



State of Ohio Environmental Protection Agency

**Northwest District Office**

347 North Dunbridge Rd.  
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468  
www.epa.state.oh.us

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

Re: Seneca County  
Tiffin WWTP  
NPDES File

June 3, 2009

Mayor and Council  
City of Tiffin  
51 East Market Street  
Tiffin, Ohio 44830

Dear Mayor and Council:

On April 9, 2009, Mary Beth Cohen conducted a compliance inspection of the Tiffin Wastewater Treatment Plant. Dan McElhatten, Superintendent, and Kevin Hughes, Assistant Superintendent, were present and provided information on plant operations.

All major treatment units were in operation during the inspection. A clear final effluent was being discharged. The following items were noted:

It was indicated that two original (52 years old ) Worthington influent pumps are to be replaced.

Two of the settled sewage pumps have been pulled and repaired.

There are plans to rebuild a sludge recirculation pump this year.

The grit chamber chains have been replaced.

The City continues the investigation to identify and eliminate clean water connections.

The City continues its program to provide 50/50 matching grants to residents, to address the removal of clean water from the sanitary sewer system.

The Permit to Install (PTI) and detail plans for phase #3 of the 13 phase long range sewer separation/combined sewer overflow (CSO) elimination project has been approved.

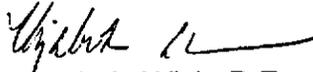
A compliance review of your discharge monitoring reports (DMRs) has also been conducted. A list of permit violations (January 2006 - April 2009) is enclosed.



Mayor and Council  
June 3, 2009  
Page 2

Our completed inspection report form is enclosed for your review. If there are any questions, please contact Mary Beth Cohen at (419) 373-3014.

Yours truly,



Elizabeth A. Wick, P.E.  
District Engineer/Unit Supervisor  
Division of Surface Water

/llr

Enclosures

pc: Mr. Dan McElhatten, Superintendent (with enclosures)  
c:\DSW-NWDO\File

# NPDES COMPLIANCE INSPECTION REPORT

## Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
<u>2PD00025</u>	<u>OH0052949</u>	<u>2009/04/09</u>	<u>C</u>	<u>S</u>	<u>1</u>

## Section B: Facility Data

Name and Location of Facility Inspected  Tiffin Water Pollution Control Center 961 North Water Street Tiffin, Ohio 44883	Entry Time	Permit Effective Date
	9:40 a.m.	November 1, 2008
	Exit Time	Permit Expiration Date
	1:00 p.m.	October 31, 2009

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Dan McElhatten, Superintendent Kevin Hughes, Assistant Superintendent	419-448-5440

Name, Address and Title of Responsible Official	Phone Number
Mayor and Council City of Tiffin 51 East Market Street Tiffin, OH 44883	

## Section C: Areas Evaluated During Inspection

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

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

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

The Permit to Install (PTI) and detail plans for phase #3 of the 13 phase long range sewer separation/combined sewer overflow (CSO) elimination project has been approved.

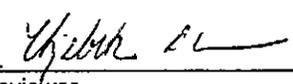
It was indicated that two original (52 years old) Worthington influent pumps are to be replaced.

Two of the settled sewage pumps have been pulled and repaired.

There are plans to rebuild a sludge recirculation pump this year.

The grit chamber chains have been replaced.

Mary Beth Cohen  6/3/09, Ohio EPA, Northwest District Office  
 Name(s) and Signature(s) of Inspector(s) Date

Elizabeth A. Wick, P.E.  6/3/09, Ohio EPA, Northwest District Office  
 Name and Signature of Reviewer Date

Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

<b>Section E: Permit Verification</b>				
	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<u>X</u>	___	___	___
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<u>X</u>	___	___	___
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	___	___	<u>X</u>	___
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	___
(e) TREAT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	___
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	___	<u>X</u>	___	___
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	___	___	<u>X</u>	___
(h) ALL DISCHARGES ARE PERMITTED	<u>X</u>	___	___	___
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<u>X</u>	___	___	___

COMMENTS/STATUS:

<b>Section F: Compliance Schedules/Violations</b>				
	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION	___	<u>X</u>	___	___
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS	___	___	<u>X</u>	___
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	<u>X</u>	___	___	___
(d) COMPLIANCE SCHEDULE CONTAINED IN <u>      </u> NPDES <u>      </u>	___	___	___	___
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	___

COMMENTS/STATUS:

**Section G: Operation and Maintenance**

**TREATMENT WORKS:**

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED				
(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 # SHIFTS <u>1</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: <u>III</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <input checked="" type="checkbox"/> ON MORS <input type="checkbox"/> 800 NO.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COLLECTION SYSTEM:**

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u>40</u> %				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <input checked="" type="checkbox"/> SSO <input type="checkbox"/> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS/STATUS:**

The City continues its program to provide 50/50 matching grants to residents, to address the removal of clean water from the sanitary sewer system.

The City continues the investigation to identify and eliminate clean water connections in the separate sewer areas.

CSO's are inspected three times per week in addition to the inspections during rain fall events in accordance with the NPDES permit .

The City has purchased a camera to be used to inspect service tap connection lines.

Recent basement flooding issue associated with perimeter tiles connected to the separate sanitary sewer lines. This is being addressed by the City.

**Section H: Sludge Management**

(a) SLUDGE MANAGEMENT PLAN (SMP)  
SUBMITTED DATE 10/23/91 APPROVAL # 03-302-PW NOT SUBMITTED      N/A     

	Yes	No	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: <u>Land application</u> )	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF <u>(n/a)</u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: <u>n/a</u> )	<u>    </u>	<u>X</u>	<u>    </u>	<u>    </u>
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	<u>    </u>	<u>X</u>	<u>    </u>	<u>    </u>
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	<u>    </u>	<u>X</u>	<u>    </u>	<u>    </u>
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>

COMMENTS/STATUS:

City WWTP staff manages the removal of sludge from the lagoons along with land application.

**Section I: Self-Monitoring Program**

Part 1. Flow measurement

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
TYPE OF DEVICE: <u>√</u> ULTRASONIC & PARSHALL FLUME <u>    </u> ULTRASONIC & WEIR <u>    </u> WEIR <u>    </u> CALCULATED FROM INFLUENT <u>    </u> OTHER (Magnetic Flow Meters)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>1/year</u> )	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<u>X</u>	<u>    </u>	<u>    </u>	<u>    </u>
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: <u>√</u> DAILY <u>    </u> WEEKLY <u>    </u> MONTHLY <u>    </u> OTHER				

COMMENTS/STATUS:

Dry weather flows average 2.6 MGD.

**Part 2. Sampling**

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<u>X</u>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	___	___	___
(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)	<u>X</u>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC.	<u>X</u>	___	___	___

**COMMENTS/STATUS:**

The final effluent composite sampler /refrigeration unit was recently replaced.

**Part 3. Laboratory**

	Yes	No	N/A	N/E
<b>GENERAL</b>				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	___	<u>X</u>	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	<u>X</u>	___	___	___
(d) IF c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	<u>X</u>	___	___	___
(e) COMMERCIAL LABORATORY USED	<u>X</u>	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB <u>Mercury, free cyanide, phenols, oil &amp; grease, metals</u>				

(2) LAB NAME: Jones & Henry and PACE Analytical(dioxin)

**QUALITY CONTROL/QUALITY ASSURANCE**

(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE: <u>2007</u> (DMQRA #27) <u>X</u> SATISFACTORY ___ MARGINAL ___ UNSATISFACTORY				

**COMMENTS/STATUS:**

The oven and dishwasher in the lab have been replaced.

**Section J: Effluent/Receiving Water Observations**

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	None	None	None	None	None	Clear	

COMMENTS/STATUS:

**Section 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	___	<u>X</u>	___	___
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	___	<u>X</u>	___	___
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	___	<u>X</u>	___	___
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	___	<u>X</u>	___	___
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	___	<u>X</u>	___	___
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	___	<u>X</u>	___	___

IF ANY OF THE ABOVE ARE OBSERVED, ASK THE FOLLOWING QUESTIONS:

- (1) WHAT IS THE CAUSE OF THE CONDITION?
- (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/STATUS:

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Form Approved  
OMB No. 158-R0035

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	-	
	Safety Features	S	
	Bypasses	Out	Emergency use only (last activated 1991)
	Storm water Overflows (CSO's)	Out	
	Alternate Power Source	S	Generator on site to operate plant, generator @ lift station #1, with 3 additional Portable generators to service other lift stations.
Preliminary	Maintenance of Collection Systems	-	
	Pump Station	In	Electric standby pump with generator hook-up
	Ventilation	S	
	Bar Screen	In	Two automated mechanical bar screens
	Disposal of Screenings	S	Landfill
	Comminutor	-	
	Grit Chamber	In	Two chambers, manually run as needed (recently replaced chains)
	Disposal of Grit	S	Landfill
Primary	Settling Tanks	In	Two tanks, both in operation
	Scum Removal	In	Landfill
	Sludge Removal	In	
	Effluent	S	Slight turbidity
	Grease pit for vacor truck dewatering	S	Landfill
Sludge Disposal	Digesters - Anaerobic	In	One primary, one secondary and one used as storage (all in operation)
	Temperature and pH	S	109 degrees (F)
	Gas Production	S	
	Heating Equipment	In	Heat exchanger
	Sludge Pumps	In	Three pumps, with fourth as standby
	Sludge Storage Lagoons	In	Three lagoons (dewater back to plant headwork's)
	Disposal of Sludge	S	Land application by plant personnel
Other	Flow Meter and Recorder	In	
	Records	S	
	Lab Controls	S	
	Chemical Treatment	In	Ferrous used for phosphorus removal @ aeration tanks
Secondary Tertiary	Aeration	In	Three basins, contact stabilization mode
	Final Settling Tanks	In	Three clarifiers - slight floc (no baffles)
	Aeration Blowers	In	Two of Three blowers operating
Disinfection	Effluent	S	Clear
	Disinfection System	Out	Chlorination used
	Effective Dosage		
	Contact Time		
	Contact Tank	S	Baffled tank
	Dechlorination	Out	Sodium Thiosulfate used for dechlorination
	Secondary Bypass/ Storm Tank	Out	Located after primary treatment w/ chlorination & dechlorination provided

**Tiffin WWTP 2PD00025**  
**January 2007 through April 2009**

**Final Effluent Violations**

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00025*LD	July 2007	001	50060	Chlorine, Total Residu	1D Conc	0.038	.051	7/17/2007
2PD00025*LD	May 2008	001	00610	Nitrogen, Ammonia (NH3	7D Qty	33	34.0960	5/1/2008
2PD00025*MD	January 2009	001	61942	pH, Minimum	1D Conc	6.5	5.45	1/17/2009

**Monitoring Frequency Violations**

Permit No	Reporting Period	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported	Violation Date
2PD00025*LD	February 2007	001	00610	Nitrogen, Ammonia (NH3	3/Week	3	2	02/22/2007
2PD00025*LD	April 2007	001	00610	Nitrogen, Ammonia (NH3	3/Week	3	0	04/22/2007
2PD00025*LD	July 2007	001	31616	Fecal Coliform	3/Week	3	1	07/15/2007
2PD00025*LD	July 2007	001	31616	Fecal Coliform	3/Week	3	0	07/22/2007
2PD00025*MD	March 2009	001	00665	Phosphorus, Total (P)	1/Week	1	0	03/22/2009
2PD00025*MD	February 2009	801	00610	Nitrogen, Ammonia (NH3	1/Month	1	0	02/01/2009
2PD00025*MD	February 2009	801	00400	pH	1/Month	1	0	02/01/2009
2PD00025*MD	February 2009	801	00300	Dissolved Oxygen	1/Month	1	0	02/01/2009