

City of Yukon



Document Packet

DEQ and Permit



Oklahoma Department of Environmental Quality
Water Quality Division
PO Box 1677
Oklahoma City, OK 73101-1677
405-702-8100

YUKON
OK2000910
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Contact Information

Administrative contact with title: Mr. James D. Crosby, City Manager
500 W. WAGONER ROAD
YUKON OK 73085
Business phone:

Additional contacts: MALY, MATT Business phone:
Fax:
Emergency phone:
Email address:
WILLIAMS, ROBBIE Business phone:
Fax:
Emergency phone:
Email address:

Inventory Information

Classification: Community
Operating period: 1 / 1 to 12 / 31 Residential
Population served: 22498 Residential
Service connections: 8258
Water purchased from: OK1020902 OKLAHOMA CITY
Water sold to:
Active wells: WL001 WELL 1
WL002 WELL 2
WL003 WELL 3
WL004 WELL 4
WL005 WELL 5
WL006 WELL 6
WL007 WELL 7
WL008 WELL 8
WL009 WELL 9
WL010 WELL 10
WL011 WELL 11
WL012 WELL 12
WL013 WELL 13
WL014 WELL 14
WL015 WELL 15



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Active intakes:

Active treatment plants: CL001 CHLORINATION STATION 001

Treatment Processes:	<u>Source</u>	<u>Treatment Objective</u>	<u>Treatment Process</u>
	CL001	DISINFECTION	GASEOUS CHLORINATION, POST

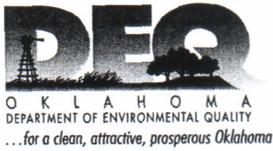
Active storage tanks:	ST001	MUSTANG ROAD EST
	ST002	CORNWELL ROAD EST
	ST003	VANDANANT AVENUE EST
	ST004	NE 10TH AND HWY 92 EST

Inactive intakes:

Inactive wells:

Inactive treatment plants:

Inactive storage tanks:



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Monitoring and Sample Schedules

Water System Facility	Sample Frequency	Monitoring Begin Date	Contaminant	Seasonal Collection Period
DS001 DISTRIBUTION SYSTEM	30 per 3Y	1/1/2001	LEAD AND COPPER	6/1 - 9/30
DS001 DISTRIBUTION SYSTEM	1 per YR	1/1/2007	DISINFECTION BY-PROD	7/1 - 9/30
DS001 DISTRIBUTION SYSTEM	25 per MN	1/1/2009	BAC-T	1/1 - 12/31
POE02 YUKON TRANSMISSION	1 per 6Y	1/1/2002	VOC (CORRECTED)	
POE02 YUKON TRANSMISSION	1 per 9Y	1/1/2002	SODIUM	
POE02 YUKON TRANSMISSION	1 per 9Y	1/1/2002	INORGANIC CHEMICALS	
POE02 YUKON TRANSMISSION	1 per YR	1/1/2006	NITRATE-NITRITE	
POE02 YUKON TRANSMISSION	1 per QT	10/1/2006	ARSENIC	

Sample Frequency:
 MN = Month, 6M = Six months
 YR = Year, 3Y = Three Years, 6Y = Six Years, 9Y = Nine Years
 QT = Calendar Quarter

PROJECT CODES & EXPLANATIONS

PROJECT CODE	DESCRIPTION	
MO-F	A fluoride check sample submitted monthly by PWS systems that add fluoride to their system to compare results	Monthly Fluoride
PWS-X	A generic code used for public water supplies to request operational checks and is not to be used for compliance	Operational Request
RH-PWS	Radiochemistry compliance sample	Radiochemistry
WQ-XTW	Used for testing primary and secondary standards on new wells or potential wells to be used as public water supply wells	Test Well
WQ-VOC	Used for testing volatile organic chemicals on new wells or potential wells to be used as public water supply wells	Test Well VOC
WS-VOC	Volatile organic chemical compliance sample	VOC's
WSVOCV	Volatile organic chemical compliance resample	VOC Resample
WS-XTM	Trihalomethane compliance sample	Trihalomethanes
WS-HAA	Haloacetic Acid compliance sample	Haloecetic Acids
WS-BR	Bromate compliance sample	Bromate
WS-CHL	Chlorite compliance sample	Chlorite
WS-TOC	Total organic chemical compliance sample	TOC
WSSUVA	Ultra violet total organic chemical sample	SUVA
WS-IOC	Inorganic chemical compliance sample (Metals, Fluoride, and Cyanide)	Inorganic Chemicals
WSIOCV	Inorganic chemical compliance resample	Inorganic Chemical Resample
WS-AS	Arsenic compliance sample	Arsenic
WS-LC	Lead/copper compliance sample	Lead/Copper
WS-AN	Annual Nitrate/nitrite compliance sample	Annual Nitrate
WS-QN	Quarterly Nitrate/Nitrite compliance sample	Quarterly Nitrate
WS-RN	Quarterly Nitrate/Nitrite compliance	Quarterly Nitrate Resample
WS-VN	Nitrate violation compliance sample	Nitrate Violation
WS-ZN	Annual/formerly quarterly Nitrate	Annual Nitrate
WS-NO2	Nitrite compliance sample	Nitrite
PWS	Bacteria (P/A)	Bact's
CHLN4	Chloramines	

A. Effluent Limitations and Monitoring Requirements (Outfall 001)

1. Effluent Limitations

During the period beginning the effective date and lasting through date of expiration the permittee is authorized to discharge treated wastewater in accordance with the following limitations:

Effluent Characteristics	Discharge Limitations			Monitoring Requirements	
	Mass (lbs/day, unless otherwise specified)	Concentration (mg/l, unless otherwise specified)		Measurement Frequency	Sample Type
		Monthly Average	Monthly Average		
Biochemical Oxygen Demand - 5 Day (BOD₅) [STORET: 00310]	500.4	20.0	30.0	1 per Week	6-hour composite
Total Suspended Solids (TSS) [STORET: 00530]	750.6	30.0	45.0	1 per Week	6-hour composite
Ammonia, total^a (NH₃-N) [STORET: 00610]	102.6	4.1	9.9 ^b (daily maximum)	3 per Week	6-hour composite
Fecal Coliform^c (May - September) [STORET: 74055]	N/A	200 (geometric mean)	400 (daily maximum)	2 per Week	Grab
Total Residual Chlorine^d [STORET: 50060]	NA	Instantaneous Maximum: No Measurable ^e		Daily	Grab

^a In accordance with OAC 252:690-3-24, compliance with new toxicity-based ammonia limitations will be deferred for a period of three years from the effective date of the permit. The frequency is 3 times per week the first year of sampling as required by OAC 252:690-3-22 and 26.

^b Ammonia concentration and loading limits are toxicity based. Where toxicity based limits are required, a daily maximum load is established for municipal POTWs instead of a weekly average limit.

^c Coliforms are measured in colonies/100 ml.

^d If no chlorine is used for an entire reporting period, the permittee shall report a value of “zero” for the daily maximum and enter “No chlorine used this reporting period” in the comments section on the DMR for that reporting period in lieu of the indicated testing. For any week in which Chlorine is used, the indicated testing shall be done until the Chlorine is no longer in use and at least one subsequent test verifies that the effluent meets the Total Residual Chlorine limit.

^e No measurable is defined as less than 0.1 mg/l.

There shall be no discharge of floating solids or visible foam in other than trace amounts.

There shall be no discharge of any visible sheen of oil or globules of oil or grease.

The pH [STORET: 00400] shall not be less than 6.5 standard units nor greater than 9.0 standard units at any time and shall be monitored daily by grab samples.

Samples taken in compliance with permit limits and monitoring requirements shall be taken at the Parshall flume located north of the chlorine contact basin.

Flow [STORET: 50050] (measured in million gallons per day) shall be monitored daily by totalized measurement and reported as a 30-day average and a daily maximum.

DRAFT

AUTHORIZATION TO DISCHARGE UNDER THE OKLAHOMA POLLUTANT DISCHARGE ELIMINATION SYSTEM

PART I

In compliance with the Oklahoma Pollutant Discharge Elimination System Act (OPDES Act), Title 27A O.S. § 2-6-201 *et seq.*, and the rules of the State of Oklahoma Department of Environmental Quality (DEQ) adopted thereunder {See OAC 252:606}; the Federal Clean Water Act, Public Law 95-217 (33 U.S.C. 1251 *et seq.*), Section 402; and NPDES Regulations (40 CFR Parts 122, 124 and 403),

City of Yukon
(Facility I.D. No. S-20533)
P.O. Box 850500
Yukon, Oklahoma 73085

is hereby authorized to discharge treated wastewater from a facility located at approximately

NE¼, SE¼, SW¼, Section 8
Township 12 North, Range 5 West, I.M.
Canadian County, State of Oklahoma

to receiving waters: North Canadian River at the point located at approximately

Latitude: 35° 31' 58.133" N [GPS: NAD 1983 CONUS]
Longitude: 97° 45' 20.321" W [GPS: NAD 1983 CONUS]

Planning Segment No. 520530 (Water Body I.D. No. 520530000010)

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, III and IV hereof.

