

**Environmental  
Protection Agency**

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

September 21, 2011

**Re: Belmont County  
Barnesville WWTP  
Ohio EPA Permit #0PC00001\*HD  
Compliance Sampling Inspection  
Correspondence (PWW/Major)**

Mayor and Council  
Village of Barnesville  
132 N. Arch Street  
Barnesville, Ohio 43713

Dear Mayor and Council Members:

On March 14, 2011, Joann Montgomery and I conducted a Compliance Sampling Inspection (CSI) at the Village of Barnesville's wastewater treatment plant (WWTP). Dave McMillen, Operator of Record, accompanied us on the inspection. I performed a follow-up inspection on August 23, 2011. Dave McMillen, Operator of Record, Gary Billman, WWTP Superintendent, and Bill Morgan, Utilities Director, represented the village on the follow-up inspection. The purpose of the inspections was to determine the facility's compliance status with the terms and conditions of the NPDES permit, federal number OH0024015, state number 0PC00001\*HD. Samples were taken in March and the results and copies of the inspection report forms are attached.

The following comments/problems were noted as a result of the inspection:

1. **Operation and Maintenance** - required by Part III, Item (3) of the NPDES permit.
  - a. As stated in previous inspection reports, there is no alarm system at the plant. The operator must be notified if the power goes out so that backup power, provided by a portable generator, can be installed so that the Ultraviolet Disinfectant System, sludge pumps and rotors can resume operation. Provide a date when telemetering or an autodialer will be provided.
  - b. Laboratory – The Standard Operating Procedures (SOP) for Dissolved Oxygen and pH should be updated and posted on the wall for easy reference.

- c. Laboratory – All major dischargers including Barnesville are required to participate in the Discharge Monitoring Report Quality Assurance Study (DMRQA). Barnesville lab staff must run the study samples for the parameters performed in their lab; the contract lab is required to run the rest of the study samples. If you have any questions, please contact Steve Roberts of the Ohio EPA Division of Environmental Services at (614) 644-4225.

2. **Effluent/Receiving Waters** – Part I, Item A of the NPDES permit.

The following effluent violations have occurred from June 2010 through June 2011:

Outfall	Parameter	Type	Limit	Reported	Date
<b>February 2011:</b>					
001	Total Suspended Solids	7D Conc	45	67.8	2/1/2011
001	Total Suspended Solids	30D Qty	148	165.6	2/1/2011
001	Total Suspended Solids	7D Qty	221	529.3	2/1/2011
001	CBOD 5 day	30D Conc	25	29.6	2/1/2011
001	CBOD 5 day	7D Conc	40	103.3	2/1/2011
001	CBOD 5 day	30D Qty	123	243.4	2/1/2011
001	CBOD 5 day	7D Qty	197	886.5	2/1/2011

We received your explanation for these violations. No additional information is required at this time.

The results of the samples taken March 14-15, 2011 indicated no effluent violations or bioassay toxicity.

3. **Sludge Storage/Disposal**

Barnesville has recently completed a major sludge handling upgrade and is now in full operation of the new equipment. The village continues to landfill the processed sludge.

4. **Collection System** – Part I, A and Part II, F of the NPDES Permit

- a. The Barnesville sanitary sewer system suffers from high inflow and infiltration (I/I), which inundates the WWTP at times. The village must continually look for and eliminate sources of I/I.
- b. As a reminder, the NPDES permit now requires sewer system discharges to be reported on the Discharge Monitoring Reports (DMR – previously known as Monthly Operating Reports) at outfall OPC00001 300. All discharges from manholes, pump stations, and any other unauthorized discharges from the sewer system must be reported. These are called Sanitary Sewer Overflows (SSO). The operator in responsible charge of the sewer system

is responsible for looking for discharges during rainfall events and reporting them to the person who completes the DMR. There are other requirements for SSO reporting in Part II, Item F of the permit. The operators in charge should both become familiar with these requirements.

Please respond to comments 1 and 4 above, in writing, within 30 days of receipt of this notice. If you have any questions, please contact me at (740) 380-5284.

Sincerely,



Ms. Abbot Stevenson  
Environmental Engineer  
Permits and Enforcement Section  
Division of Surface Water

AS/dh

Enclosure

- c: Roger Deal, Village of Barnesville Administrator (w/enclosure)
- c: Dave McMillen, Operator of Record, Village of Barnesville WWTP (w/enclosure)

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PC00001*HD	OH0024015	August 23, 2011	R	S	1

**B. FACILITY DATA**

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Village of Barnesville WWTP County Road 122 and Township Road 27 Barnesville, Ohio 43713	10:00 a.m.	August 1, 2008
	Exit Time	Permit Expiration Date
	11:00 a.m.	August 1, 2013

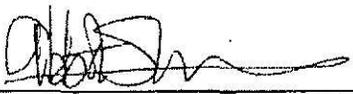
Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Dave McMillen, Operator of Record Bill Morgan, Utilities Director	(740) 425-3079 (WWTP)
Name, Address, & Title of Responsible Official	Phone Number
Mayor Tom Michelli and Council Members Village of Barnesville 132 Arch Street Barnesville, Ohio 43713	(740) 425-3444

**C. AREAS EVALUATED DURING INSPECTION**

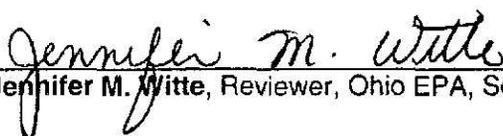
<u>  N  </u> Permit	<u>  N  </u> Flow Measurement	<u>  N/A  </u> Pretreatment
<u>  N  </u> Records/Reports	<u>  N  </u> Laboratory	<u>  N  </u> Compliance Schedules
<u>  N  </u> Operations & Maintenance	<u>  N  </u> Effluent/Receiving Waters	<u>  N  </u> Self-Monitoring Program
<u>  N  </u> Facility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

  
\_\_\_\_\_  
Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

9/21/11  
\_\_\_\_\_  
Date

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

9/21/11  
\_\_\_\_\_  
Date

# NPDES Compliance Inspection Report

## A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PC00001*HD	OH0024015	March 14, 2011	S	S	1

## B. FACILITY DATA

Name & Location of Facility Inspected	Time On Site	Permit Effective Date
Village of Barnesville Wastewater Treatment Plant County Road 122 and Township Road 27 Barnesville, Ohio 43713	10:00 am to 10:30 am and 1:00 pm to 2:00 pm	August 1, 2008
		<b>Permit Expiration Date</b> January 31, 2013

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Dave McMillen, Operator of Record	(740) 425-3079 (WWTP)
Name, Address, & Title of Responsible Official	Phone Number
Mayor Tom Michelli and Council Members Village of Barnesville 132 Arch Street Barnesville, Ohio 43713	(740) 425-3444

## 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>M</u> Operations & Maintenance	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>U</u> Sludge Storage/Disposal	<u>    </u> Other
<u>U</u> Collection System		

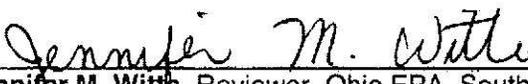
(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

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

- O&M - see letter item 1.a.
- Collection System - see letter item 4
- Sludge - see letter item 3

  
Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

9/21/11  
Date

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

9/21/11  
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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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:**

e. Facility has added aerated sludge holding and a sludge press since the permit was renewed.

**F. COMPLIANCE SCHEDULES/VIOLATIONS**

	YES	NO	N/A	N/E
a. Any significant violations since the last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permittee is taking actions to resolve violations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: <u>NPDES permit</u>	<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:**

**G. OPERATION AND MAINTENANCE**

Treatment Facility Properly Operated & Maintained	YES	NO	N/A	N/E
a. Standby power available: Generator: <input checked="" type="checkbox"/> Dual Feed: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate alarm system available for power or equipment failures	<input type="checkbox"/>	<input checked="" 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: _____	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

d. Plant personnel also checks plant on weekends.

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 checked="" 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"/>

Comments:

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent: <u>0</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Any collection system overflows since last inspection: CSO: <input type="checkbox"/> SSO: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are any portions of the sewer system at or near capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: <u>landfill</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>Agrisludge; J&amp;J Refuse</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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

a. At the time of the March inspection, the sludge handling upgrade was not complete. As of the August inspection, the new equipment was operational.

**I. SELF-MONITORING PROGRAM**

<b>Part 1 – Flow Measurement</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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 type="checkbox"/> Other <input type="checkbox"/> Ultrasonic & weir      specify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: <u>4/29/11</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 checked="" 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:

<b>Part 2 - Sampling</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:

<b>Part 3 – Laboratory, General</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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>All but DO, pH, temperature</u> 2. Lab name: <u>Coshocton Environmental</u>				

Comments:

- a. Update SOPS

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: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

Comments:

**J. EFFLUENT/RECEIVING WATER OBSERVATIONS**

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001	None	None	None	None	None	None	

Comments:

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:

TABLE I

OHIO EPA FIELD DATA

FACILITY: Barnesville WWTP

DATES SAMPLED: March 14 & 15, 2011

Station	Date	Time	Parameter	Units	Value	Permit Limits
001	3/14	1352	pH	S.U.	6.88	6.5-9.0
			Temperature	°C	8.06	-
			Dissolved oxygen	mg/l	9.52	5.0 min.
			Conductivity	umhos/cm	599	-
001	3/15	1019	pH	S.U.	7.23	6.5-9.0
			Temperature	°C	8.10	-
			Dissolved oxygen	mg/l	9.45	5.0 min.
			Conductivity	umhos/cm	765	-

**TABLE II**

**COMPLIANCE SAMPLING DATA**

FACILITY: Barnesville WWTP

DATES SAMPLED: March 14-15, 2011

STATION	T*	PARAMETER	UNITS	<u>OHIO EPA</u>		<u>ENTITY</u>		<u>PERMIT LIMITS</u>	
				CONC.	(KG/D) LOAD.	CONC.	(KG/D) LOAD.	CONC.	(KG/D) LOAD.
001	C	Susp. solids	mg/l	<5	ND	3.0	17	45	221
	C	CBOD <sub>5</sub>	mg/l	<2.0	ND	3.0	17	40	197
	C	Diss. solids	mg/l	494	-	-	-	-	-
	G	Cyanide, free	ug/l	<5	-	-	-	-	-
	C	Ammonia	mg/l	<0.05	ND	-	-	-	-
	C	Nitrate-nitrite	mg/l	7.35	-	-	-	-	-
	G	Oil & Grease	mg/l	<2.0	-	-	-	10 max.	-
	C	Nickel, tot.	ug/l	2.5	-	-	-	-	-
	C	Copper, tot.	ug/l	4.0	-	-	-	-	-
	C	Cadmium, tot.	ug/l	<0.2	-	-	-	-	-
	C	Lead, tot.	ug/l	<2.0	-	-	-	-	-
	C	Chromium, tot.	ug/l	<2.0	-	-	-	-	-
	C	Mercury, tot.	ug/l	-	-	-	-	-	-
	C	Strontium, tot.	ug/l	269	-	-	-	-	-
	C	Zinc, tot.	ug/l	19	-	-	-	-	-
	G	Chrom. hex.	ug/l	<10	-	-	-	-	-
		Flow, total	MGD			1.501			

\*SAMPLE TYPE: G=grab; C=composite