



**Environmental
Protection Agency**

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

October 24, 2011

Re: Gallia County
Ohio Valley Electric Corp.
Kyger Creek Station
April 5, 2011 CSI
Correspondence (IWW)

Mr. Donald T. Fulkerson, Environmental Affairs Director
Ohio Valley Electric Corp.
P.O. Box 468
Piketon, Ohio 45661

Dear Mr. Fulkerson:

On April 5, 2011, I conducted a Compliance Sampling Inspection of the Ohio Valley Electric Corp. (OVEC) Kyger Creek Station, near Cheshire, Ohio. You, Hank Cleland, Tye Schwall, and Jennifer McKibben represented OVEC and accompanied me during the inspection. The purpose of the inspection was to determine OVEC's compliance with NPDES Permit Number 01B00005*ND and the Ohio Water Pollution Control Act, Revised Code Chapter 6111. Some photos were taken. The sampling was conducted on March 31, 2011, by our Water Quality Section staff.

As a result of the inspection and review of our files, I have the following comments:

1. OVEC had recently started dredging the fly ash pond (005), dewatering, and transporting the fly ash to the FGD landfill. You were reportedly removing ash at a rate of about 13,000 to 15,000 cu. yards/month, with a target amount of 170,000 cu. yds. per year, and to-date had removed about 10% of what you intend to remove.
2. OVEC was in the process of cleaning all of the fly ash out of the temporary fly ash storage area (TSA) at the FGD landfill. I was informed on August 30, 2011, that this had been completed, and that the TSA pond had been drained, the synthetic liner removed, and converted to a sediment control pond until the TSA can be properly graded and vegetation established.
3. OVEC is following a plan submitted to this office on February 15, 2011, for the handling of all wastewater streams associated with the Ammonia-on-Demand (AOD) System located at the plant. Wastewaters from the hydrolyzer blowdown with high ammonia concentration (> 800 ppm typically) are being hauled to

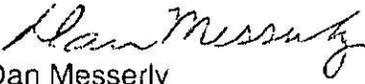
United Solutions Inc. in Nitro, W. Va. for disposal. AOD wastewaters with lower ammonia concentrations (< 800 ppm) are being hauled to the Huntington Sanitary Authority for disposal. The plan submitted is acceptable.

On the day of the inspection, OVEC appeared to be in substantial compliance with the terms and conditions of the NPDES permit.

Attached is a copy of the inspection report. Also attached is a General Lab Criteria Rating Sheet which was completed for your facility. Bioassay sampling of outfall 005 was conducted on March 31, 2011. The results were forwarded to you in a letter dated June 9, 2011. Sampling of outfall 001 was also conducted on March 31, 2011. The results of this sampling are attached. The results were acceptable.

If you have any questions, please contact me at (740) 380-5218.

Sincerely,


Dan Messerly
District Representative
Division of Surface Water

DM/dh

Enclosure

c: Annette Hope, Plant Manager, Ohio Valley Electric Corp., Kyger Creek Station

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0IB00005*ND	OH0005282	April 5, 2011	C	S	2

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Ohio Valley Electric Corp., Kyger Creek Station 5758 S. R. 7, Cheshire, Ohio, Gallia County Mailing: P.O. Box 372, Cheshire, Ohio 45620	9:50 a.m.	July 1, 2009
	Exit Time	Permit Expiration Date
	2:27 p.m.	January 31, 2013

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Hank Cleland, Environmental Specialist I Tye Schwall, Plant Environmental Manager Jennifer McKibben, Chief Chemist	(740) 289-7249 (740) 367-5050 (740) 367-5323
Name, Address, & Title of Responsible Official	Phone Number
Annette Hope, Plant Manager Ohio Valley Electric Corp., Kyger Creek Station P.O. Box 372, Cheshire, Ohio 45620	(740) 367-5050
Donald T. Fulkerson, Environmental Affairs Director Ohio Valley Electric Corp., P.O. Box 468, Piketon, Ohio 45661	(740) 289-7254

C. AREAS EVALUATED DURING INSPECTION

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N/A</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u> </u> Other
<u>N/A</u> Collection System		

(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

D. SUMMARY OF FINDINGS/COMMENTS (attach additional sheets if necessary)

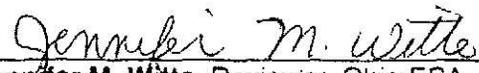
See letter comment regarding ammonia spill.
See attached cover letter.



