

Oregon Department of Environmental Quality

Noncompliance Reporting Form

For all permit violations, including monitoring requirements.

Use this form to report all instances of noncompliance *except* sanitary sewage overflows. Fill out all fields and sign. You may attach additional information to this report to explain the circumstances of noncompliance. This information may include but is not limited to maintenance records and monitoring results.

| F.F. | ACILITY / CONTACT INFORMATIC | Ν | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------|-----------|------------|-----------|--|--|--|--|
| Name of Permittee: City of Sweet Home | | | | | | | | | |
| Contact Name: Steven L Haney | | | | | | | | | |
| Phone: 541-818-8003 | Email: shaney@sweethomeor.gov | Date: 8/17 | /2022 | | | | | | |
| DEQ Permit #: 101657 | DEQ File #: 86840 | EPA ID#: C | OR. | | | | | | |
| Has non-compliance been corrected?: | | | | | | | | | |
| Date/Time Started: 8/16/2022 Date/Time Stopped: 8/16/2022 | | | | | | | | | |
| Description of Noncompliance: | | | | | | | | | |
| We exceeded our e-coli max of 406 with a >2419.6, during this noncompliance we are recovering from a plant upset. We believe that an unknown substance flowed into our plant the previous week and killed all of our biological life, we are not in process recovering from this upset. (Life has been restored to aeration basin, just not adequate for treatment currently) | | | | | | | | | |
| AG | ENCY AND PUBLIC NOTIFICATION | ON | | | | | | | |
| Was the non-compliance one of the foll | owing: | | | | | | | | |
| A noncompliance which may en | Yes | 0 | No | 0 | | | | | |
| An unanticipated bypass which | mit Yes | 0 | No | © | | | | | |
| An upset which exceeds any eff | Yes | © | No | 0 | | | | | |
| • Violation of a maximum daily of the story of the above, complete the | Yes | 0 | No | © | | | | | |
| OERS Number: 2022-1913 | rest of this section. | | | | | | | | |
| | mp on Ames Creek as it enters So | uth Santia | am | | | | | | |
| · | munications Manager is handling N | | | | | | | | |
| List any other steps taken to notify the p | | Todia | | | | | | | |
| | Drinking Water facility, and Communications Ma | anger for City | along wit | :h City ma | nager and | | | | |
| | CAUSE(S) | | | | | | | | |
| Cause or suspected cause(s): | | | | | | | | | |

We experienced a plant upset the previous week and our biology was killed, we are recovering now

but our effluent is still effected. Our final cl2 residual was approx >2.25 before dechlorination.

Oregon DEQ Noncompliance Reporting Form continued

| RAINFALL DATA | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|--|--|--|
| Rainfall (for storm-related noncompliance): 0 | inches | Design Storm: | Unknown | inches | | | |
| Source of rainfall data: Rain Guage0 | | | | | | | |
| CORRECTI | VE ACTIO | ONS | | | | | |
| List actions taken or planned to reduce, eliminate, and preve | ent reoccurr | ence of the nonco | mpliance. | | | | |
| Actions taken (describe): | | | | | | | |
| Our target is now 2.0 for cl2 residual until our e-coaeration basis and are seeing improvements (we a | | | 0 0, | | | | |
| Actions planned and schedule for those actions (describe): | | | | | | | |
| Getting quotes on discrete autosampler and in-line being feed to our treatment plant from the collection | | | try and figure οι | ut what is | | | |
| | | | | | | | |
| СОМ | MENTS | | | | | | |
| Comments: | | | | | | | |
| I certify under penalty of law that this document and all attac accordance with a system designed to assure that qualified pesubmitted. Based on my inquiry of the person or persons who gathering the information, the information submitted is, to the complete. I am aware that there are significant penalties for sand imprisonment for knowing violations. | ersonnel pro o manage th e best of my | perly gathered and e system, or those knowledge and b | d evaluated the info persons directly re- pelief, true, accurate | rmation sponsible for , and | | | |
| | | 8/17/2022 | - | | | | |
| Authorized Signature | | Date | | | | | |
| Steven L Haney | | 541-818-8 | 3003 | | | | |
| Name (print) | | Phone | ovvo oth area | or do: | | | |
| Utilities Manager Title (print) | | Email Email | sweethome | Ji .gov | | | |
| Title (print) | | Lillall | | | | | |