





State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road  
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: Crawford County  
IB-Tech.  
IDP Inspection

June 27, 2008

Mr. Joe Downing, Vice President  
IB-Tech  
260 Crossroads Blvd.  
Bucyrus, Ohio 44820

Dear Mr. Downing:

On June 4, 2008, an inspection was completed of your facility's process wastewater treatment system. The inspection included a tour of the plant and treatment system and completion of a form to evaluate the operation of the treatment system.

Your facility produces seat parts for the automotive industry. The manufacturing process includes an e-coat line which is considered a metal finishing activity under Code of Federal Regulations Title 40, Part 433. Currently, the wastewater treatment facilities use pH adjustment, chemical addition, and a settling process to remove the metals from the wastewater before it is discharged to the City of Bucyrus sewer system. During the inspection the facilities and the wastewater treatment units looked good and were operating properly.

We are in receipt of your self-monitoring reports covering the months of January 2007 through December 2007. Our review indicates the following violations of the conditions of your Indirect Discharge permit and is listed below.

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
1/17/2007	001	70301	Solids, Dissolved-Sum	1D Conc	1500	1630.
3/22/2007	001	01077	Silver, Total (Ag)	1D Conc	30	33.

Our completed inspection report is enclosed for your records. If you have any questions, please feel free to call me at (419) 373-3019.

Sincerely,

*Michelle M Sharp*  
Michelle M. Sharp  
Division of Surface Water

Enclosure

pc: NWDO File - w/enclosures  
Julia Zhang, DSW, CO - w/enclosures

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# PRETREATMENT INSPECTION REPORT

Ohio Environmental Protection Agency

FACILITY NAME <b><i>Imasen Bucyrus Tech</i></b>		PERMIT NUMBER <b><i>2DP00078</i></b>	FACILITY NUMBER <b><i>OHP000219</i></b>
INSPECTION TYPE <b><i>P</i></b>	INSPECTOR <b><i>M. Sharp</i></b>	FACILITY TYPE <b><i>2</i></b>	DATE CONDUCTED <b><i>June 4, 2008</i></b>

<b>GENERAL INFORMATION</b>	
NAME AND LOCATION OF FACILITY <b><i>Imasen Bucyrus Tech</i></b> <b><i>260 Crossroads Boulevard</i></b> <b><i>Bucyrus, Ohio 44820</i></b>	
MAILING ADDRESS OF FACILITY <b><i>Imasen Bucyrus Tech</i></b> <b><i>260 Crossroads Boulevard</i></b> <b><i>Bucyrus, Ohio 44820</i></b>	
CONTACT (NAME/TITLE/PHONE) <b><i>Mr. Steve Crall / Vice President / 419-563-9590</i></b>	

<b>FACILITY EVALUATION</b>													
(S = Satisfactory, M = Marginal, U = Unsatisfactory)													
<table border="1"> <tr><td>S</td><td>Pretreatment</td></tr> <tr><td>S</td><td>Site/Facility Review</td></tr> <tr><td> </td><td> </td></tr> </table>	S	Pretreatment	S	Site/Facility Review			<table border="1"> <tr><td>S</td><td>Chemical Storage</td></tr> <tr><td>S</td><td>Self Monitoring</td></tr> <tr><td> </td><td> </td></tr> </table>	S	Chemical Storage	S	Self Monitoring		
S	Pretreatment												
S	Site/Facility Review												
S	Chemical Storage												
S	Self Monitoring												
* See inspection letter													

Names(s) and Signature(s) of Inspector(s)	Agency / Office / Telephone	Date
<i>Michelle Sharp</i>		<i>June 30, 2008</i>
Michelle Sharp	Ohio EPA/NWDO/419-373-3019	
Signature of Reviewer		Date
<i>Elizabeth A. Wick</i>		<i>7/1/08</i>
Elizabeth A. Wick, P.E.	Ohio EPA/NWDO/419-373-3002	

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## INDUSTRIAL USER INSPECTION CHECKLIST

