



TDEC - Division of Water Resources  
Knoxville Field Office

ICIS NPDES Facilities Inspection Report

Facility Data

NPDES ID:  Facility Site Name:   
 Address:   
 Permit Eff. Date:  Permit Exp Date:  SIC Code:

Compliance Monitoring Information

Compliance Monitoring Activity Name:   
 \* If Bio Monitoring is selected above, select the method used:   
 Compliance Monitoring Activity:

Compliance Monitoring Dates/Times

Entry Date/Time (mm/dd/yyyy hh:mm):  Exit Date/Time (mm/dd/yyyy hh:mm):

Facility Representatives

On-Site Representative(s) Title, Phone Number:   
 Responsible Official(s), Title, Phone Number:

Statute and Section Information

Federal Statute:  State Statute:   
 Programs:   
 Compliance Monitoring Reason:   
 Compliance Monitoring Agency Type:  Agency Name:   
 Did EPA assist/ Inspection?  Time Physically conducting activity: Days:  Hours:   
 Inspection Type:  Compliance Monitoring Action Outcome:   
 Lead Agency:  Compliance Monitoring Rating Code:   
 If Joint Inspection, what was the purpose of the other party?

Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self - Compliance Program	<input type="checkbox"/> Pretreatment
<input checked="" type="checkbox"/> Records / Records	<input type="checkbox"/> Compliance Schedule	<input checked="" type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water
<input checked="" type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling / Disposal	<input type="checkbox"/> Sanitary Sewer Overflow

Compliance Monitoring Summary

See attached inspection report.

EPA and State Representatives

Christie VonHatten Inspector's Signature		TDEC-DWR/KEFO/865-594-6035 Agency / Office / Phone	<input type="text" value="7/3/17"/> Date
Shari Winburn Manager's Signature		TDEC-DWR/KEFO/865-594-6035 Agency / Office / Phone	<input type="text" value="07/03/17"/> Date

(Note: This form can only be printed to an XPS document, then saved for later use.)



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243

1-888-891-8332 (TDEC)

Ready Mixed Concrete Facilities General NPDES Permit (TNG110000)  
Compliance Inspection Report

Facility Name:	Dixie Concrete Company	NPDES Tracking Number: TNG	TNG110095
Street Address:	1414 Old Jacksboro Pike	County:	Campbell
Inspection Date:	6/29/2017	Time of Entry:	13:45
		Effective Date:	16-JAN-13

Notice of Coverage (NOC) and Stormwater Pollution Prevention Plan (SWPPP)

	Yes	No	N/A
Is the facility's NOC retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the facility developed and maintained a SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the SWPPP include: a detailed site map identifying: outfalls, outlined drainage areas, flow direction, washout areas, location of exposed materials, surface water boundaries, BMPs/EPSCs and fueling areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an inventory of potential pollutant sources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a pollution prevention team?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a list of measures and controls to prevent pollution?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a description of good house keeping practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a list of erosion prevention and sediment controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a list of significant spills and leaks of toxic and hazardous pollutants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a description of spill prevention and response procedures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a certification page signed by the appropriate authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a description of employee training and dates delivered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Non-discharging Treatment System

	Yes	No	N/A
Has the facility applied for coverage as a non-discharging treatment systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has any discharge occurred for the non-discharging treatment system? If yes, what was the cause of the discharge? Ex: excessive rain, equipment failure, etc. <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Vehicle Washout Area

	Yes	No	N/A
Is there a vehicle washout area on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any evidence of material/residue from washout areas entering waters of the state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the permittee have a remote washout site on privately owned property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Quarterly Monitoring of Processed/Treated Wastewater

	Yes	No	N/A
Has the permittee performed quarterly monitoring in accordance with the requirements of the permit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the quarterly monitoring reports retained on-site or available upon request? (DMR reports)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Stormwater Monitoring

	Yes	No	N/A
Has the permittee performed stormwater monitoring at all of the outfalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all of the required parameters been monitored? (Iron, total, TSS, and pH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the samples been collected in accordance with the requirements of the permit? (w/in 30-60 min. of storm event and at least 72 hours from previous storm event exceeding 0.1 inch)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the monitoring reports and associated documentation retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the facility notify the Division within the required time frame if benchmark exceedances occurred?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comprehensive Site Compliance Evaluations and Inspections

	Yes	No	N/A
Has the permittee performed annual comprehensive site compliance evaluations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the permittee performed any required site inspections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the evaluations and inspection records retained on-site or available upon request?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Facility BMP Review

	Yes	No	N/A
Are the site BMPs in accordance with the SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the BMPs been installed correctly and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have good housekeeping measures been implemented and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Outfall and Receiving Waters (where applicable)	Outfall # <u>1</u>	Outfall # <u>2</u>
Was an outfall discharging at time of inspection? If yes, explain observations (source/color/odor/foam/scum/solids etc.).	N/A	Yes
Condition of receiving water upstream from the outfall?	—	Murky/brown
Condition of receiving water <u>0</u> feet downstream of the outfall?	—	Murky/brown
Condition of receiving water <u>10</u> feet downstream of the outfall?	—	Murky/brown

**Observations and Comments:**

- SWPPP is organized and kept in a binder, however, the pages are not filled out to reflect their facility
- 2016 quarterly monitoring reports onsite. 2017 quarterly reports have been submitting electronically, no hard copies available
- 2016 annual sampling not conducted due to drought
- 2017 Annual Sample exceeded pH benchmark on outfall #002 (pH 9.84) Division was not notified
- Outfall 1 & 2 are too close together. There is no outfall indicated or being sampled from ~~the~~ washout area
  - ↳ Recommend moving outfall #1 to washout area and keeping out-fall #2 near stream.
- Outfall #2 could use some checkdams or filtering socks. Hay bale located at end of outfall #2, however, more BMPs could help fix pH benchmark exceedence.

On-Site Contact Person:	DWR Inspector:
Print Name: <u>Ralph R. Henson</u>	Print Name: <u>Christie VonHatten</u>
Title: <u>V.P.</u> Date: <u>6/29/17</u>	Title: <u>Env. Scientist</u> Date: <u>6/29/17</u>
Signature: <u>Ralph R. Henson</u>	Signature: <u>Christie VonHatten</u>
Cell: <u>865-617-1325</u> <u>423-562-2277</u>	Phone: <u>865-594-5587</u>
Phone: <u>865-617-1325</u>	Email: <u>christie.vonhatten@tn.gov</u>
Email: <u>None</u>	