This permit replaces and supercedes the previous permit issued on March 29, 2004.

The issuance date of this permit is Month Date, 2009.

This permit shall become effective Month Date, 2009.

This permit and authorization to discharge shall expire at midnight Month Date, 2014.

For the Oklahoma Department of Environmental Quality:

Jeff Welsh, P.E., Manager
Municipal Permits Section
Water Quality Division

Jon L. Craig, Director
Water Quality Division

Effluent Characteristic			Reporting/Monitoring Requirements ^a		
Test	Critical Dilution	Parameter	7-day Min	Testing Frequency ^b	Sample Type
Routine Testing <i>Ceriodaphnia dubia</i> , 7-day chronic NOEC static renewal, freshwater	100%	Pass/Fail Survival [TLP3B]	Report	1/quarter ^c	24-hr comp
		NOEC _s Survival [TOP3B]	Report		
		% Mortality at Critical Dilution [TJP3B]	Report		
		Pass/Fail Reproduction [TGP3B]	Report		
		NOEC _s Reproduction [TPP3B]	Report		
		% Coeff of Variation [TQP3B]	Report		
Routine Testing <i>Pimephales promelas</i> (Fathead minnow), 7-day chronic NOEC static renewal, freshwater	100%	Pass/Fail Survival [TLP6C]	Report	1/quarter ^c	24-hr comp
		NOEC _s Survival [TOP6C]	Report		
		% Mortality at Critical Dilution [TJP6C]	Report		
		Pass/Fail Growth [TGP6C]	Report		
		NOEC _s Growth [TPP6C]	Report		
		% Coeff of Variation [TQP6C]	Report		
Retesting	Retest #1 [22415] ^d		Report	As required ^e	24-hr comp
	Retest #2 [22416] ^d		Report		

- ^a See Part II, Section A, Whole Effluent Toxicity Testing, for additional monitoring and reporting conditions.
- ^b See provision for monitoring frequency reduction after first two years (Part II, Section A, Item 5).
- ^c Results of retests conducted pursuant to prior test failure shall not be submitted on DMRs in lieu of routine test results (see Part II, Section A, Item 2.a).
- ^d Applies to either or both test species, according to results of test failure triggering monthly retests.
- ^e Monthly retesting required only if routine test for reporting period (for either species) fails.

WET testing summary reports: Reports of all WET testing initiated, regardless of whether such tests are carried to completion, shall follow the requirements of Part II, Section A, Item 4.

b. Concurrent Testing Provision for Chronic WET Testing

Concurrent analysis of total ammonia and pH is required for each individual effluent sample collected for chronic WET testing or retesting of the Fathead minnow species. Reporting of concurrent testing results shall be in accordance with the following requirements. Results shall also be submitted in or concurrently with each WET test report.

Concurrent Effluent Testing for Chronic WET Tests - Reporting Requirements (Outfall TX10)

Effluent Characteristic	Concentration			Monitoring Requirements	
	Daily Min	Monthly Avg	Daily Max	Monitoring Frequency ^a	Sample Type
Ammonia, total (mg/l) ^b [STORET 00610]	Report	Report	Report	1/quarter	24 hr comp
pH (std units) ^b [STORET 00400]	Report	Report	Report	1/quarter	Measured in each composite effluent sample, including static renewals, just prior to first use

- ^a See provision for WET testing monitoring frequency reduction after first two years (Part II, Section A, Item 5).
- ^b Report only those effluent samples collected for WET testing of Fathead minnow species. Results may be used for compliance with ammonia and pH monitoring requirements for Outfall 001.

c. Sampling Location



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TEXAS 75202-2733

Monday, August 16, 2010

Matthew Malv/utility
501 West Wagoner Road

Yukon, OK 73099

PWS ID: OK2000910

Water System: YUKON

Subject: Important Information on the Ground Water Rule

This letter is to notify you that your public water system (PWS) MUST comply with the Ground Water Rule (GWR). EPA Region 6 is currently implementing most parts of the GWR in the state of Oklahoma due to resource limitations at the Oklahoma Department of Environmental Quality (ODEQ). The GWR went into effect on December 1, 2009, and applies to all ground water systems that have ground water sources (wells) or purchase water from systems who have wells, and also to all surface water systems (systems pulling water from a lake, river, etc.) that introduce water from wells into distribution after the surface water treatment plant. Since your system has at least one well, this packet contains critical information for you. **IT IS VERY IMPORTANT THAT YOU READ ENCLOSURES 1-4 THOROUGHLY!!** These enclosures provide critical information which will help your system comply with the GWR. Enclosures include:

1. **GWR Overview for Oklahoma Water Systems** – Summary of the GWR requirements and how EPA Region 6 is implementing this rule.
2. **Triggered Monitoring Flow Chart** – Step-by-step chart your system must follow if you detect total coliform in your distribution system sample(s). If EPA approves a system to conduct 4-log monitoring, that system will receive custom guidance.
3. **Triggered Monitoring Sampling Points & Information for Lab Slips** – A custom report designed specifically for your system showing the State assigned ID (location code) for each of your wells. EPA must have this location code to process your sample. At the bottom is a fact sheet that will help you fill out your laboratory slip.
4. **Contact Information** – This sheet will tell you who to contact when *E. coli* is detected occurs as well as names and numbers for general information.
5. **GWR Frequently Asked Questions (FAQs) for Oklahoma Water Systems** – A collection of real questions and answers from Oklahoma water systems, laboratories, and others about all parts of the GWR.

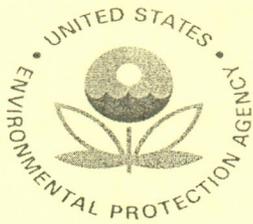
I hope this packet is beneficial to your system and provides you with useful information to assist you in complying with the GWR. Please contact Dawn Ison at (214) 665-2162 if you have any questions about this letter or the GWR and its effect on your system. We appreciate your attention to this request.

Sincerely,

A handwritten signature in black ink that reads "Blake L. Atkins".

Blake L. Atkins
Section Chief, Drinking Water Section

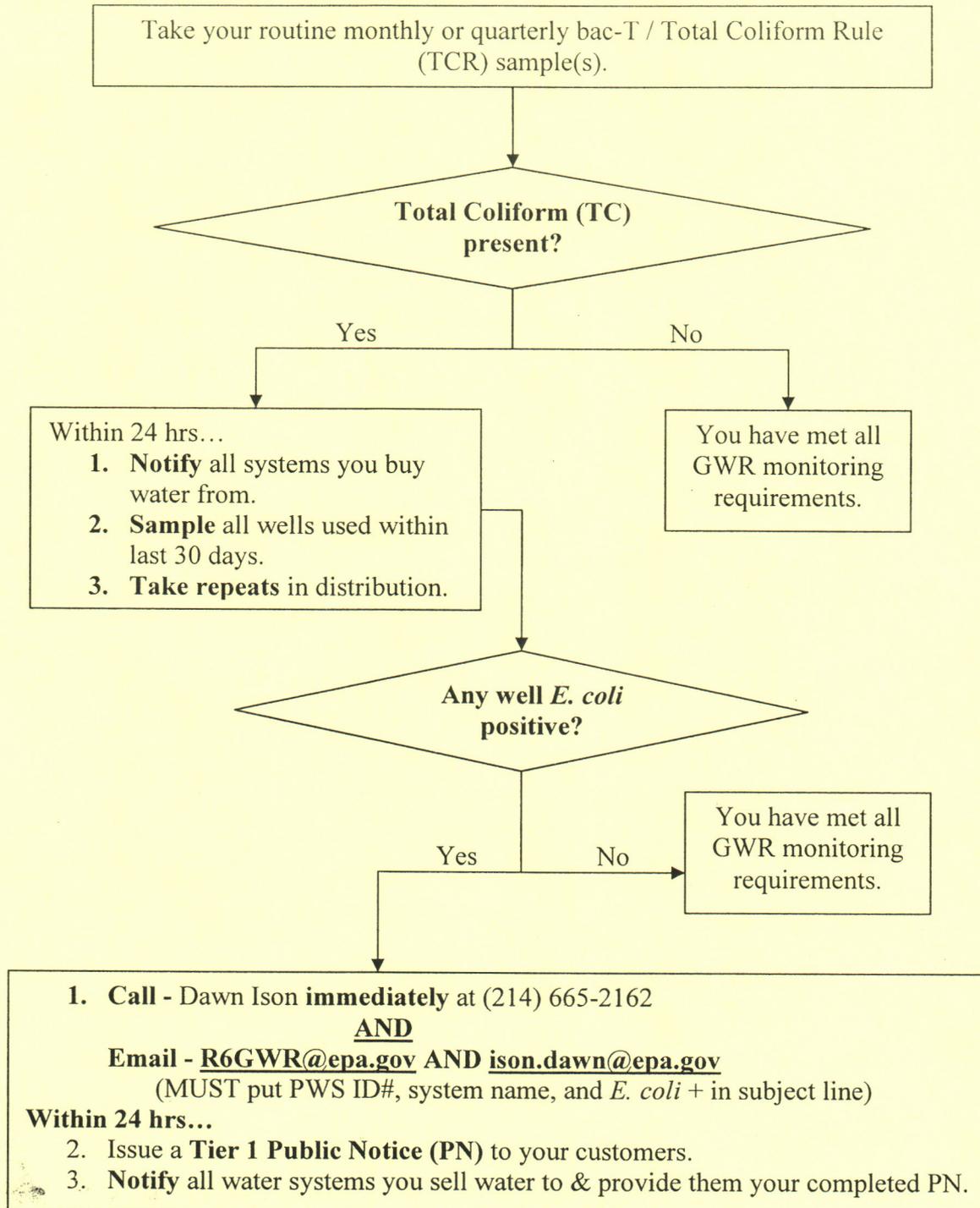
Enclosures



GWR Triggered Monitoring Flow Chart

Use this flow chart to determine what actions are required under the GWR.

All systems are automatically on Triggered Source Monitoring unless a request is made to EPA for 4-log Monitoring or EPA puts a system on 4-log due to *E. coli* issues at the source.





Triggered Monitoring Sampling Points

Use this information to correctly label samples and fill out your lab's required documents.

PWS ID: **OK2000910**
Water System **YUKON**

The following locations(s)* need to be sampled for *E. coli* if there is a Total Coliform present (TC+) in your distribution.

If the information below is incorrect please let EPA know, in addition you will need to work with ODEQ to make any changes.

*Only need to sample wells used within 30 days of getting the TC+ sample.

<u>Facility/Well Name(if applicable)</u>	<u>Location Code</u>
WELL 1	WL001
WELL 2	WL002
WELL 3	WL003
WELL 4	WL004
WELL 5	WL005
WELL 6	WL006
WELL 7	WL007
WELL 8	WL008
WELL 9	WL009
WELL 10	WL010
WELL 11	WL011
WELL 12	WL012
WELL 13	WL013
WELL 14	WL014

Information for Lab Slip

When taking GWR Triggered Source Sample(s), please have the following information available to fill out Lab Slip/ Chain of Custody form(s):

Data Piece	Description	Triggered Source Sample
		Example Values
PWS ID Number	The Public Water System (PWS) identification number. See Above This information can also be found on *ODEQ Drinking Water Watch as "Water System No."	OK1234567
WSF State Asgn ID (Location Code)	Code that uniquely identifies a Water System Facility (a well). Some labs call this the "location code." See Above This information can also be found on *ODEQ Drinking Water Watch as "Facility ID No."	WL006
Compliance Indicator	Indicates the sample has been taken for compliance(Place this under section for collector comments)	Y
Collection Date	The date on which the sample was collected. (MM/DD/YYYY format)	01/31/2010
Collection Time	The time the sample was collected (HH:MM am/pm format)	9:30 am
Collector Name	Name of the individual who collected the sample.	Doe, John

*ODEQ Drinking Water Watch <http://sdwis.deq.state.ok.us>



Triggered Monitoring Sampling Points

Use this information to correctly label samples and fill out your lab's required documents.

PWS ID: **OK2000910**
Water System **YUKON**

The following locations(s)* need to be sampled for *E. coli* if there is a Total Coliform present (TC+) in your distribution.

If the information below is incorrect please let EPA know, in addition you will need to work with ODEQ to make any changes.

*Only need to sample wells used within 30 days of getting the TC+ sample.

<u>Facility/Well Name(if applicable)</u>	<u>Location Code</u>
WELL 15	WL015

Information for Lab Slip

When taking GWR Triggered Source Sample(s), please have the following information available to fill out Lab Slip/ Chain of Custody form(s):

Data Piece	Description	Triggered Source Sample
		Example Values
PWS ID Number	The Public Water System (PWS) identification number. See Above This information can also be found on *ODEQ Drinking Water Watch as "Water System No."	OK1234567
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