# Checklist for SUO updated August 2011

# DISCUSSION

The Pretreatment, Emergency Response, and Collection Systems (PERCS) Unit published our 2011 NC DWR Model SUO on our web-site on August 12, 2011. This Model SUO includes many revisions to address the revisions to NCAC 15A 02H .0900 – Local Pretreatment Programs.

Additional comments were received and revisions were made to 1.2 (a) (34) (D) & (E) to clarify that it is the POTW’s NPDES permit, not the SIU’s. If you downloaded the Model prior to August 17, please make sure that you review these two sections and make the correction if you feel it is necessary to provide clarification. The version posted August 17 includes the informational boxes for both the required and optional 2006 streamlinig changes. The August 26, 2011 revision has removed the informational boxes regarding the 2006 required streamlining changes, making it somewhat easier to read. There are 4 – 2006 Optional Changes in the model, you may make the same choice as before or make a different choice at this time.

If you use a different numbering system than the Model note the Section number in your SUO in the appropriate column.

Many of these sections contain optional changes that are designed to strengthen or clarify. Please indicate your choice by checking Yes [you did make the change] or No [you did not make the change].

Several changes are aimed at establishing legal authority for satellite POTW situations. If your POTW is part of such an arrangement you may wish to consult with your partners to ensure the respective SUOs are compatible with each other and with any other agreements or established procedures.

After all choices have been made and informational boxes removed check the page numbering in the Table of Contents.

## **What to submit to PERCS for Sewer Use Ordinance (SUO) Revisions**

* The revised Sewer Use Ordinace
* The completed 2011 SUO checklist.
	+ Include discussion about any significant changes that deviate from the Division’s 2011 NC Model SUO on the PERCS Web-site.
* Documentation of Council adoption, including signatures and effective date of changes.
	+ POTWs may submit their SUO as a draft (before adoption) if you wish. This is especially recommended/requested for significant changes, especially where they deviate from the Division’s Model.
* Attorney’s Statement.
	+ Particular attention should be given to sections regarding multiple POTW organizations and to Section 10 – Hearings. Several suggestions are presented in Section 10, however it is up to each POTW to determine what language is compatible with their local hearing procedures.
	+ See Appendix 2-E of the *Comprehensive Guidance for NC Ptretreatment Programs.*

| **SUO SectionDWR Web-site SUO page #** | **Type of Change** | **Comments** | **POTW SUO Section # if different from DWR Model** | **Indicate choices below**  |
| --- | --- | --- | --- | --- |
| All Sections | Required  | 1) The Model SUO contains **BRACKETS**  **[ ]**  around references to other sections. The references inside the brackets will need to be **CHANGED** if your SUO **IS NOT** numbered the same as the Model SUO.2) Throughout the SUO, [Town] indicates a place for the name of the organization to be entered. See first paragraph of 1.1: “for the [Town of \_\_\_] hereafter referred to as the [Town]”3) If the administrator of the program is not referred to as the POTW Director replace [POTW Director] with the correct reference.4) In any case, the brackets themselves must be **DELETED**.5) The Model SUO also contains several **NOTES** to alert the POTW to various instructions and discussions about how to adapt the Model SUO to meet your local needs. **REMOVE THESE NOTES** from you SUO before finalizing your SUO. |  | 1. References Changed (if needed):

Yes \_\_\_\_ N/A \_\_\_\_2) [Town] replaced \_\_\_\_\_\_3) [POTW Director] changed (if needed) Yes \_\_\_\_\_ N/A \_\_\_\_\_4) Brackets Deleted \_\_\_\_\_5) Notes Deleted \_\_\_\_\_ |
| * 1. (a) & (b)
 | Optional |  |  | * 1. (a) Yes \_\_\_\_ No \_\_\_\_\_

1.1 (b) Yes \_\_\_\_ No \_\_\_\_\_ |
| 1.1 last two paragraphs | Optional  | There are 3 choices. Indicate which one is used. Also indicate if the minor wording changes Publicly Owned Treatment Works or and [Town] were made. |  | 1. \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_\_2. \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_\_3. \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| * 1. (a)(3)(B)
 | 2006 Optional | Indicate which paragraph B was used.If streamlining option was used which phrase was used. |  | \_\_\_\_ Original \_\_\_\_ Streamlining\_\_\_\_ investment recommendations\_\_\_\_ investment decisions |
| 1.2(a) (8) | Optional | Add definition |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) ~~(8)~~ | Typographical change | Indicate if this definition was deleted. If “no”, renumber subsequent definitions.  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| * 1. (a) (12)
 | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_ |
| 1.2 (a) (14) | Required for CAs with multiple POTW organizations | Indicate if the change was made or if it is not applicable to your program.Others – indicate if optional change made |  | Yes \_\_\_\_\_ No \_\_\_\_\_\_ N/A \_\_\_\_\_\_Optional: \_\_\_\_\_Yes \_\_\_\_\_\_ No |
| 1.2 (a) (18) | Optional  | Indicate the chosen option. |  | \_\_\_Remove definition and renumber\_\_\_Reference 40 CFR \_\_\_Retain original definition |
| * 1. (a) (21)
 | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_ |
| 1.2 (a) (22) | Required & Optional | Indicate which of the changes were made or if not applicable to your program |  | Req’d for multiple organizationsYes \_\_\_\_\_ No \_\_\_\_\_\_ N/A \_\_\_\_\_\_Req’d change Yes \_\_\_\_ No \_\_\_\_\_ Opt. change Yes \_\_\_\_ No \_\_\_\_\_  |
| * 1. (a) ( 25)
 | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (26) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (28) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (31) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (34) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (34) (A) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (34) (B) | Optional | Indicate which paragraph (B) was chosen |  | \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4  |
| 1.2 (a) (34) (C) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (34) (D) | Optional | Indicate which paragraph (D) was chosen |  | \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3  |
| 1.2 (a) (34) (E) | Optional | Included definitionIncluded stream standard criteria |  | Yes \_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (34) (F) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (34) (G) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (35) | Optional |  |  | Retained Original:  Yes \_\_\_\_ No \_\_\_\_\_Deleted “reportable non-compliance” Yes \_\_\_\_\_ No \_\_\_\_\_\_ N/A \_\_\_\_\_\_ |
| 1.2(a) (35) (A-D) | Required | To be consistent with 40 CFR 403 & NCAC .0900 |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (35) (F) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 1.2 (a) (35) (H) | Required for CAs with multiple POTW organizations  | Indicate if change made or if not applicable to your programIf not a required change, indicate if optional change made |  | Yes \_\_\_\_\_ No \_\_\_\_\_\_ N/A \_\_\_\_\_\_Yes \_\_\_\_\_ No \_\_\_\_\_\_ N/A \_\_\_\_\_\_ |
| 1.2 (a) (43) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 2.1 (b) (4) |  | Choose an upper pH limit or delete [or more than \_\_\_\_] |  | Upper limit chosen: Yes \_\_\_\_ No \_\_\_\_\_  |
| 2.1 (b) (9 – 23) |  | It is suggested that these optional prohibitions be included |  | Suggestion considered \_\_\_\_\_ |
| 2.1 (b) (14) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 2.2 (e) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 2.3 | Optional | Any changes made to local limits? |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 2.8 (a) | 2006 Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 4.2 (b) | Required | Indicate which paragraph (b) was chosen and if additional requirements were included if the 2nd paragraph (b) was chosen |  | \_\_\_\_\_\_ 1 \_\_\_\_\_\_ 2Additional req’s:  Yes \_\_\_\_\_ No\_\_\_\_\_  |
| 4.2 (d) (2) | Optional | Indicate number of days chosen |  | # of days \_\_\_\_\_\_\_\_\_\_\_ |
| 4.2 (f) | Required | Use this wording to be consistent with .0916 |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 4.2 (i) (1) (H) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 4.2 (i) (2) (B) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 4.2 (l) | Optional | Indicate number of days chosen |  | # of days \_\_\_\_\_\_\_\_\_\_\_ |
| 5.5 | Required |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 5.5 (c) | Required & Optional | Clarification of changed conditions requirements |  | Req: Yes \_\_\_\_ No \_\_\_\_\_Percent (%) entered \_\_\_\_\_ Opt: Yes \_\_\_\_ No \_\_\_\_\_ |
| 5.7 | Optional | Required if 1.2 (a)(34)(F) Non-Significant Categorical has been included in SUO |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 5.8 (b) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 5.9 (a) | Optional |  |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 5.10 | Optional | Choose no change to wording, or change to allow possible alternative procedures, or change to require all analysis be done by certified lab.  |  | \_\_\_\_\_ No change\_\_\_\_\_ Alt. procedures\_\_\_\_\_ Certified lab  |
| 5.14 | 2006 Optional | CROMERR change |  | Yes \_\_\_\_ No \_\_\_\_\_  |
| 5.15 | Optional for CAs with multiple POTW organizations | Indicate if the change was made or if it is not applicable to your program. |  | Yes \_\_\_\_\_ No \_\_\_\_\_\_ N/A \_\_\_\_\_\_ |
| 6.2 & 6.3 | Required | Same change to both sections |  | Yes \_\_\_\_\_ No \_\_\_\_\_\_  |
| 7 | Optional |  |  | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 8.2 | Optional |  |  | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 9 | 2006 Optional |  |  | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 10 | Required |  |  |  |
| 11.2 |  | Indicate if this section is included in the SUO.If yes, indicate if affirmative defense offered for additional specific prohibitions (9 – 23). |  | Included? Yes \_\_\_\_\_ No\_\_\_\_\_\_(9 – 23)? Yes \_\_\_\_\_ No\_\_\_\_\_\_ |
| 14 |  | Indicate option chosen |  | \_\_\_\_\_\_ Option A\_\_\_\_\_\_ Option B |