Dan Messerly, Inspector, Ohio EPA, Southeast District Office

10/24/11

Date



Jennifer M. Witte, Reviewer, Ohio EPA, Southeast District Office

10/25/11

Date

E. PERMIT VERIFICATION

Inspection Observations Verify the Permit	YES	NO	N/A	N/E
a. Correct name & mailing address of permittee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Correct name & location of receiving waters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Product(s) & production rates conform with permit application (industries)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flows & loadings conform with NPDES permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treatment processes are as described in permit application/briefing memo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. New treatment process(es) added since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notification given to state of new, different, or increased discharges	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All discharges are permitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Number & location of discharge points are as described in permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

005 - Have fed H₂SO₄ May 2010 through October 2010; Can feed NaOH but never do so.
 Bottom Ash Pond - Can feed H₂SO₄ to pond one. Did it only once in past year.
 026 - Can feed H₂SO₄. Have used less than 55 gallons in past year. Were dripping slightly into outfall pipe.
 003 - Use only chlorine; no bromine compounds used for over 10 years.

F. COMPLIANCE SCHEDULES/VIOLATIONS

	YES	NO	N/A	N/E
a. Any significant violations since the last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permittee is taking actions to resolve violations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Permittee has compliance schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in: 01800005*ND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

c. Hg limit by 1-1-13 at 026, 028, 030, 031.

G. OPERATION AND MAINTENANCE

Treatment Facility Properly Operated & Maintained	YES	NO	N/A	N/E
a. Standby power available: Generator: <input type="checkbox"/> Dual Feed: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate alarm system available for power or equipment failures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All treatment units in service other than backup units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sufficient operating staff provided: # of shifts: <u>1</u> Days/Week: <u>5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: <u>A</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Copy of certificate of Operator of Record displayed on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Minimum operator staffing requirements fulfilled (OAC 3745-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Routine & preventive maintenance schedule/performed on time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any major equipment breakdown since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Operation & maintenance manual provided & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Any plant bypasses since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Regulatory agency notified of bypasses: On MORS: <input type="checkbox"/> 800 No.: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Any hydraulic and/or organic overloads experienced since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Sewage Treatment Facility
 e. Operators of Record are: Robert Davidson (Class III); Jennifer McKibben (Class III)

Record Keeping	YES	NO	N/A	N/E
a. Log book provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Log book contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Identification of treatment works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date/Time of arrival/departure of ORC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily record of operation and maintenance activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laboratory results (unless documented on bench sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the ORC submitting written notification to Ohio EPA and permittee when a collection system overflow, treatment plant bypass or effluent limit violation has occurred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Any collection system overflows since last inspection: CSO: <input type="checkbox"/> SSO: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. CSO O&M plan provided and implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. CSOs monitored and reported in accordance with permit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Portable pumps used to relieve system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Are any portions of the sewer system at or near capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: <u>hailed to Rio Grande WWTP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If sludge is incinerated, where is ash disposed of? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is sludge disposal contracted? Name: <u>Ron Evans Enterprises</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has amount of sludge generated changed significantly since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adequate sludge storage provided at facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Records kept in accordance with state rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any complaints received in last year regarding sludge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is sludge adequately processed (digestion, dewatering, pathogen control) in accordance with Ohio EPA rules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

b. Sludge from STP sand filters is incinerated with coal; ash goes to plant fly ash or bottom ash handling.

I. SELF-MONITORING PROGRAM

Part 1 - Flow Measurement	YES	NO	N/A	N/E
a. Primary flow measuring device properly operated & maintained. Type of device: <input checked="" type="checkbox"/> Ultrasonic & parshall flume <input type="checkbox"/> Calculated from influent <input type="checkbox"/> Weir <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Ultrasonic & weir specify: <u>See below</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: <u>See below</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flow measurement equipment adequate to handle expected ranges of flows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Actual flow discharged is measured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Flow measuring equipment inspection frequency: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other				

Comments:

- a. 001 - ultrasonic level indicator with weir; with continuous electronic data recording.
 005 - ultrasonic level sensor with flume; with continuous electronic data recording.
 601 - ultrasonic level indicator with weir.
 003 - water pump design flow rating.
 Other outfalls are estimated (stormwater flows)
- b. All flow monitoring equipment calibrated ≥ 1 times/year. 001 and 005 calibrated 3/25/11.
- e. Yes, at 001, 005, 601; no at other outfalls.
- f. Visual daily; data download weekly.

Part 2 - Sampling	YES	NO	N/A	N/E
a. Sampling location(s) are as specified by permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parameters and sampling frequency agree with permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Permittee uses required sampling method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sample collection procedures are adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Samples refrigerated during compositing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii. Proper preservation techniques used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conform with 40 CFR 136.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Monitoring records (e.g., flow, pH, D.O., etc.) maintained for a minimum of three years including all original strip chart recordings (e.g., continuous monitoring instrumentation, calibration, & maintenance records)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Adequate records maintained of sampling date, time, exact location, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

- d. CBOD and f.c. put on ice (grabs).

Part 3 - Laboratory, General	YES	NO	N/A	N/E
a. Written Standard Operating Procedures (SOPs) for all analysis performed on-site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. EPA approved analytical testing procedures used (40 CFR 136.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If alternate analytical procedures are used, proper approval has been obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Analysis being performed more frequently than required by permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If (c) is yes, are results reported in permittee's self-monitoring report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Commercial laboratory used: 1. Parameters analyzed by commercial lab: <u>See below</u> 2. Lab name: _____				

Comments:

- f. OVEC Kyger Creek Lab: TSS, pH, TRC/TROX, TDS, Sulfite
 AEP Groveport Lab: Alkalinity, sulfate, chloride, fluoride, sodium, Ca, Mg, O&G, trace metals, NO2+NO3, ammonia, P, Hg L.L.
 AEP Wilkesville Lab: CBOD5, fecal coliform

Part 3 – Laboratory, Quality Control/Quality Assurance	YES	NO	N/A	N/E
a. Quality assurance manual provided and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Satisfactory calibration and maintenance of instruments and equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: Date: 6/17/10 <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

Comments:

d. Initially Mn & Pb were not acceptable. AEP indicated on 9/3/10 that retest of these was acceptable.

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001	None	None	None	None	None	None	
003	None	None	None	None	None	None	
005	None	None	None	None	None	None	
008	None	None	None	None	None	None	Strong flow
010	None	None	None	None	None	None	Trickle
011	None	None	None	None	None	None	Low flow
023							Not evaluated
601	None	None	None	None	None	None	Low flow
602							Not operating
603							Not operating
026	None	None	None	Slight	None	None	Low flow
028	None	None	None	None	None	None	Slight flow
030	None	None	None	None	None	None	
031							Not constructed

K. MULTIMEDIA OBSERVATIONS

Collection System	YES	NO	N/A	N/E
a. Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you notice staining or discoloration of soils, pavement, or floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you notice distressed (unhealthy, discolored, dead) vegetation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you see unidentified dark smoke or dustclouds coming from sources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you notice any unusual odors or strong chemical smells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above are observed, ask the following questions:

1. What is the cause of the conditions?
2. Is the observed condition or source a waste product?
3. Where is the suspected contaminant normally disposed?
4. Is this disposal permitted?
5. How long has the condition existed and when did it begin?

Comments:

Complete as appropriate for sampling inspections
Do not attach this page when completing reports for evaluation inspections

L. SAMPLING PROCEDURES (FOR CSI'S)

- Grab samples obtained
- Composite obtained
- Compositing frequency: ~250 ml/15 minutes
Preservation: HNO₃, H₂SO₄, HCl, ice
- Flow proportioned sample obtained
- Automatic sampler used
- Sample split with permittee
- Chain of custody employed
- Sample obtained from facility sampling device
- Sample refrigerated during compositing: Yes No
- Sample representative of volume & nature of discharge: Yes

General Lab Criteria

Facility: OVEC Kyger Creek

Criteria	Standard Methods Requirement	Acceptable?		Rating
Balance				
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
• Calibration Frequency/ Documentation	• Calibration verification required at least once each day the balance is used ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ⁶	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Last calibrated 8/10/10. Intend to calibrate yearly. Have log book.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Drying Oven (Suspended Solids)				
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
		• Log book maintained ⁵	<input checked="" type="checkbox"/> Yes	
• Calibration Frequency/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2} . Correction factor posted on thermometer/equipment ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1°C increments ⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105°F ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: NIST digital calibration done 8-13-12.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
pH Meter				
• Calibration Frequency/ Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
		• Log book maintained ⁹	<input checked="" type="checkbox"/> Yes	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result ⁷	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation/ Acceptability	• Slope acceptable range indicated on benchsheet ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ⁸	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: - 6 samples max; calibration before each round. - Buffers new last month - good until July or August 2012.				

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating
Dissolved Oxygen Meter			
• Calibration Method	• Air or known DO calibration method ¹⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Calibration per manufacturer specification ¹⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Frequency/ Documentation	• Logbook maintained ⁹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Calibration verification required at least once each day the meter is used. ³	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil) ¹¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: D.O. not in permit			

Criteria	Standard Methods Requirement	Acceptable?	Rating
Incubator (CBOD/E-Coli)			
• Temperature Recordkeeping	• Temperature checked/recorded twice daily for each shelf in use ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature checked/recorded daily ² (CBOD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (CBOD) is 20°C ±1.0° ¹²	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35°C ±0.5° ²²	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Logbook maintained ⁹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Temperature Calibration/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature correction information posted on incubator ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 mg), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) ²³	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius) ⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Done off-site			

Criteria	Standard Methods Requirement	Acceptable?	Rating
Refrigerator			
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius) ⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Temperature Calibration/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Thermometer held in water bath ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius ¹³	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages ¹⁴	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: No NPDES related use except to store re-distilled HNO ₃			

Criteria	Standard Methods Requirement	Acceptable?	Rating
Chlorine Meter			
• Calibration Frequency/ Documentation	• pH/millivolt meter read to 0.1 mV ¹⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No	A
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

General Lab Criteria

	or calibration per manufacturer specification ¹⁶			
• Slope Documentation/ Acceptability	• Standards used for calibration not expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration curve (acceptable slope) N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Use amperometric titration; Do a quarterly QA/QC; using standards from ERA.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Ammonia Meter				
• Calibration Frequency/ Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Log book being maintained ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Acceptability	• Verify calibration slope is acceptable (per mfg. spec.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec. ¹⁷	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: N/A, performed at outside lab.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Sample Collection/Handling				
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed) ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
• Chain of Custody	• Chain of custody (description, date, time, signature) ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Composite samples refrigerated during sample collection ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Grab samples put on ice. No composites taken. Blanks for Hg used.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Desiccator				
• General Criteria	• Properly working seals	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Desiccant fresh (blue color)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Documentation	• Log book being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

General Lab Criteria

Criteria	Standard Methods Requirement		Acceptable?	Rating
Bench Sheets				
<ul style="list-style-type: none"> • General Criteria 	<ul style="list-style-type: none"> • Date(s)² 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A
	<ul style="list-style-type: none"> • Analyst initials² 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Blue or black ink pen² 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Calibration information² 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Equations, calculations, units for all measurements, notations, and results present² 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Corrections, single line through, initialed and dated² 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Some corrections not initiated/dated.				

Criteria	Standard Methods Requirement		Acceptable?	Rating
Hot Water Bath (Fecal Coliform/E. Coli)				
<ul style="list-style-type: none"> • Temperature Recordkeeping 	<ul style="list-style-type: none"> • Temperature Log (thermometer reads 0.2° C)²¹ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Incubator temperature 44.5° C ±0.2°^{21/24} 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Temperature Calibration/ Documentation 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained⁹ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Water Level 	<ul style="list-style-type: none"> • Thermometer total immersion or partial (line on thermometer to ID immersion depth)^{1,5} 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: N/A (not done on-site)				

Criteria	Standard Methods Requirement		Acceptable?	Rating
Autoclaves/Steam Sterilizers				
<ul style="list-style-type: none"> • All apparatus utilized is adequately sterilized before use 	<ul style="list-style-type: none"> • Sterilizing temperature 121° C²⁵ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • 10 to 30 minutes time based on material being sterilized²⁶ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Documentation 	<ul style="list-style-type: none"> • Verify the autoclave temperature weekly by using a maximum registering thermometer (MRT) to confirm that 121°C has been reached as measured in the exhaust¹ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used¹ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Temperature Calibration/ Documentation 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained⁹ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Performance Checks 	<ul style="list-style-type: none"> • Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules¹ 		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: N/A				

