



**Environmental  
Protection Agency**

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

September 20, 2011

**Re:** Belmont County  
Ohio Valley Coal Co.  
NPDES Permit 01L00046\*DD  
Compliance Evaluation Inspection  
Correspondence (IWW)

Mr. David Blake, Mine Manager & Superintendent  
The Ohio Valley Coal Company  
56854 Pleasant Ridge Road  
Alledonia, Ohio 43902

Dear Mr. Blake:

On August 9, 2011, I conducted a Compliance Evaluation Inspection (CEI) at The Ohio Valley Coal Company (OVCC) Powhatan #6 mine. Farley Wood, Crellin Scott, Dave Washinski, and Cody Mozena represented The Ohio Valley Coal Company during the inspection.

The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of the NPDES permit, Federal Number OH0012661, State Number 01L00046\*CD. A copy of the inspection report form is attached.

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

1. Ohio Administrative Code Chapter 3745-33-03 - NPDES Permit Status  

The NPDES permit is expired. An application for renewal has been received. The expired NPDES permit is effective until the permit is renewed.
2. NPDES Permit Part II, Item 3 – Proper Operation and Maintenance
  - a. The sewage plant for the OVCC office and bath house is showing age. The block walls of the sand filters are cracked and missing blocks. There were weeds in the sand filters. The blower covers and tank grates are rusting. What action will the company take to repair the treatment system?
  - b. The following O and M problems that were identified in the last inspection have been corrected: The flow meter and sampler for outfall 001 has been installed; the discharge at the toe of the #2 dam is being collected and

pumped to pond 013 for treatment; a serious effort has been made to treat pond 013 to within the effluent limits (last violated in February 2010); Pond 10 has been rebuilt and now has significantly larger pumps to pump the flow back to the slurry impoundment and therefore does not discharge; and the wheel washer has been re-built and truck traffic re-routed to minimize coal dragout onto the highway. In addition, company personnel have significantly improved communication with the Ohio EPA staff.

3. Ohio Administrative Code Chapter 3745-07-04 - Certified Operator

OVCC has obtained the services of a certified operator for operation of the sewage treatment plants. It is necessary for you to submit a completed Certified Operator form, a copy of which is attached.

4. NPDES Permit Part I, Item A – Effluent Limitations

A review of the Discharge Monitoring Reports since January 2010 indicates pond 013 violated the concentration daily and monthly effluent limitations for Total Suspended Solids for the month of February 2010. Every effort must be made to comply with the effluent limitations.

As you know, Ohio EPA and the company are continuing to negotiate to resolve outstanding enforcement issues. Please respond to item (2)(a) and (3) above, in writing, within 30 days of receipt of this notice. If you have any questions, please contact me at (740) 380-5284 at your convenience.

Sincerely,



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

AS/dh

Enclosure

c: Farley Wood  
c: Martha Horvitz, CO, Legal

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

| Permit No.  | NPDES No. | Date           | Inspection Type | Inspector | Facility Type |
|-------------|-----------|----------------|-----------------|-----------|---------------|
| 0IL00046*DD | OH0012661 | August 9, 2011 | C               | S         | 2             |

**B. FACILITY DATA**

| Name & Location of Facility Inspected   | Entry Time | Permit Effective Date  |
|---|------------|------------------------|
| Ohio Valley Coal Co. Powhatan #6 Mine<br>56854 Pleasant Ridge Road<br>Alledonia, Ohio 43902 | 9:30 a.m.  | July 1, 2000           |
|   | Exit Time  | Permit Expiration Date |
|   | 12:30 p.m. | June 30, 2005          |

| Name(s) & Title(s) of On-Site Representative(s)  | Phone Number(s) |
|--|-----------------|
| Farley Wood, Director of Environmental Compliance & Permitting   | (740) 310-0308  |
| Cody Mozena, Water Quality Management  | (740) 310-9428  |
| Crellin Scott, Assistant Director of Environmental Compliance & Permitting   | (740) 213-2589  |
| Dave Washinski, Manager of Compliance  | (740) 210-9418  |
| Name, Address, & Title of Responsible Official   | Phone Number    |
| David Blake, Mine Manager and Superintendent<br>The Ohio Valley Coal Company<br>56854 Pleasant Ridge Road<br>Alledonia, Ohio 43902 | (740) 926-1351  |

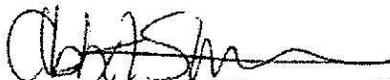
**C. AREAS EVALUATED DURING INSPECTION**

|                                   |                                    |                                  |
|-----------------------------------|------------------------------------|----------------------------------|
| <u>U</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>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)

1. Permit - See attached letter item 1
2. O&M - See attached letter items 2 and 3
3. Laboratory - Contract lab is used

  
Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

9/20/11  
Date

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

9/20/11  
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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Product(s) & production rates conform with permit application (industries) | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Number & location of discharge points are as described in permit           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

- b. h. & i. - Outfalls have been added
- c. - Coal production has increased

**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: 2000 NPDES permit  | <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"/> |

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

**Comments:**

- e. - Bill Deter of Quality Environmental Services is the Operator of Record. Class A is required, Bill is a Class 1. The staffing requirement is 2 days per week for a minimum of 1 hour per week for each sewage treatment plant.
- h. - 002 sewage plant needs maintenance. See letter.

| Record Keeping  | YES                                 | NO                                  | N/A                      | NE                       |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/>            | <input checked="" 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:**

c.4. - See answer to Part 3 Laborator Question F

| Collection System  | YES                                 | NO                       | N/A                                 | NE                       |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 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:<br>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 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 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                                 | NE                       |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Sludge adequately disposed. Method: <u>Taken to another 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>Sparky's</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:**

c. - Sparky's Septic Hauling takes sludge to Moundsville WWTP

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:<br><input type="checkbox"/> Ultrasonic & parshall flume <input type="checkbox"/> Calculated from influent<br><input type="checkbox"/> Weir <input type="checkbox"/> Other<br><input 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>7/2011</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:<br><input type="checkbox"/> Daily <input type="checkbox"/> Monthly<br><input type="checkbox"/> Weekly <input type="checkbox"/> Other  |                                     |                          |                          |                          |

Comments:

a. - 001 has ultrasonic - all others are estimated based on calculations.

| 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 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"/> |

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Analysis being performed more frequently than required by permit   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If (c) is yes, are results reported in permittee's self-monitoring report  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Commercial laboratory used:<br>1. Parameters analyzed by commercial lab: <u>all except pH for sediment ponds</u><br>2. Lab name: <u>TraDet</u> |                                     |                          |                          |                          |

Comments:

f.2.a. - Contract Operator of Record takes samples at STP's and prepares them for pickup by courier from TraDet labs.

f.2.b. - On site staff collects and preserves sediment pond samples for pickup by courier from TraDet labs. They take pH readings.

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

**Comments:**  
Commercial laboratory is off site, therefore, questions are not applicable.

**J. EFFLUENT/RECEIVING WATER OBSERVATIONS**

| Outfall # | Oil Sheen    | Grease | Turbidity | Visible Foam | Visible Float Solids | Color | Other |
|-----------|--------------|--------|-----------|--------------|----------------------|-------|-------|
| 001       | None         | None   | None      | None         | None                 | None  |       |
| 002       | None         | None   | None      | None         | None                 | None  |       |
| 007       | None         | None   | Some      | None         | None                 | None  |       |
| 011       | No discharge |        |           |              |                      |       |       |
| 013       | None         | None   | None      | None         | None                 | None* |       |

**Comments:**  
\*Discharge was not colored, however, rocks were iron stained.

**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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Do you notice staining or discoloration of soils, pavement, or floors                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Do you notice distressed (unhealthy, discolored, dead) vegetation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Do you see unidentified dark smoke or dustclouds coming from sources                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Do you notice any unusual odors or strong chemical smells  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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?

**Environmental  
Protection Agency  
Division of Drinking and Ground Waters  
Operator Certification Unit**

**Operator of Record (ORC) Notification Form**

Ohio Environmental Protection Agency  
Division of Drinking and Ground Waters  
Operator Certification Unit  
50 West Town St, Suite 700  
P O Box 1049  
Columbus, OH 43216-1049

Phone: (614) 644-2752  
1- 866 - 411-OPCT (6728)  
Fax: (614) 644-2909  
email: opcert@epa.state.oh.us  
website: http://www.epa.ohio.gov/ddagw/opcert.aspx

**I. SYSTEM INFORMATION**

Name of System: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PWS ID/NPDES Permit #: \_\_\_\_\_ STU #: \_\_\_\_\_ Classification: \_\_\_\_\_

\_\_\_\_\_  
Name of Facility Owner or Permittee, Title (Print)      Facility Owner or Permittee (Signature)

**II. SYSTEM TYPE (Check only one of the following. Use additional sheets if necessary.)**

|                           |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Public Water System (PWS) | Distribution System      | Treatment Works          | Collection System        |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**III. OPERATOR OF RECORD INFORMATION**

| Add<br>Additional (A),<br>Existing (E),<br>New (N) or<br>Remove (R) | Effective<br>Date | Name of Operator of Record | Certification Number<br>& Expiration Date | I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. I have a valid certification of a class equal to or greater than the classification of the above referenced facility.<br>(Signature of certified operator)* |
|---|-------------------|----------------------------|---|--|
|   |                   |                            |   |  |
|   |                   |                            |   |  |
|   |                   |                            |   |  |
|   |                   |                            |   |  |
|   |                   |                            |   |  |

\* A signature by an operator of record who is being removed is not required.  
(Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: \_\_\_\_\_ hours/week \_\_\_\_\_ days/week

|   |                             |
|---|-----------------------------|
| <b>For Internal Use Only</b>            |                             |
| Reviewed by: _____                      | Date of SDWIS update: _____ |
| Date of Compliance Status Letter: _____ |                             |