Facility:	IB-Tech	Date of inspection: June 4, 2008
OH Number:	OHP000219	IDP Number: 2DP00078
Facility Representative:	Mr. Steve Crall	Inspector(s): Michelle Sharp

### COMPLIANCE

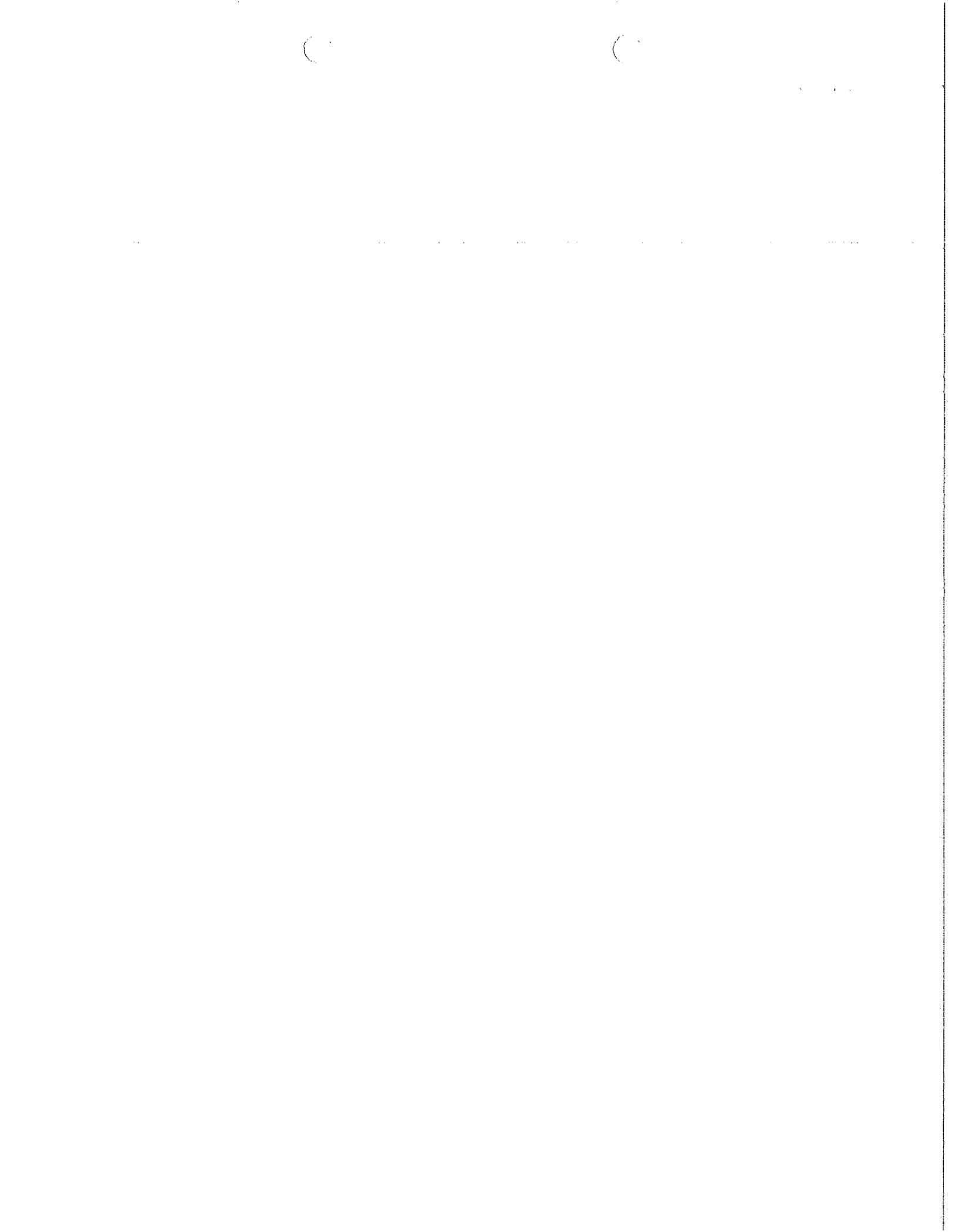
1. Date of last pretreatment inspection: November 18, 2005
2. Has the facility been in compliance with its permit limits since the last inspection? Y  
If no, explain:
3. Is the facility in compliance with all other requirements? Y  
Sampling procedures Y  
Reporting (late reporting, failure to report, etc) Y  
Compliance schedules NA  
Submitted BMR and 90 day compliance reports NA  
Any other requirements NA  
  