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating
Final Effluent Temperature Monitoring			
<ul style="list-style-type: none"> • General Criteria 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Thermometer reads in increments of at least 0.1°C⁵ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained² 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Not Evaluated			

Number of Criteria Rated:	Acceptable	7
	Marginal	
	Unacceptable	
	Total Number of Areas Rated	7

Acceptable Ratings – No action required (recommend SOP's written or updated, perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, written response not required).	
Marginal Ratings – Improvements required, written response required (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response).	
Unsatisfactory Rating – Improvements required, written response required, NOV issued (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response to NOV).	
Consider recommending PAI Audit from DES when:	<ul style="list-style-type: none"> >60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable

General Lab Criteria

Notation of Referenced Method

1	Method 9020-B, Item 4	14	Method 1060A, Item 1
2	Method 1020-A, Item 1	15	Method 4500-CI I, Item 2
3	Method 1020-B, Item 10	16	Method 4500-CI I, Item 4
4	Method 2540-B, Item 2	17	Method 4500-NH3 D, Item 4
5	Method 2550-B, Item 1	18	Method 4500-NH3 D, Item 2
6	Method 1020-B, Item 1	19	Method 1060-B, Item 2
7	Method 4500-H B, Item 4	20	Method 1060-B, Item 1
8	Method 4500-H B, Item 2	21	Method 9222D, Item 1
9	Method 1020-B, Item 2	22	Method 9223 B, Item 2
10	Method 4500-O B, Item 3	23	Method 9223 B, Item 3
11	Method 4500-O G, Item 3	24	Method 1603, Item 2
12	Method 5210-B, Item 5	25	Method 9030-B, Item 3
13	CFR 136.3, Table II	26	Method 9020 B, Table IV

Equipment Logbook Content – All maintenance performed on a piece of equipment should be documented in the logbook. This should include parts replacement and routine maintenance activities. Entries should include date, maintenance performed and initials of person making entry.

Preservation and Holding Times						
Parameter	Container	Min. Sample Size (mL)	Sample Type	Preservation	Maximum Storage Time	
					Recommended	Regulatory
BOD / CBOD	P, G	1000	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	6h	48h
TSS	P, G	200	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 d
pH	P, G	50	G	Analyze immediately	0.25h	0.25 h
NH3-N	P, G	500	G, C	Analyze as soon as possible or add H_2SO_4 to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	28 d
TRC	P, G	500	G	Analyze immediately	0.25h	0.25 h
DO (electrode)	G, BOD Bottle	300	G	Analyze immediately	0.25h	0.25 h
Temperature	P, G	--	G	Analyze immediately	0.25h	0.25 h
Metals, general	P, G	1000	G, C	For dissolved filter immediately and add HNO_3 to pH <2	6 months	6 months
Purgeables by purge and trap	G (PTFE lined lid)	40 (X2)	G	HCl to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	14 d
Base/Neutrals and acids	G (solvent rinsed or baked)	1000	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Pesticides	G (PTFE lined lid)	1000	C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Fecal Coliform / E-Coli	G, P (Sterilized)	100	G	Refrigerate $\leq 10^{\circ}\text{C}$ If chlorine present, add sodium thiosulfate tablet	6 hrs transport. Start analysis within 2 hrs of receipt in lab.	
Oil and Grease	G	1000	G	HCl or H_2SO_4 to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

General Lab Criteria

Approved Standard Methods	
CBOD / BOD 5 Day	Std Methods 5210-B
Ammonia, Selective Electrode Method	Std Methods 4500-NH3 D
Total Residual Chlorine, DPD Colorimetric Method	Std Methods 4500-Cl G
Total Suspended Solids, Dried at 103-105°C	Std Methods 2540-D
Dissolved Oxygen, Membrane Electrode Method	Std Methods 4500-O G
pH, Electrometric Method	Std Methods 4500-H+ B
Fecal Coliform, Membrane Filter Procedure	Std Methods 9222D
Escherichia Coli, Enzyme Substrate Test	Std Method 9223B
Escherichia Coli Membrane Filtration Procedure	EPA Method 1603
Oil and Grease	USEPA 1664A or Std Methods 5520B
Metals, general	USEPA 200, Std Methods 3111B or C, or 3120B
Volatiles (Purgeables by purge and trap)	USEPA 6210, Std Methods 624
Semi-Volatiles (Base/Neutrals and acids)	USEPA 6410, Std Methods 625
Pesticides	USEPA 6410 and 6630, Std Methods 608

