



**Environmental
Protection Agency**

Ted Strickland, Governor
Lee Fisher, Lt. Governor
Chris Korteski, Director



1PD0000520100930

DARKE

GREENVILLE WWTP

MILLER, JOSEPH

2010/09/30

**Environmental
Protection Agency**

Ted Strickland, Governor
Lse Fisher, Lt. Governor
Chris Korleski, Director

September 30, 2010

Mayor and Council
City of Greenville
100 Public Square
Greenville, OH 45331

**RE: Compliance Evaluation Investigation (CEI)
City of Greenville Wastewater Treatment Plant
NPDES Permit 1PD00005*LD/OH0025429
Greenville, Darke County**

Mayor and Council:

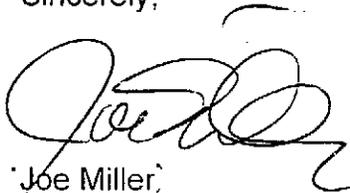
On September 27, 2010, I conducted a Compliance Evaluation Investigation at the City of Greenville wastewater treatment works. This inspection was conducted to determine compliance with the NPDES discharge permit. In addition, I conducted a review of the City of Greenville wastewater laboratory. Vaughn Downey and Lucian Blier represented the City during this inspection.

It was reported that progress is being made towards the submittal of a Permit to Install (PTI) for wastewater treatment plant improvements. Submission of the PTI to Ohio EPA is estimated to occur near the end of 2010.

Overall, the facility was rated as "Satisfactory". Additional information is provided in the attached detailed inspection report.

No response to this inspection is required at this time. If you have any questions, I can be reached at (937) 285-6109 or by email at joe.miller@epa.state.oh.us.

Sincerely,



Joe Miller,
Division of Surface Water

cc: Vaughn Downey, Greenville WWTP
Darke County Health Department



Permit #: 1PD00005*KD
 NPDES #: OH0025429

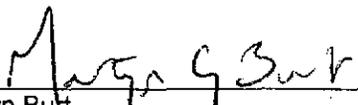
State of Ohio Environmental Protection Agency
 Southwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PD00005*KD	OH0025429	9/27/2010	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Greenville WWTP 209 North Ohio Street Greenville, OH 45331	9:05 AM	8/1/2008
	Exit Time	Permit Expiration Date
	12:45 PM	1/31/2013
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Vaughn Downey, Wastewater Superintendent Lucian Blier, Lab Analyst	937-548-3530 937-548-3530	
Name, Address and Title of Responsible Official	Phone Number	
Mayor and Council City of Greenville 100 Public Square Greenville, OH 45331	937-548-1482	

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	M	Flow Measurement	N	Pretreatment
S	Records/Reports	S	Laboratory	S	Compliance Schedule
S	Operations & Maintenance	S	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal	N	Other
S	Collection System				

Section D: Summary of Findings (Attach additional sheets if necessary)	
No effluent limitation violations reported during period of review (June 2009 to August 2010). "AF" reported for flow when Greenville Creek backs up effluent channel.	
Inspector	Reviewer
 Joe Miller Division of Surface Water Southwest District Office Date: 9/30/10	 Martyn Bult Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office Date: 9/30/10

Sections E thru K: Complete on all inspections as appropriate
Y – Yes, N – No, N/A – Not Applicable, N/E – Not Evaluated

Section E: Permit Verification

Inspection observations verify the permit

- (a) Correct name and mailing address of permittee Y
- (b) Flows and loadings conform with NPDES permit..... Y
- (c) Treatment processes are as described in permit application... Y
- (d) All discharges are permitted..... Y
- (e) Number and location of discharge points are as described
in permit..... Y
- (f) Storm water discharges properly permitted..... Y

Comments/Status:

Section F: Compliance

- (a) Any significant violations since the last inspection..... Y
- (b) Appropriate Non-compliance notification of violations..... Y
- (c) Permittee is taking actions to resolve violations..... Y
- (d) Permittee has a compliance schedule..... Y
- (e) Compliance schedule contained in...NPDES Permit Compliance Schedule
- (f) Permittee is in compliance with schedule..... Y
- (g) Has biomonitoring shown toxicity in discharge since last inspection Y

Comments/Status:

NPDES Permit Compliance Schedule for effluent total phosphorus reduction, required compliance dates have been met.

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained

(a) Standby power available.....generator or dual feed Y

i. What does the back-up power source operate.....

1/2 of the pumps, clarifiers, oxidation ditches along with retention basins and administration building. Generator planned for upgrade will power entire facility.

ii. How often is the generator tested under load.....

1/month

(b) Which components have an alarm system available for power or equipment failures.....

clarifiers, pumps, ditches

(c) All treatment units in service other than backup units..... N

(d) What method is used for scheduling routine & preventative maintenance (calendar, software, etc.).....

calendar scheduling for work orders (semi-annual, 1/month, 1/week, and daily maintenance items)

(e) Any major equipment breakdown since last inspection..... Y

(f) Operation and maintenance manual provided and maintained..... Y

(g) Any plant bypasses since last inspection..... N

(h) Any plant upsets since last inspection..... N

Comments/Status:

2 clarifiers out of service due to low flow.

