



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 Korfeski, Director

June 25, 2010

Re: Muskingum County
AK Steel Corporation
2010 CEI - Permit # 01D00002*1D
Correspondence (IWW)

Mr. Cory Levensgood, Env. Engineer
AK Steel Corporation
1724 Linden Avenue
P.O. Box 1520
Zanesville, Ohio 43702

Dear Mr. Levensgood:

On June 15, 2010, I conducted a Compliance Evaluation Inspection (CEI) at the AK Steel facility located in Zanesville, Ohio. The inspection was conducted to determine AK Steel's compliance status with their NPDES permit. I was accompanied by you during the inspection. At the time of the inspection, I found no apparent surface water violations. A copy of the inspection report is attached.

Please contact me at (740) 380-5227 with any comments or questions.

Sincerely,

Scott Foster
Environmental Specialist 2
Division of Surface Water

SF/dh

Enclosure

NPDES
Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
01D00002*ID	OH0006858	June 15, 2010	C	S	2

B. FACILITY DATA

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Ak Steel Corporation, Zanesville Works 1724 Linden Avenue Zanesville, Ohio 43701	10:00 am	April 1, 2008
	Exit Time	Permit Expiration Date
	11:23 am	March 31, 2011

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Cory Levensgood, Environmental Engineer	(740) 450-5599
Name, Address and Title of Responsible Official	Phone Number
Craig Mauro, Plant Manager	(740) 450-5600

C. AREAS EVALUATED DURING INSPECTION

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment
<u>S</u> Records/Reports	<u>N</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>N/A</u> Sludge Storage/Disposal	<u>-</u> Other
<u>N/A</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

6/25/10

Date



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

6/25/10

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>7</u>	X			
e. Operator holds unexpired license of class required by permit Class: _____			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:

I. SELF-MONITORING PROGRAM

Part 1 - Flow Measurement		Yes	No	N/	N/
a.	Primary flow measuring device properly operated & maintained. Type of device: <input checked="" type="checkbox"/> 612 ultrasonic & parshall flume <input type="checkbox"/> calculated from influent <input type="checkbox"/> weir <input type="checkbox"/> Other <input checked="" type="checkbox"/> 001 Area velocity <input type="checkbox"/> Specify: _____	X			
b.	Calibration frequency adequate (date of last calibration: <u>1/17/10</u>)	X			
c.	Secondary instruments (totalizers, recorders etc.) properly operated and maintained	X			
d.	Flow measurement equipment adequate to handle expected ranges of flows	X			
e.	Actual flow discharged is measured	X			
f.	Flow measuring equipment inspection frequency: _____ Daily _____ Weekly _____ Monthly <input checked="" type="checkbox"/> Other				

Comments: *Preventive Maintenance Program every 6 months

Part 2 - Sampling		Yes	No	N/A	N/E
a.	Sampling location(s) are as specified by permit	X			
b.	Parameters and sampling frequency agree with permit	X			
c.	Permittee uses required sampling method	X			
d.	Sample collection procedures are adequate	X			
i.	Samples refrigerated during compositing	X			
ii.	Proper preservation techniques used	X			
	Conform with 40 CFR 136.3				
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, and maintenance records)	X			
f.	Adequate records maintained of sampling date, time, exact location, etc.	X			

Comments:

Part 3, Laboratory - General		Yes	No	N/A	N/E
a.	EPA approved analytical testing procedures used (40 CFR 136.3)				X
b.	If alternate analytical procedures are used, proper approval has been obtained				X
c.	Analyses being performed more frequently than required by permit				X
d.	If (c) is yes, are results reported in permittee's self-monitoring report				X
e.	Commercial laboratory used	X			
	1. Parameters analyzed by commercial lab: <u>All Except PH</u>				
	2. Lab name: <u>Coshocton Environmental</u>				

Comments: Toxicity, EA Science and Technology- Boston, Ma.

