



SWD PERMIT OFF-SITE EVALUATION CHECKLIST

South Dakota Department of Agriculture and Natural Resources

I. GENERAL INFORMATION

Facility Name	Smithfield Foods		
SWD Permit No.	SD0000078		
Reviewer / Title	Tim Flor, Environmental Scientist IV		
Review Date	04/28/2022 -05/03/2022	Last Inspection Date	10/27/2020
Permit Effective Date	07/01/2020	Expiration Date	06/30/2025
Industries Potentially Served by the Facility (Review Phone Book, Internet, Industrial Guide, etc.)	N/A		
Population Served	N/A		
Date Facility Began Operation	1983	Date of Facility Upgrade(s)	1996-2008, 2010, 2011, 2016, 2019

II. PERMIT VERIFICATION

Yes	No	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. DANR has been notified of any new, different, or increased loading to the WWTF.
			2. Name of receiving water(s) and classification. Big Sioux River 5, 7, 8, 9, 10
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Facility, address and contact information is correct in the SWD Database? (Fees, SSO's, PTD's, Inspections, PDF's, Flooding, etc.) If not, list correct information below.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Facility, address and contact and permit information is correct in the ICIS Database? (Monitoring, Limits, Inspections, Schedules, etc.) If not, list correct information below.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Are there any missing fees?
			6. Date the last fee was received by DANR: 7/20/2021
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Are any changes to the permit necessary?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Does the facility meet operator certification requirements?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Is a follow-up letter to the facility required?

Comments: **Smithfield removed their anaerobic lagoon clarifier on 4/11/2022 as part of planned upgrades. They will be adding a new lift station. A contractor hit a line to the anaerobic lagoon on 01/20/2021 while doing work on upgrades. Leak was confined so small area with no issues.**

III. RECORDKEEPING AND REPORTING EVALUATION

			1. The following information shall be reviewed where reasonably available: <ul style="list-style-type: none"> a. Lab results (Review Health Lab results, if applicable) b. Discharge Monitoring Reports (DMRs – Review last 2 years of DMRs) c. Emergency Discharge Forms d. Compliance Schedule Reports e. Other: <u>Previous Inspection Report, NOV, DMRQA</u>
Yes	No	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. The facility is required to obtain permission from the department before discharging.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. If yes, has the facility requested permission for discharges
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. If yes, has the facility received permission for discharges
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The facility is approved for NetDMR (If so, there will be no DMRs in the file after approval)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The DMRs and/or Emergency Release Forms have been submitted on time
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The DMRs and/or Emergency Release Forms have been completed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Monitoring for required parameters is performed at least as frequently as required by the permit
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Monitoring is performed for all required parameters
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Minimum, maximum, and average columns are properly completed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. The number of exceedances column (NO. EX) is completed properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. The permit signatory or authorized representative is signing the DMRs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Each page of the DMRs is signed and dated

Comments: **The WET testing schedule Smithfield uses is semi-annual, alternating quarters. They currently do Q1, Q3 then Q2, Q4. (2020 Q4 WET, 2021 Q1 WET, 2021 Q3 WET, 2022 Q2 WET (Still Pending).**

IV. COMPLIANCE EVALUATION

Facility Performance

Yes	No	N/A		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Facility has reported a discharge since last inspection. If yes, how many?	Continuous
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Facility is in compliance with all effluent limits since last inspection.	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Effluent BOD ₅ violations? If yes, how many?	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Effluent TSS violations? If yes, how many?	2
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Effluent pH violations? If yes, how many?	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Effluent ammonia violations? If yes, how many?	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Effluent fecal coliform violations? If yes, how many?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Effluent total coliform violations? If yes, how many?	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Effluent temperature violations? If yes, how many?	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. Effluent TRC violations? If yes, how many?	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Other effluent violations?	3 WET
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Department has received complaints (Describe below)	_____

Comments: **They failed Daphnia for reproduction in July 2021. They had an ammonia error that would have been a violation, but they believe this was an inaccurate reading July 2021. Failed Daphnia tests on 11/2020 and 12/2020. TSS on 12/2020. These WET issues were due to higher-than-normal influent loading the week prior. These violations have all been addressed with a warning letter and through the NOV.**

Enforcement/Compliance Schedule Evaluation

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Has the facility received warning letters or notices of violation since the last inspection?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Has the facility received an enforcement action in the last 5 years?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Has the facility complied with the Order for Compliance?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Have similar violations occurred?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Were facility modifications or construction necessary to meet the Order?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Is the facility subject to a compliance schedule either in its permit or in an enforcement action? If yes, note date and type of schedule in comments.
			4. List milestones that remain in the schedule in comments.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Facility has missed milestone dates.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is a compliance schedule modification necessary?

