



State of Ohio Environmental Protection Agency

Southeast District Office

2195 Front Street
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korteski, Director

December 9, 2010

Re: Washington County
Duke Energy, Washington Energy Facility
Compliance Evaluation Inspection (CEI)
Correspondence (IWW)

Mr. Ron Cremeans, District Manager
Duke Energy Ohio, Inc. Washington Energy Facility
859 State Route 83
P.O. Box 1329
Beverly, Ohio 45715

Dear Mr. Cremeans:

On November 22, 2010, a Compliance Evaluation Inspection (CEI) was conducted at Duke Energy's Washington Energy Facility. The purpose of the inspection was to determine Duke's compliance with National Pollutant Discharge Elimination System (NPDES) Permit. Present for the inspection were Bob Rothwell and Ray Sawyer representing Duke and Stephen Wells representing Ohio EPA, Southeast District Office, Division of Surface Water. No wastewater samples were taken as part of the inspection. A copy of my inspection is attached.

As a result of my inspection, I have the following comments:

1. The facility has re-routed storm water runoff from the facility to help with erosion problems that were occurring at the facility. The storm water runoff is from the non process areas of the facility. The relocated outfall locations have been noted and the NPDES Permit locations will be changed during the next NPDES Permit renewal.
2. The facility only performs pH and total residual chlorine testing on-site. The facility procedures to perform these test appeared to be acceptable.
3. The flow meter for Outfall 001 is a mag meter and cannot be calibrated. The facility checks the accuracy of the flow meter with an internal flow meter located on the cooling tower blowdown.

In conclusion, Duke Energy appeared to be in compliance with its NPDES Permit at the time of the inspection.

The Ohio EPA strongly encourages pollution prevention as the preferred approach for waste management. The first priority of pollution prevention is to eliminate the generation of wastes and pollutants at the source (source reduction). For those wastes or pollutants that are generated, the second priority is to recycle or reuse them in an environmentally sound manner. You can benefit economically, help preserve the environment, and improve your public image by implementing pollution prevention programs. For more information about pollution prevention, including fact sheets or U.S. EPA's "*Facility Pollution Prevention Guide*" (EPA/600/R-92.008), please contact the Ohio EPA Pollution Prevention Section at (614) 644-3469.

No further response to this letter is requested at this time. If you have anyway questions, feel free to contact me at (740) 380-5434.

Sincerely,



Stephen Wells
District Representative
Division of Surface Water

SW/dh

Enclosure

c: Bob Rothwell, Duke Energy

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
01B00028*DD	OH0127841	November 22, 2010	C	S	2

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Duke Energy Ohio, Inc. - Washington Energy Facility 859 State Route 83 Beverly, Ohio 45715	1:00 p.m.	July 1, 2010
	Exit Time	Permit Expiration Date
	2:30 p.m.	January 31, 2015

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Bob Rothwell, EH&S Manager	(740) 984-3103
Name, Address, & Title of Responsible Official	Phone Number
Ron Cremeans, District Manager Duke Energy Ohio, Inc. - Washington Energy Facility 859 State Route 83 P.O. Box 1329 Beverly, Ohio 45715	(740) 984-3100

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>N/A</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)

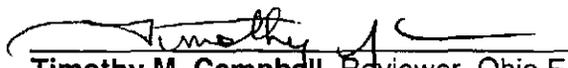
See attached letter.



 Stephen Wells, Inspector, Ohio EPA, Southeast District Office

12/9/10

 Date



 Timothy M. Campbell, Reviewer, Ohio EPA, Southeast District Office

12/10/10

 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notification given to state of new, different, or increased discharges	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sufficient operating staff provided: # of shifts: <u>2</u> Days/Week: <u>7</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Copy of certificate of Operator of Record displayed on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Minimum operator staffing requirements fulfilled (OAC 3745-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

* Facility is a natural gas fired power plant.

Record Keeping	YES	NO	N/A	N/E
a. Log book provided	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Log book contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Identification of treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Date/Time of arrival/departure of ORC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Daily record of operation and maintenance activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Laboratory results (unless documented on bench sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent: _____	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input 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 type="checkbox"/>	<input type="checkbox"/>
e. CSOs monitored and reported in accordance with permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Portable pumps used to relieve system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent	<input 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 type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are any portions of the sewer system at or near capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
Not Applicable

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>Northwestern</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/> Ultrasonic & parshall flume <input type="checkbox"/> Calculated from influent <input type="checkbox"/> Weir <input checked="" type="checkbox"/> Other <input type="checkbox"/> Ultrasonic & weir specify: <u>Magmeter</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: <u>See letter</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:

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 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:

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 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: 1. Parameters analyzed by commercial lab: <u>All NPDES Permit parameters except pH and chlorine.</u> 2. Lab name: <u>Microbac</u>				

Comments:

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: <u>DMR-QA-30</u> <input checked="" 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	Clear	

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: