



# Oregon

Tina Kotek, Governor

## Department of Environmental Quality

Eastern Region Pendleton Office

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October 24, 2024

Mrs. Brooke Henrickson  
City of Rufus  
PO Box 27  
Rufus, Oregon 97050-0027

RE: Warning Letter  
City of Rufus  
2024-WL-9642  
**WPCF Permit No. 100558**  
**File No. 77415**  
Wasco County

Dear Mrs. Henrickson:

The City of Rufus' wastewater treatment facility is permitted under Water Pollution Control Facilities Permit (WPCF) No. 100558. Schedule B.1.a of the permit contains minimum monitoring requirements of the facility's influent.

| Parameter              | Minimum Frequency | Type of Sample |
|------------------------|-------------------|----------------|
| Flow-Influent          | Daily             | Measurement    |
| Flow Meter Calibration | Annual            | Verification   |
| BOD-Influent           | 1/Month           | Grab           |
| TSS-Influent           | 1/Month           | Grab           |
| pH                     | 2/Week            | Grab           |

On October 8, 2024, DEQ received a noncompliance form, reporting that the city was unable to obtain sampling results for influent TSS during the month of September 2024 (Attachment 1). The city cited staff turnover at the lab and failing to run samples or notify the facility as the cause of missed reporting. Due to the city receiving notice four weeks after the sample date, the city was unable to resample during the monitoring period.

Based upon review of the noncompliance report provided by the facility, the Department has concluded that City of Rufus is responsible for the following violation of Oregon environmental law, however, it has been determined that the violation was beyond reasonable control for the facility.

**VIOLATION:**

- (1) Failing to conduct monitoring required by Schedule B of the permit; OAR 340-012-0055(1)(o).

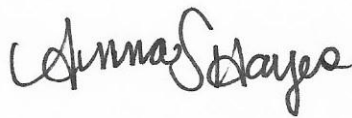
Class I violations are considered to be the most serious violations; Class III violations are the least serious.

This notice is a warning letter. The Department does not intend to take formal enforcement action at this time. However, should you repeat this violation, the matter may be referred to the Department's Office of Compliance and Enforcement for formal enforcement action, including assessment of civil penalties and/or a Department order. Civil penalties can be assessed for each day of violation.

If you believe any of the facts in this Warning Letter are in error, you may provide information to me at the office at the address shown at the top of this letter. The Department will consider new information you submit and take appropriate action.

The Department endeavors to assist you in your compliance efforts. Should you have any questions about the content of this letter, please feel free to contact me in writing or by phone at (541) 246-4562.

Sincerely,



Anna Morgan-Hayes  
Water Quality Permitting & Compliance

## Attachment 1: Noncompliance Report, City of Rufus, October 8, 2024

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.

| FACILITY / CONTACT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| Name of Permittee: City of Rufus                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |
| Contact Name: Brooke Henrickson                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |
| Phone: 541-645-5297                                                                                                                                                                                                                                                                                                                                                                                                                   | Email: henricksonbrooke@gmail.com   | Date: 10/08/2024                    |
| DEQ Permit #: 973916                                                                                                                                                                                                                                                                                                                                                                                                                  | DEQ File #: 77415                   | EPA ID #: OR                        |
| Has non-compliance been corrected?: <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |
| Expected time noncompliance is expected to continue:                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |
| Date/Time Started: N/A                                                                                                                                                                                                                                                                                                                                                                                                                | Date/Time Stopped: 10/01/2024 01:00 |                                     |
| Description of Noncompliance:<br>Permit reads once a month will test TSS for the influent. Umpqua in Table Rock normally runs our TSS testing once a month. They emailed me on Friday Oct. 4th stating there was an error and have no results. I emailed back and asked why they took this long to inform me. They did not respond. I called today and was told they let the entire Lab department was let go. Then rehired everyone. |                                     |                                     |
| AGENCY AND PUBLIC NOTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |
| Was the non-compliance one of the following:                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |
| • A noncompliance which may endanger health or the environment                                                                                                                                                                                                                                                                                                                                                                        | Yes <input type="radio"/>           | No <input checked="" type="radio"/> |
| • An unanticipated bypass which exceeds any effluent limitation in this permit                                                                                                                                                                                                                                                                                                                                                        | Yes <input type="radio"/>           | No <input checked="" type="radio"/> |
| • An upset which exceeds any effluent limitation in this permit                                                                                                                                                                                                                                                                                                                                                                       | Yes <input type="radio"/>           | No <input checked="" type="radio"/> |
| • Violation of maximum a daily discharge limitation                                                                                                                                                                                                                                                                                                                                                                                   | Yes <input type="radio"/>           | No <input checked="" type="radio"/> |
| If yes to any of the above, complete the rest of this section.                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |
| OERS Number:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |
| Signs posted? Where?:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |
| Media contacted? Who?:                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |
| List any other steps taken to notify the public and/or state and federal agencies:                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |
| CAUSE(S)                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |
| Cause or suspected cause(s):<br>Lab did not run the sample that was provided on September 11, 2024. They did not inform me until 4 weeks have passed so I was unable to run a new sample myself or provide a new sample to Umpqua.                                                                                                                                                                                                    |                                     |                                     |

# Oregon DEQ Noncompliance Reporting Form

continued

| RAINFALL DATA                                                                                      |   |             |               |
|----------------------------------------------------------------------------------------------------|---|-------------|---------------|
| Rainfall (for storm-related noncompliance):                                                        | 0 | inches      | Design Storm: |
| Source of rainfall data:                                                                           |   | Accuweather |               |
| CORRECTIVE ACTIONS                                                                                 |   |             |               |
| List actions taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance. |   |             |               |
| Actions taken (describe):                                                                          |   |             |               |
| <div></div>                                                                                        |   |             |               |
| Actions planned and schedule for those actions (describe):                                         |   |             |               |
| <div></div>                                                                                        |   |             |               |
| COMMENTS                                                                                           |   |             |               |
| Comments:                                                                                          |   |             |               |
| <div></div>                                                                                        |   |             |               |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|                                               |  |                                      |  |
|-----------------------------------------------|--|--------------------------------------|--|
| <div> <div>Signature</div> <div></div> </div> |  | <div> <div></div> <div></div> </div> |  |
| <div>Authorized Signature</div> <div></div>   |  | <div>Date</div> <div></div>          |  |
| <div>Name (print)</div> <div></div>           |  | <div>Phone</div> <div></div>         |  |
| <div>Title (print)</div> <div></div>          |  | <div>Email</div> <div></div>         |  |