TABLE I

OHIO EPA FIELD DATA

FACILITY: Ohio Valley Electric Corp.

DATES SAMPLED: March 31, 2011

<u>Station</u>	<u>Date</u>	<u>Time</u>	<u>Parameter</u>	<u>Units</u>	<u>Value</u>	<u>Permit Limits</u>
001	3/31	1137	pH	S.U.	6.96	6.0-9.0
			Temperature	°C	10.61	-
			Dissolved oxygen	mg/l.	12.29	-
			Conductivity	umhos/cm	696	-

TABLE II

COMPLIANCE SAMPLING DATA

FACILITY: Ohio Valley Electric Corp.

DATES SAMPLED: March 31, 2011

STATION	T*	PARAMETER	UNITS	OHIO EPA		ENTITY		PERMIT LIMITS	
				CONC.	(KG/D) LOAD.	CONC.	(KG/D) LOAD.	CONC.	(KG/D) LOAD.
001	G	Susp. solids	mg/l	16	767	15.5	743	100	5710
	G	Alkalinity, tot.	mg/l	10.5	-	10.2	-	-	-
	G	Diss. solids	mg/l	482	-	463	-	-	-
	G	Oil & Grease	mg/l	<2.0	ND	<6	ND	20	1142
	G	Ammonia	mg/l	0.085	-	0.22	-	-	-
	G	TKN	mg/l	<0.2	-	0.2	-	-	-
	G	Nitrate-nitrite	mg/l	0.72	-	0.9	-	-	-
	G	Sulfite	mg/l	-	-	3.6	-	-	-
	G	Calcium, tot.	mg/l	90	-	AH	-	-	-
	G	Magnesium, tot.	mg/l	11	-	AH	-	-	-
	G	Sodium, tot.	mg/l	23	-	AH	-	-	-
	G	Chloride, tot.	mg/l	30.4	-	27.7	-	-	-
	G	Sulfate, tot.	mg/l	271	-	263	-	-	-
	G	Fluoride, tot.	mg/l	0.28	-	<1.0	-	-	-
	G	Arsenic, tot.	ug/l	<20	-	<10	-	-	-
	G	Iron, tot.	ug/l	692	-	AH	-	-	-
	G	Selenium, tot.	ug/l	<20	-	2.7	-	-	-
	G	Beryllium, tot.	ug/l	-	-	<0.5	-	-	-
	G	Barium, tot.	ug/l	201	-	AH	-	-	-
	G	Boron, tot.	ug/l	-	-	820	-	-	-
	G	Manganese, tot.	ug/l	130	-	AH	-	-	-
	G	Molybdenum, tot.	ug/l	-	-	AH	-	-	-
	G	Nickel, tot.	ug/l	11.3	-	6	-	-	-
	G	Silver, tot.	ug/l	-	-	AH	-	-	-
	G	Strontium, tot.	ug/l	1090	-	955	-	-	-
	G	Vanadium, tot.	ug/l	-	-	AH	-	-	-
	G	Zinc, tot.	ug/l	19	-	13	-	-	-
	G	Antimony, tot.	ug/l	-	-	AH	-	-	-
	G	Cadmium, tot.	ug/l	<2	-	<2	-	-	-
	G	Lead, tot.	ug/l	<10	-	<10	-	-	-

(OVEC Table II, continued)

G	Chromium, tot.	ug/l	<10	-	<2	-	-	-
G	Copper, tot.	ug/l	<10	-	<10	-	-	-
G	Mercury, tot.	ug/l	<0.2	-	1.1	-	-	-
	Flow, tot.	MGD	12.67					

*SAMPLE TYPE: G=grab;

AH= sample error

• Units are in nanograms