One oxidation ditch rotor shaft out of service for repair.

Proposed WWTP improvements include: influent pump station improvements, effluent pumping and metering, intermediate lift station and clarifier splitter box, anoxic/anaerobic tank, chemical feed building, new generator, elimination of screw pumps, RAS metering and piping, replacement of chlorine contact tank walls, and oxidation ditch improvements.

Section G: Operation & Maintenance con't

Record Keeping/Operator of Record:

- (a) Wastewater Treatment Works classification (OAC 3745-7)..... III
- (b) Operator of Record holds unexpired license of class required by Permit..... Y
- (c) Copy of certificate of Operator of Record displayed on-site..... Y
- (d) Has the Operator of Record submitted an ORC Notification form.. Y
- (e) Minimum operator staffing requirements fulfilled (OAC 3745-7).... Y
- (f) If a Staffing Reduction plan has been approved, are the stipulations of the plan being met..... N/A
- (g) Operator of Record log book provided..... Y
- (h) Format of log book (e.g. computer log, hard bound book)

hard bound book
- (i) Log book kept onsite (in an area protected from weather)..... Y
- (j) Log book contains the following:
 - I. Identification of treatment works..... Y
 - II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7..... Y
 - iii. Daily record of operator and maintenance activities (including preventative maintenance, repairs and request for repairs, process control test results, etc.)..... Y
 - iv. Laboratory results (unless documented on bench sheets)... N
 - v. Identification of person making entries..... Y
- (k) Has the Operator of Record submitted written notifications to the permittee, Ohio EPA and, if applicable, any local environmental agencies when a collection system overflow, treatment plant bypass or effluent limit violation has occurred..... N/A

Comments/Status:

Wastewater operators on staff:
 Vaughn Downey, Jr. - Class III
 Lucian Blier - Class III
 Dave Sturgill - Class II
 Chuck Hapner - Class II

New SCADA control system to be added with WWTP upgrade tying in the wastewater processes.

Section G: Operation & Maintenance con't

Collection System:

- (a) Are there pump stations in the collection system..... Y
 - i. How many publicly-owned pump stations equipped with permanent standby power or equivalent.....13
 - ii. How many pump stations have telemetered alarms.....1
 - iii. How many pump stations have operable alarms.....13

- (b) Any chronic collection system overflows since last inspection..... N
- (c) Regulatory agency notified of all overflows..... N/A
- (d) Are there CSOs in the collection system..... N
if so, what is the LTCP status.....
- (e) How are CSOs monitored (chalk, block, level sensor, etc.).....
- (f) Portable pumps available for collection system maintenance..... Y
- (g) RDII Program established and active..... Y
- (h) Any WIB complaint received since last inspection..... N
- (i) Is there a WIB response plan..... Y
- (j) Is any portion of the collection system at or near dry weather capacity..... N

Comments/Status:

\$100,000/year committed to infiltration and inflow reduction projects
30-40 riser rings per year planned
10 manholes lined per year

Lift stations checked daily
Standby power generator available
Vacuum truck and 3 inch trash pump available

Force main under Greenville Creek ruptured/began leaking on or before July 29, 2009. When a discolored area was noted in Greenville Creek, the pumps were shut down and the pipe was isolated. The repair of the force main was completed on August 18, 2009.

Unsewered homes (~10-12) along Winchester Avenue are expected to be included in a sewer project by 2012.

Section H: Sludge Management

- (a) Method of Sludge Disposal... Land Application
 Haul to Another NPDES Permittee
 Haul to a Mixed Solid Waste Landfill

*if one of the selected methods is land application, complete applicable charts.
Class A - Exception Quality Sewage Sludge (monitoring station 584)

Pathogen Reduction Alternative	84370 Vector Attraction Reduction Options							
	Option 1 -38% Volatile Solids Reduction	Option 2 -Anaerobic Bench Scale Analysis	Option 3 - Aerobic Bench Scale Analysis	Option 4 -- Specific Oxygen Uptake Rate	Option 5 -- Aerobic Time and Temperature	Option 6 -- Alkali Addition	Option 7 - >75% Percent Solids without Unstabilized Solids	Option 8 - >75% Percent Solids with Unstabilized Solids
Alternative 1 – Time and Temperature Regime (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – High pH and High Temperature (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 3 – Other Processes (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 4 – Unknown Processes (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Composting (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Heat Drying (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Heat Treatment (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Thermophilic Aerobic Digestion (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Beta Ray Irradiation (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Gamma ray Irradiation (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Pasteurization (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 6 - Approved Equivalent Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Class B Sewage Sludge (monitoring station 581)

