



State of Ohio Environmental Protection Agency

Southeast District Office

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Logan, Ohio 43138

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www.epa.state.oh.us

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

October 29, 2008

**Re: Monroe County
Ormet Primary Aluminum
2009 CEI
Correspondence (IWW)**

Mr. John Reggi, Director
Corporate Env. Serv., Ormet Primary Alum. Corp.
P.O. Box 176, S.R. 7
Hannibal, Ohio 43931

Dear Mr. Reggi:

On October 20, 2008, Tim Campbell, Aaron Wolfe and I conducted a compliance inspection at the Ormet Primary Aluminum Corporation Hannibal Reduction Division. The purpose of the inspection was to determine Ormet's compliance with the Ohio Water Pollution Control Act, Revised Code Chapter 6111 and NPDES Permit Number 0IE00005*LD. Tim Adamowicz and Joe Rykowski represented Ormet and accompanied us throughout the inspection.

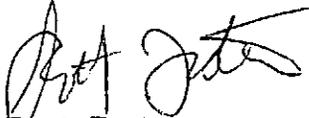
As a result of the inspection, I have the following comments:

1. We discussed the violations of the NPDES permit and what has been discovered and achieved to date. Please continue making progress with this to avoid any future enforcement action.
2. We discussed the NPDES renewal application and received in the mail an updated 2C form from the company. It was discovered that the flows for outfall 002 were calculated incorrectly. This has caused some non compliance issues and we discussed the remedy to these violations by recalculating loadings at outfall 002.

3. The company has made a marked improvement with its overall housekeeping and maintenance. The sanitary plant has been refurbished and is back on line with both tanks soon to be in operation.

Attached is a copy of the inspection report.

Sincerely,



Scott Foster
Environmental Specialist 2
Division of Surface Water

SF/dh

Enclosures

c: ORSANCO

NPDES
Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OIE00005*LD	OH0011550	October 20, 2008	C	S	2

B. FACILITY DATA

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Ormet Primary Aluminum Corporation Hannibal Reduction Division PO Box 176, SR 7 Hannibal, Ohio 43931	1037 am	December 1, 2007
	Exit Time	Permit Expiration Date
	1245 pm	July 31, 2008

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Tim Adamowicz, Environmental Supervisor Joe Rykowski, Environmental Technician	740-483-2649
Name, Address and Title of Responsible Official	Phone Number
John Reggi, PO Box 176, SR 7, Hannibal, Ohio 43931	740-483-2659

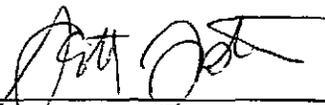
C. AREAS EVALUATED DURING INSPECTION

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

10/29/08

Date



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

10/29/08

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: <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: Sewage Treatment Plant over haul completed October, 2008.
Casting lines not operating. Outfalls 601 and 602.

Collection System	Yes	No	N/A	N/E
a. Percent combined system: <u>0</u> %				
b. Any collection system overflows since last inspection (CSO <u> </u> SSO <u> </u>)		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:

I. SELF-MONITORING PROGRAM

Part 1 - Flow Measurement	Yes	No	N/	N/
a. Primary flow measuring device properly operated & maintained. Type of device: <u>004</u> ultrasonic & parshall flume <u> </u> calculated from influent <u> </u> weir <u> </u> Other <u>*</u> ultrasonic & weir <u> </u> Specify: <u> </u>	X			
b. Calibration frequency adequate (date of last calibration: <u>October 2008</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: <u> X </u> Daily <u> </u> Weekly <u> </u> Monthly <u> </u> Other				

Comments: * 001, 002, 003

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	X			
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				
1. Parameters analyzed by commercial lab: <u>All Permit Parameters</u>				
2. Lab name: <u>STL Pittsburgh, 301 Alpha Drive, Pittsburgh, PA. 15238</u>				

Comments:

Part 3, Laboratory - Quality Control/Quality Assurance	Yes	No	N/A	N/
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>October, 2008</u> <u>X</u> Satisfactory _____ Marginal _____ 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	
002	None	None	None	Yes	None	None	
003	None	None	None	None	None	None	
004	None	None	None	None	None	None	

Comments: WWTP 017, Replace sampler line.
004- Clean weeds from flume and clean debris from screens.

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 facilities		X		

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: