



State of Ohio Environmental Protection Agency

Southeast District Office

2195 Front Street
Logan, Ohio 43138

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

March 9, 2007

**Re: Muskingum County
Burnham Foundry
CEI
Permit No. 01S00000*ID
NPDES No. OH0004901
Correspondence (IWW)**

Mr. James Tate, Vice President/Controller
Burnham Foundry LLC
2345 Licking Road
P.O. Box 3148
Zanesville, Ohio 43702

Dear Mr. Tate:

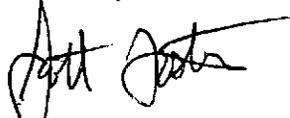
On February 26, 2007, Aaron Wolfe and I inspected your facility for compliance with the NPDES permit for Burnham Foundry, LLC. We were accompanied by Burnham employees Jeremiah Clegg and Dan Cooper. The following are the recommendations and comments from the inspection:

1. The weirs on the industrial waste clarifier require cleaning. The v-notches on the weirs were completely full of debris. Please provide regular scheduled maintenance for this unit.
2. There were large amounts of mold sand on the ground throughout the facility. This is not part of a good storm water program and best management practices for your facility. Please provide a plan for proper disposal and cleanup of the sand. **Also**, this problem has been noted on previous inspections. This should be an ongoing project to bring your facility into compliance with your NPDES permit.
3. There was some concern about proper sampling and interpretation of the parameters for quarterly sampling procedures. Your NPDES permit will be modified to include updated sampling language for quarterly monitoring.

It was noted that some improvements had been completed since the last inspection. The addition of a building to house sand waste from the facility and a curb was installed around the back of the property to channel storm water. **Also**, please continue with your storm basin cleaning program and other storm water pollution prevention practices.

Attached is a copy of the inspection report. I rated several areas as marginal or unsatisfactory due to the issues mentioned above. Please respond to this letter by April 6, 2007. If you have any additional comments or questions, please feel free to call me at (740) 380-5227.

Sincerely,



Scott Foster
Environmental Specialist 2
Division of Surface Water

SF/dh

Enclosure

c: Jeremiah Clegg
c: Dan Cooper

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
01S00000*ID	OH0004901	February 26, 2007	C	S	2

B. FACILITY DATA

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Burnham Foundry LLC 2345 Licking Road PO Box 3148 Zanesville, Ohio 43702	9:30 AM	July 1, 2004
	Exit Time	Permit Expiration Date
	11:30 AM	March 31, 2009

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Jeremiah Clegg, Manager, Engineering and Maintenance Dan Cooper, Project Engineer	740-452-9371 740-452-9371
Name, Address and Title of Responsible Official	Phone Number
James Tate, Vice President/Controller	740-452-9371

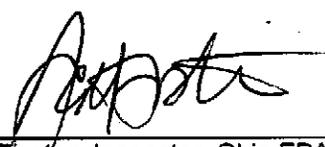
C. AREAS EVALUATED DURING INSPECTION

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

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

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

See attached letter.


 Scott Foster, Inspector, Ohio EPA, Southeast District Office

3/6/07
 Date


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

3/8/07
 Date

E. PERMIT VERIFICATION

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

Comments:

F. COMPLIANCE SCHEDULES/VIOLATIONS

	Yes	No	N/A	N/E
a. Any significant violations since the last inspection	X			
b. Permittee is taking actions to resolve violations	X			
c. Permittee has compliance schedule		X		
d. Compliance schedule contained in _____			X	
e. Permittee is meeting compliance schedule			X	

Comments:

G. OPERATION AND MAINTENANCE

Treatment Facility Properly Operated and Maintained	Yes	No	N/A	N/E
a. Standby power available: Generator ___ Dual Feed ___		X		
b. Adequate alarm system available for power or equipment failures	X			
c. All treatment units in service other than backup units	X			
d. Sufficient operating staff provided: # of shifts <u>3</u> Days/Week <u>5</u>	X			
e. Operator holds unexpired license of class required by permit Class: <u>1</u>	X			
f. Routine and preventive maintenance schedule/performed on time	X			
g. Any major equipment breakdown since last inspection		X		
h. Operation and maintenance manual provided and maintained	X			
i. Any plant bypasses since last inspection		X		
j. Regulatory agency notified of bypasses _____ on MORS _____ 800 Number			X	
k. Any hydraulic and/or organic overloads experienced since last inspection	X			

Comments:

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

Comments: Quarterly sampling of CSO rain events, permit to be modified to include sampling language.

H. SLUDGE MANAGEMENT

- a. Sludge Management Plan _____ Submitted Date
 _____ Approval Number
 _____ Not submitted
 _____ X N/A

	Yes	No	N/A	N/E
b. Sludge Management Plan current			X	
c. Sludge adequately disposed Method: Suburban Landfill	X			
d. If sludge is incinerated, where is ash disposed of? _____			X	
e. Is sludge disposal contracted (Name: _____)		X		
f. Has amount of sludge generated changed significantly since last inspection		X		
g. Adequate sludge storage provided at plant		X		
h. Land application sites monitored and inspected per SMP			X	
i. Records kept in accordance with state and federal law	X			
j. Any complaints received in last year regarding sludge		X		
k. Is sludge adequately processed :dewatering	X			

Comments:

Part 3, Laboratory - Quality Control/Quality Assurance				Yes	No	N/A	N/E	
f.	Quality assurance manual provided and maintained							X
g.	Satisfactory calibration and maintenance of instruments and equipment							X
h.	Adequate records maintained							X
i.	Results of latest U.S. EPA quality assurance performance sampling program:							
	Date: <u>not evaluated</u>						Satisfactory	
							Marginal	
							Unsatisfactory	

Comments:

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall #	Oil Sheen	Grease	Turbidity	Visibic Foam	Visible Float Solids	Color	Other
001							ok
002							ok
003							ok
004							ok
005							ok
008							storm
010							storm
011	eliminated						storm

Comments:

K. MULTIMEDIA OBSERVATIONS

	Yes	No	N/A	N/E
a. Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories	X			
b. Do you notice staining or discoloration of soils, pavement, or floors	X			
c. Do you notice distressed (unhealthy, discolored, dead) vegetation	X			
d. Do you see unidentified dark smoke or dustclouds coming from sources		X		
e. Do you notice any unusual odors or strong chemical smells	X			
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment		X		

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

1. What is the cause of the conditions? Poor housekeeping.
2. Is the observed condition or source a waste product? Waste product, sand
3. Where is the suspected contaminant normally disposed? Unknown.
4. Is this disposal permitted? No
5. How long has the condition existed and when did it begin? Noted on previous inspections, at least 2 years.

Comments: Page 7 of this report not attached. For Compliance sampling use only.