



Environmental  
Protection Agency

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

October 13, 2011

Re: Scioto County  
Wheelersburg POTW  
2012 CEI  
Correspondence (PWW)

Scioto County Commissioners  
602 7th Street  
Courthouse  
Portsmouth, Ohio 45662

Dear Commissioners:

On September 20, 2011, I conducted a compliance evaluation inspection at the Wheelersburg POTW located in Wheelersburg, Ohio. Ryan Smith represented Wheelersburg POTW and accompanied me during the inspection. Katie Holcomb of Central Office of the Ohio EPA was also there to look at the plant before the renewal of your NPDES permit. The purpose of the inspection was to determine Wheelersburg's compliance with NPDES Permit Number 0PK00001\*FD and the Ohio Water Pollution Control Act, Revised Code Chapter 6111.

As a result of the inspection and review of our files, I have the following comments:

1. PART III, 3(A) of the Permit states, " *All wastewater treatment works shall be operated in a manner consistent with the following: At all times, the permittee shall maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee necessary to achieve compliance with the terms and conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with conditions of the permit.* "

**There have been numerous suspended solids, CBOD<sub>5</sub>, fecal coliform and nitrogen ammonia violations over the past 2 years. Wheelersburg continues to be on the Significant Non Compliance list. Due to the numerous violations, the USEPA is currently working on an Administrative Order with a schedule to bring Scioto County back into compliance with its' NPDES permit.**

2. Part II, Item N of your permit states, *"The permittee shall maintain in good working order and operate as efficiently as possible the "treatment works" and "sewerage system" as defined in ORC 6111.01 to achieve compliance with the terms and conditions of this permit and to prevent discharges to the waters of the state, surface of the ground, basements, homes, buildings, etc."*

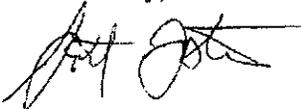
**There continues to be Separate Sanitary Sewer Overflows (SSO's) in the collection system at Wheelersburg due to large amounts of Inflow/Infiltration(I/I). The I/I is the cause of the numerous violations at the treatment plant.**

Attached is a copy of the inspection report which indicates unsatisfactory evaluations of the following areas: Collection System and Compliance Schedules/Violations. I gave these ratings because of the deficiencies mentioned in the above comments. Scioto County should take the appropriate actions to return the facility to compliance with all terms and conditions of the NPDES permit.

Please respond to this letter by October 30, 2011.

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 and U.S. EPA's Facility Pollution Prevention Guide, (EPA/600/R-92/088), you may contact the Ohio EPA Pollution Prevention Section at (614) 644-3469 or me for additional information.

Sincerely,



Scott Foster  
Environmental Specialist 2  
Division of Surface Water

SF/dh

Enclosure

c: Darren Lebrun, Sanitary Engineer  
c: Ryan Smith, Treatment Coordinator

# NPDES Compliance Inspection Report

## A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OPK00001*FD	OH0050016	September 20, 2011	C	S	1

## B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Wheelersburg POTW 2974 Hayport Road Wheelersburg, Ohio 45694	1:15 am	December 1, 2007
	Exit Time	Permit Expiration Date
	1:00 pm	July 31, 2011

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Ryan Smith, Treatment Coordinator	740-574-2045
Name, Address, & Title of Responsible Official	Phone Number
Scioto County Commissioners 602 7 <sup>th</sup> Street Courthouse Portsmouth, Ohio 45662	740-355-8233

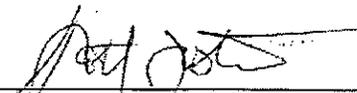
## C. AREAS EVALUATED DURING INSPECTION

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N/A</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>U</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>N/A</u> Other
<u>U</u> Collection System		

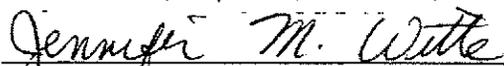
(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

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

See Attached Letter.

  
 \_\_\_\_\_  
 Scott Foster, Inspector, Ohio EPA, Southeast District Office

10/13/11  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Jennifer Witte, Reviewer, Ohio EPA, Southeast District Office

10/13/11  
 \_\_\_\_\_  
 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Product(s) & production rates conform with permit application (industries)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 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:

I/I causes washouts in plant.

**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>III</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any major equipment breakdown since last inspection	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

m. -SS and CBOD5- plant washout during rain events.

Record Keeping	YES	NO	N/A	N/E
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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:

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent: 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Any collection system overflows since last inspection: CSO: <input type="checkbox"/> SSO: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input checked="" 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 checked="" type="checkbox"/>
e. CSOs monitored and reported in accordance with permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Portable pumps used to relieve system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

I/I issues in collection system.

## 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>Bulldog</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"/>

Comments:

**I. SELF-MONITORING PROGRAM**

<b>Part 1 - Flow Measurement</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Primary flow measuring device properly operated & maintained. Type of device: <input checked="" type="checkbox"/> Ultrasonic & parshall flume <input type="checkbox"/> Calculated from influent <input type="checkbox"/> Weir <input type="checkbox"/> Other <input checked="" type="checkbox"/> Ultrasonic & weir      specify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: <u>3/11/11</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:

<b>Part 2 - Sampling</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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"/>

Comments:

<b>Part 3 - Laboratory, General</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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>Metals, NO2+NO3, TDS</u> 2. Lab name: <u>MASI</u>				

Comments:

- a. SOP's need updated.



## General Lab Criteria

Facility: Wheelersburg POTW

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Balance</b>				
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights <sup>1,2</sup>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>A</b>
• Calibration Frequency/ Documentation	• Calibration verification required at least once each day the balance is used <sup>3</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum <sup>1</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) <sup>1</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams <sup>4</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained <sup>6</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Drying Oven (Suspended Solids)</b>				
• Temperature Recordkeeping	• Temperature recorded with each use <sup>4</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>
		• Log book maintained <sup>6</sup>	<input checked="" type="checkbox"/> Yes	
• Calibration Frequency/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1,2</sup> . Correction factor posted on thermometer/equipment <sup>1</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1°C increments <sup>5</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° - 105°F <sup>4</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>pH Meter</b>				
• Calibration Frequency/ Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) <sup>3</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>
		• Log book maintained <sup>9</sup>	<input checked="" type="checkbox"/> Yes	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result <sup>7</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation/ Acceptability	• Slope acceptable range indicated on benchsheet <sup>2</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing <sup>8</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

## General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Dissolved Oxygen Meter</b>			
• Calibration Method	• Air or known DO calibration method <sup>10</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
	• Calibration per manufacturer specification <sup>10</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Frequency/ Documentation	• Logbook maintained <sup>9</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Calibration verification required at least once each day the meter is used. <sup>3</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil) <sup>11</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Air Calibration			

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Incubator (CBOD/E-Coli)</b>			
• Temperature Recordkeeping	• Temperature checked/recorded twice daily for each shelf in use <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
	• Acceptable temperature range (CBOD) is 20°C ±1.0° <sup>12</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35°C ±0.5° <sup>22</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Logbook maintained <sup>9</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Temperature Calibration/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1,2</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature correction information posted on incubator <sup>1</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 mg), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) <sup>23</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius) <sup>5</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Permittee is not required to test for Ecoli			

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Refrigerator</b>			
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius) <sup>5</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
• Temperature Calibration/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1,2</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Thermometer held in water bath <sup>1</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Refrigerator temperature $\leq 6^{\circ}$ Celsius <sup>13</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages <sup>14</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments:			

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Chlorine Meter</b>			
• Calibration Frequency/ Documentation	• pH/millivolt meter read to 0.4 mV <sup>15</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NR</b>
		• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) <sup>3</sup>	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters or calibration per manufacturer specification <sup>16</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## General Lab Criteria

	<ul style="list-style-type: none"> <li>• Standards used for calibration not expired</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Slope Documentation/ Acceptability</li> </ul>	<ul style="list-style-type: none"> <li>• Calibration curve (acceptable slope)</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Electrode free of deposits and foreign material</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> <li>• Instrument manual available</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Ammonia Meter</b>				
<ul style="list-style-type: none"> <li>• Calibration Frequency/ Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples)<sup>3</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>
		<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	
<ul style="list-style-type: none"> <li>• Slope Acceptability</li> </ul>	<ul style="list-style-type: none"> <li>• Verify calibration slope is acceptable (per mfg. spec.)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Calibration Method</li> </ul>	<ul style="list-style-type: none"> <li>• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec.<sup>17</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>• Standards used for calibration not expired</li> </ul>	<input checked="" type="checkbox"/> Yes	
<ul style="list-style-type: none"> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Electrode free of deposits and foreign material</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Teflon covered magnetic stirrer or equivalent for mixing<sup>18</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Instrument manual available</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating	
<b>Sample Collection/Handling</b>					
<ul style="list-style-type: none"> <li>• Sample Labeling</li> </ul>	<ul style="list-style-type: none"> <li>• Samples container labeled (description, date, time, preservative added, initialed)<sup>19</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>	
<ul style="list-style-type: none"> <li>• Chain of Custody</li> </ul>	<ul style="list-style-type: none"> <li>• Chain of custody (description, date, time, signature)<sup>19</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<ul style="list-style-type: none"> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Composite samples refrigerated during sample collection<sup>14</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
		<ul style="list-style-type: none"> <li>• Equipment blanks utilized<sup>14</sup></li> </ul>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• SOP for cleaning of sampling equipment</li> <li>• Log book being maintained<sup>9</sup></li> </ul>	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
Comments: Operator Log Book					

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Desiccator</b>				
<ul style="list-style-type: none"> <li>• General Criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Properly working seals</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>
		<ul style="list-style-type: none"> <li>• Desiccant fresh (blue color)</li> </ul>	<input checked="" type="checkbox"/> Yes	
<ul style="list-style-type: none"> <li>• Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

## General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Bench Sheets</b>			
<ul style="list-style-type: none"> <li>• General Criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Date(s)<sup>2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
	<ul style="list-style-type: none"> <li>• Analyst initials<sup>2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Blue or black ink pen<sup>2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Calibration information<sup>2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Equations, calculations, units for all measurements, notations, and results present<sup>2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Corrections, single line through, initialed and dated<sup>2</sup></li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments:			

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Hot Water Bath (Fecal Coliform/E. Coli)</b>			
<ul style="list-style-type: none"> <li>• Temperature Recordkeeping</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature Log (thermometer reads 0.2° C)<sup>21</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
		<ul style="list-style-type: none"> <li>• Incubator temperature 44.5° C ±0.2°<sup>21/24</sup></li> </ul>	
<ul style="list-style-type: none"> <li>• Temperature Calibration/ Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	
<ul style="list-style-type: none"> <li>• Water Level</li> </ul>	<ul style="list-style-type: none"> <li>• Thermometer total immersion or partial (line on thermometer to ID immersion depth)<sup>1,5</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Autoclaves/Steam Sterilizers</b>			
<ul style="list-style-type: none"> <li>• All apparatus utilized is adequately sterilized before use</li> </ul>	<ul style="list-style-type: none"> <li>• Sterilizing temperature 121° C<sup>25</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
		<ul style="list-style-type: none"> <li>• 10 to 30 minutes time based on material being sterilized<sup>26</sup></li> </ul>	
<ul style="list-style-type: none"> <li>• Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Verify the autoclave temperature weekly by using a maximum registering thermometer (MRT) to confirm that 121°C has been reached as measured in the exhaust<sup>1</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>• Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used<sup>1</sup></li> </ul>	
<ul style="list-style-type: none"> <li>• Temperature Calibration/ Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	
<ul style="list-style-type: none"> <li>• Performance Checks</li> </ul>	<ul style="list-style-type: none"> <li>• Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules<sup>1</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

## General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Final Effluent Temperature Monitoring</b>			
<ul style="list-style-type: none"> <li>• General Criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
	<ul style="list-style-type: none"> <li>• Thermometer reads in increments of at least 0.1°C<sup>5</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

	<b>Acceptable</b>	13
<b>Number of Criteria Rated:</b>	<b>Marginal</b>	0
	<b>Unacceptable</b>	0
	<b>Total Number of Areas Rated</b>	13

**Acceptable Ratings** – No action required (recommend SOP's written or updated, perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, written response not required).

**Marginal Ratings** – Improvements required, written response required (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response).

**Unsatisfactory Rating** – Improvements required, written response required, NOV issued (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response to NOV).

Consider recommending PAI Audit from DES when:	<ul style="list-style-type: none"> <li>&gt;60% of ratings are Marginal</li> <li>&gt;45% of ratings are a combination of Marginal or Unacceptable</li> <li>&gt;30% of ratings are Unacceptable</li> </ul>
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# General Lab Criteria

## Notation of Referenced Method

1	Method 9020-B, Item 4	14	Method 1060A, Item 1
2	Method 1020-A, Item 1	15	Method 4500-CI I, Item 2
3	Method 1020-B, Item 10	16	Method 4500-CI I, Item 4
4	Method 2540-B, Item 2	17	Method 4500-NH3 D, Item 4
5	Method 2550-B, Item 1	18	Method 4500-NH3 D, Item 2
6	Method 1020-B, Item 1	19	Method 1060-B, Item 2
7	Method 4500-H B, Item 4	20	Method 1060-B, Item 1
8	Method 4500-H B, Item 2	21	Method 9222D, Item 1
9	Method 1020-B, Item 2	22	Method 9223 B, Item 2
10	Method 4500-O B, Item 3	23	Method 9223 B, Item 3
11	Method 4500-O G, Item 3	24	Method 1603, Item 2
12	Method 5210-B, Item 5	25	Method 9030-B, Item 3
13	CFR 136.3, Table II	26	Method 9020 B, Table IV

**Equipment Logbook Content** – All maintenance performed on a piece of equipment should be documented in the logbook. This should include parts replacement and routine maintenance activities. Entries should include date, maintenance performed and initials of person making entry.

Parameter	Container	Preservation and Holding Times			Maximum Storage Time	
		Min. Sample Size (mL)	Sample Type	Preservation	Recommended	Regulatory
BOD / CBOD	P, G	1000	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	6h	48h
TSS	P, G	200	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 d
pH	P, G	50	G	Analyze immediately	0.25h	0.25 h
NH3-N	P, G	500	G, C	Analyze as soon as possible or add $\text{H}_2\text{SO}_4$ to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	28 d
TRC	P, G	500	G	Analyze immediately	0.25h	0.25 h
DO (electrode)	G, BOD Bottle	300	G	Analyze immediately	0.25h	0.25 h
Temperature	P, G	--	G	Analyze immediately	0.25h	0.25 h
Metals, general	P, G	1000	G, C	For dissolved filter immediately and add $\text{HNO}_3$ to pH <2	6 months	6 months
Purgeables by purge and trap	G (PTFE lined lid)	40 (X2)	G	HCl to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	14 d
Base/Neutrals and acids	G (solvent rinsed or baked)	1000	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Pesticides	G (PTFE lined lid)	1000	C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Fecal Coliform / E-Coli	G, P (Sterilized)	100	G	Refrigerate $\leq 10^{\circ}\text{C}$ If chlorine present, add sodium thiosulfate tablet	6 hrs transport. Start analysis within 2 hrs of receipt in lab.	
Oil and Grease	G	1000	G	HCl or $\text{H}_2\text{SO}_4$ to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

## General Lab Criteria

Approved Standard Methods	
CBOD / BOD 5 Day	Std Methods 5210-B
Ammonia, Selective Electrode Method	Std Methods 4500-NH3 D
Total Residual Chlorine, DPD Colorimetric Method	Std Methods 4500-Cl G
Total Suspended Solids, Dried at 103-105°C	Std Methods 2540-D
Dissolved Oxygen, Membrane Electrode Method	Std Methods 4500-O G
pH, Electrometric Method	Std Methods 4500-H+ B
Fecal Coliform, Membrane Filter Procedure	Std Methods 9222D
Escherichia Coli, Enzyme Substrate Test	Std Method 9223B
Escherichia Coli Membrane Filtration Procedure	EPA Method 1603
Oil and Grease	USEPA 1664A or Std Methods 5520B
Metals, general	USEPA 200, Std Methods 3111B or C, or 3120B
Volatiles (Purgeables by purge and trap)	USEPA 6210, Std Methods 624
Semi-Volatiles (Base/Neutrals and acids)	USEPA 6410, Std Methods 625
Pesticides	USEPA 6410 and 6630, Std Methods 608