If any of the above five answers is no, explain:
4. Was the facility required to perform any actions as a result of the last inspection? N  
Explain any unresolved actions:

### FACILITY OPERATIONAL CHARACTERISTICS

5. Number of Employees: 488
6. Shifts/Day: 3 Shifts
7. Production Days/Year: 250
8. Hours/shift: 8 Hour
9. Any production changes since the last inspection? Y  
If yes, explain:  
Added 2 lines of assembly and welding
10. General facility description and operations:  
Manufacturer of seating assembly for the auto industry.
11. Any change in materials used in production since the last inspection? N  
If yes, explain:
12. Any expansion or production increase expected within the next year? Y  
If yes, explain:  
Addition of one line of assembly and welding (approximately 22 employees).







**WASTEWATER TREATMENT CONTINUED**

23. Are residuals or sludges generated? Y

Method of disposal: Landfill

Frequency and amount of disposal: Once per 6 weeks with an average of 8 to 9 drums.

Name of hauler/landfill/disposal facility: Enviroclean.

Is any sludge generated subject to RCRA regulations? N

If land applying sludge, is there a sludge management plan? NA

**PROCESS AND WASTEWATER INFORMATION**

24. List all processes generating wastewater, current wastewater flows, and where applicable, production rates as well as values on which the permit limits are based:

REGULATED PROCESS	SAMPLE LOCATION	WASTEWATER FLOW (GPD)		PRODUCTION DATA (SPECIFY UNITS)	
		Permit	Current	Permit	Current
1. Process Water	T5 Effluent		18,720		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>Total Regulated Process Flow</b>			18,720		
Non-contact Cooling					
Blowdown					
Reverse Osmosis Condensate					
Demineralizer Regeneration					
Filter Backwash					
Compressor Condensate					
Storm Water					
Other Dilute Flows					
Unregulated Flows (provide list)					
Sanitary			9,760		
<b>TOTAL FLOW</b>			28,480		

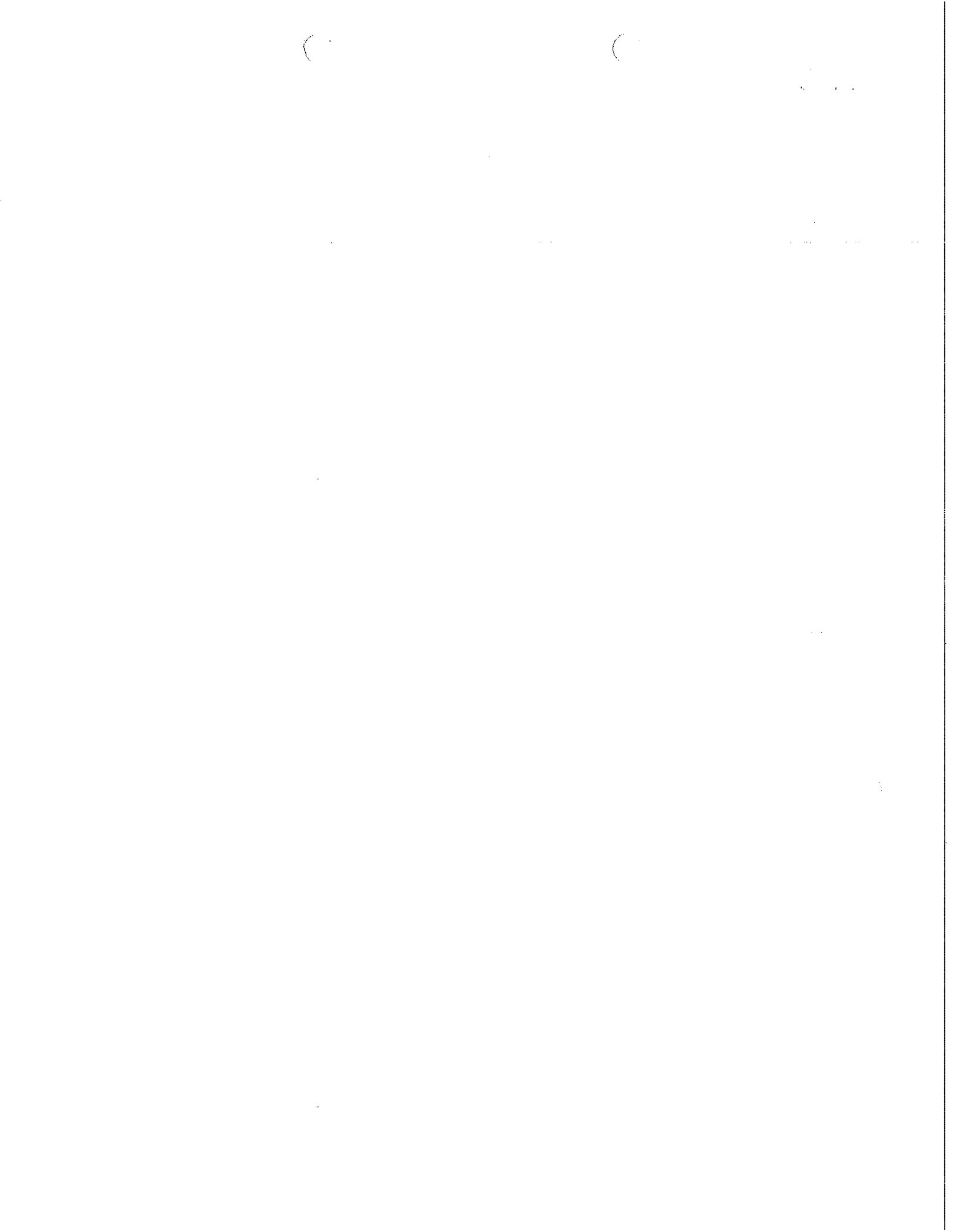
25. For the above flows not discharged to the POTW, list point of discharge and permit (if any).

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**SELF MONITORING**

26. Sample location(s) described in the facility's permit: T5 Effluent Tank
27. Is the facility sampling at the location(s) described in the permit? Y  
 If no, describe the actual location:
28. Is the location(s) where the facility is sampling representative? Y  
 If no, indicate a representative location:
29. Is the flow measured or estimated? Measured  
 If measured, how often is the meter calibrated? Once per year  
 If estimated, describe method of estimation:
30. Is pH monitored continuously? Y  
 If yes, how often is the meter calibrated? As needed
31. Does the facility collect its own samples? Y  
 If no, specify the sample collector:
32. Are appropriate sampling procedures followed?  
 Monitoring frequencies Y  
 Sample collection (grab for pH, O&G, CN, phenols, VOCs, hexavalent chromium) Y  
 Flow proportioned samples N  
 Proper preservation techniques Y  
 Sample holding times Y  
 Chain-of-custody forms Y
33. Are samples analyzed in accordance with 40 CFR 136? Y
34. Laboratory conducting analyses: Ginosko



**TOXICS MANAGEMENT**

- |  |          |
|--|----------|
| 35. Are any listed toxic organics used in the facility?<br>If yes, identify organics:  | N        |
| 36. Does the facility have a current toxic organic management plan(TOMP)?<br>If yes, is it being implemented?                        | NA<br>NA |
| 37. Has the facility had any uncontrolled releases or spills to the POTW since<br>the previous inspection? If yes, please explain:   | N        |
| 38. Does the facility need a spill prevention plan or slug discharge control plan?<br>If yes, does the facility have a written plan? | N<br>NA  |
| 39. Identify any potential slug load or spill areas:   |          |

**REQUIRED FOLLOW-UP ACTIONS**