Comments: **Warning letter for effluent violations – 02/23/2021. The NOV with construction/compliance schedule was issued in 2019 and still on-going.**

NARRATIVE CONDITIONS, PERMIT & CONSTRUCTION SCHEDULES (Since 1/1/2005)

Number	Type	Permit Schedule Event	Schedule Event Comments	Schedule Date	Actual Date
1	P	CS010 - Status/Progress Report	b. The permittee shall investigate treatment and operational options for reducing nitrate-nitrogen (as N) and ammonia-nitrogen (as N) levels in the discharge. The permittee shall submit compliance progress reports on a quarterly basis to SDDENR starting on October 1, 2020. These reports shall include details on evaluating the treatment system, hiring an engineer, and determining what changes are needed to come into compliance with the final effluent limits for nitrate-nitrogen (as N) and ammonia-nitrogen (as N).	7/1/2023	
1	P	FELAC - Achieve Final Effluent Limitations	d. On July 1, 2023, the final effluent limits for nitrate-nitrogen (as N) and ammonia-nitrogen (as N) in Section 3.6 of the permit shall become effective.	7/1/2023	
1	P	CS016 - Complete Required Work or On-Site Construction	c. By June 30, 2023, the facility shall complete any necessary adjustments to the wastewater treatment processes and operations to comply with the final effluent limits for nitrate-nitrogen (as N) and ammonia-nitrogen (as N).	6/30/2023	
1	P	CS010 - Status/Progress Report	b. The permittee shall investigate treatment and operational options for reducing nitrate-nitrogen (as N) and ammonia-nitrogen (as N) levels in the discharge. The permittee shall submit compliance progress reports on a quarterly basis to SDDENR starting on October 1, 2020. These reports shall include details on evaluating the treatment system, hiring an engineer, and determining what changes are needed to come into compliance with the final effluent limits for nitrate-nitrogen (as N) and ammonia-nitrogen (as N).	4/1/2023	
1	P	CS010 - Status/Progress Report	b. The permittee shall investigate treatment and operational options for reducing nitrate-nitrogen (as N) and ammonia-nitrogen (as N) levels in the discharge. The permittee shall submit compliance progress reports on a quarterly basis to SDDENR starting on October 1, 2020. These reports shall include details on evaluating the treatment system, hiring an engineer, and determining what changes are needed to come into compliance with the final effluent limits for nitrate-nitrogen (as N) and ammonia-nitrogen (as N).	1/1/2023	
1	P	CS010 - Status/Progress Report	b. The permittee shall investigate treatment and operational options for reducing nitrate-nitrogen (as N) and ammonia-nitrogen (as N) levels in the discharge. The permittee shall submit compliance progress reports on a quarterly basis to SDDENR starting on October 1, 2020. These reports shall include details on evaluating the treatment system, hiring an engineer, and determining what changes are needed to come into compliance with the final effluent limits for nitrate-nitrogen (as N) and ammonia-nitrogen (as N).	10/1/2022	
1	P	CS010 - Status/Progress Report		7/1/2022	

Sanitary Sewer Overflow and Bypass Evaluation

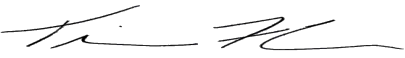
- | Yes | No | N/A | |
|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Review file and SSO database for the following questions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Facility has reported sanitary sewer overflows or bypasses (internal, collection system, total). Describe in detail, including dates, total volumes, receiving waters in the comments: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. DANR was properly notified of any bypasses/overflows (24-hr verbal notice plus a letter in 5 days) or unauthorized releases (treated and/or untreated). If no, explain in comments. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Samples were collected for all bypasses and/or overflows. If yes, summarize sampling results in comments. If no, explain in comments. |

Comments: **They do not have a sanitary sewer and did not bypass. They did have a contractor hits a collection line during removal of anerobic lagoon on 02/24/02021 – contained on-site.**

Land Application Evaluation

- | Yes | No | N/A | |
|--------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Is the facility approved to land apply wastewater? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Has land application of wastewater occurred? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Has the facility followed the sampling and reporting requirements for land application |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Does SDDANR have a copy of the best management plan (if required)? |

Comments: **No comments.**

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Rating: Unrated	Other: MOD <input type="checkbox"/> ASSIST <input type="checkbox"/> SEV <input type="checkbox"/> ENF <input type="checkbox"/>		
Name of Inspector <i>Tim Flor</i>	Signature 	Affiliation / Phone <i>SDDANR / (605) 773-3351</i>	Date <i>05/03/2022</i>