No. of SIUs Listed in the Newspaper for SNC	0	
3) No of Notices of Violations Issued	0	
4) No of Administrative Orders Issued	0	
5) No. of SIUs on Compliance Schedules (anytime during the year)	0	
6) Suits Filed:		
a) No. of Civil Suits	0	
b) No of Criminal Suits	0	
7) No. of Other Actions Taken (sewer bans, etc. but not verbals)		
8) Penalties Collected:		
a) No. of SIUs from whom penalties were collected	0	
b) Total Dollars (\$) collected in the period	0	

ATTACHMENT A
INDUSTRAIL SURVEY FORM

INDUSTRIAL USER SURVEY

Industry Name:	
Address:	
Industry Representative/Title	
Phone #:	
E-Mail:	
Product/s Manufactured:	
Raw Materials:	
Chemicals Used in Process:	
Description & Identification of Wastewater Generating Processes:	
Hazardous Materials:	
No. of Waste streams:	
No. of Outfalls:	
Process Flow (gpd) :	
Batch or Continuous Discharge:	
Permits:	

Date:	
Name:	
Title:	
Signature:	

ATTACHMENT B
INSPECTION FORM

INDUSTRIAL PRETREATMENT INSPECTION REPORT

Inspection Date:		Inspector:	
Starting Time:		Ending Time:	

Type of Inspection

Scheduled	
Demand	

Facility Information

Facility Name:	
Facility Address:	
Permit Number:	
Nature of Operation	
Categorical (provide category, if not categorical list why it is permitted)	

Chief Executive Officer		Phone No or E-mail	
Responsible Officer		Phone No or E-mail	

General Information

Facility Representative	
Phone No or E-Mail	
No. of Employees	
No. of Shifts	
Hours of Operation	
Additional Permits	
Changes since last inspection:	
Planned Changes:	
Production Rate Average	

History

Last Inspection Date	
Inspector	
Deficiencies	
Corrective Actions	
Enforcement	
Compliance Schedule	

Plans

	Required	Adequate	Last Updated	Last Training
Slug Control				
SPCC				
TOMP				

Water

Source of Water	
Monthly Ave Consumption	
Backflow Preventor Location	
Backflow Preventor Calibration Date	

Wastewater Discharges (gpd)

Into Product	
Evaporation	
Irrigation	
NPDES Outfall	
To POTW	
Industrial Process	
Cooling Tower	
Non Contact Cooling	
Boiler Blowdown	
Sanitary	
Other	
Combined Waste Stream	
Flow Meter Calibration Date	
Flow Records	
No. of Outfalls to POTW	
No. of Regulated Outfalls to POTW	

Manufacturing Area

Products/Services	
Processes	
Process Waste Streams Discharges to	
Raw Materials	
Chemicals	Add to chemical list on the last page
Solvents	Add to chemical list on the last page
Containment	
Floor Drains to Pretreatment or POTW	
Hoses Used in Production	
Changes in Production/Waste Flow/Concentration	
Housekeeping	
Spill Containment Equipment	

Maintenance Area

Boiler & Cooling Tower Additives	Add to chemical list on the last page
Used Oil	
Chemicals	Add to chemical list on the last page
Solvents	Add to chemical list on the last page
Containment	
Housekeeping	
Spill Containment Equipment	

Chemical Storage

Chemicals	Add to chemical list on the last page
Containment	
Floor Drains to Pretreatment or POTW	
Housekeeping	
Spill Containment Equipment	

Pretreatment Area

Certified Operator	
Class	
Number	
Expiration Date	
Pretreatment Type	
Description	
Dilution Waste Streams Present	
Treatment – Batch or Continuous	
Discharge – Batch or Continuous	
Chemicals	Add to chemical list on the last page
Containment	
Overall Condition	
Adequate Treatment	
Online Monitoring Equipment Calibration	
Housekeeping	
Spill Containment Equipment	

Self Monitoring

Sample Location	
Sample Site No. or Name	
Categorical End of Pretreatment or Process	
Local Limits Entrance to POTW Collection System	
Dilution Waste Streams prior to sample location	
Contract Lab or Self Analyses	
Contract Lab Name	
Correct Sampling Type	
Correct Containers	
Samples Preserved	
Chain of Custody (Monitoring Logs for in-house testing)	
Holding Times	
Methods	
Detection Limits	
Sampling Frequency	
Calibration of Equipment	
Reports	