Pathogen Reduction Alternative	84370 Vector Attraction Reduction Options									
	Option 1 -38% Volatile Solids Reduction	Option 2 -Anaerobic Bench Scale Analysis	Option 3 - Aerobic Bench Scale Analysis	Option 4 - Specific Oxygen Uptake Rate	Option 5 - Aerobic Time and Temperature	Option 6 - Alkali Addition	Option 7 - >75% Percent Solids without Unstabilized	Option 8 - >75% Percent Solids with Unstabilized	Option 9 - Land Injection	Option 10 - Immediate Incorporation
Alternative 1 - Geometric Mean of Seven Fecal Samples (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alternative 2 - Aerobic Digestion (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 - Air Drying (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 - Anaerobic Digestion (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 - Composting (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 - Lime Treatment (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 3 - Approved Equivalent Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (b) Has amount of sludge generated changed significantly since the last inspection..... N
- (c) How much sludge storage is provided at the plant.....

1.5 million gallons
- (d) Records kept in accordance with State and Federal law (5 years according to OAC 3745-40-06)..... Y
- (e) Any complaints received in last year regarding sludge..... N
- (f) 5/8" screen at headworks for facilities that land apply sludge..... Y
- (g) Are sludge application sites inspected to verify compliance with NPDES permit..... Y
- (h) Is a contractor used for sludge disposal..... Y
 If so, what is the name of the contractor.....

Synagro

Comments/Status:

Sludge pumped under Greenville Creek to City's sludge holding facility near closed Greenville landfill.

Section I: Self-Monitoring Program

Flow Measurement:

- (a) Primary/Secondary flow measuring devices (e.g. weir with ultrasonic level sensor):
- (b) Flow meter calibrated annually Y
(Date of last calibration: 7/20/2010)
- (c) 24-hour recording instruments operated and maintained..... Y
- (d) Flow measurement equipment adequate to handle full range of flows..... Y
- (e) All discharged flow is measured..... Y

Comments/Status:

AF Coding used when Greenville Creek backs up into effluent channel. Effluent pumping to be included in WWTP upgrades.

Flow measurement range 0-10 MGD

Section I: Self-Monitoring Program (con't)

Sampling:

- (a) Sampling location(s) are as specified by permit..... Y
- (b) Parameters and sampling frequency agree with permit..... Y
- (c) Permittee uses required sampling method..... Y
(see GLC page)
- (d) Monitoring records (i.e., flow, pH, DO) maintained for a minimum of three years including all original strip chart recordings (i.e, continuous monitoring instrumentation, calibration and maintenance records)..... Y

Comments/Status:

Section I: Self-Monitoring Program (con't)

Laboratory:

General

- (a) Does the Quality Assurance Manual contain written Standard Operating Procedures (SOP's) for all analysis performed onsite..... Y
- (b) Do SOP's include the following if applicable..... Y
 - Title
 - Scope and Application
 - Summary
 - Sample Handling and Preservation
 - Interferences
 - Apparatus and Materials
 - Reagents
 - Procedure
 - Calculations
 - Quality Control
 - Maintenance
 - Corrective Action
 - Reference (Parent Method)

Note: Standard Methods 1020A establishes that "Quality assurance (QA) is the definitive program for laboratory operation that specifies the measure required to produce defensible data of known precision and accuracy. Standard operating procedures are to be used in the laboratory in sufficient detail that a competent analyst unfamiliar with the method can conduct a reliable review and/or obtain acceptable results." SOPs should be developed for each analytical procedure.

- (c) EPA approved analytical testing procedures used (40 CFR 136.3).. Y
- (d) If alternate analytical procedures are used, proper approval has been obtained..... N
- (e) Analyses being performed more frequently than required by permit. Y
- (f) If (e) is yes, are results in permittee's self-monitoring report..... Y
- (g) Satisfactory calibration and maintenance of instruments/equipment. Y (see score from GLC page)
- (h) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: O&G, TP, hardness, metals, TKN, NO2-NO3

Lab name: Belmonte Laboratories

Discharge Monitoring Report Quality Assurance (DMRQA)

- (a) Participation in latest USEPA quality assurance performance sampling..... Y
Date:
- (b) Were any parameters "Unsatisfactory"..... N
- (c) Reasons for "Unsatisfactory" parameters.....

Comments/Status:

Section J: Effluent/Receiving Water Observations

Outfall # 001

Outfall Description: Discharge to Greenville Creek

Receiving Stream: Greenville Creek

Receiving Stream Description: State Scenic River, Exceptional Warmwater Habitat

Comments/Status:

Large amount of algae growth at outfall. Algae was collected and removed while still present at WWTP.

Section K: Multimedia Observations

- (a) Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories..... N
- (b) Do you notice staining or discoloration of soils, pavement or floors.. N
- (c) Do you notice distressed (unhealthy, discolored, dead) vegetation.. N
- (d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks..... N
- (e) Do you notice any unusual odors or strong chemical smells..... N
- (f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities..... N

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:

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Balance				A
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Calibration verification required at least once each day the balance is used. ³	<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 ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: : Calibration on bench sheets

Criteria	Standard Methods Requirement	Acceptable?		Rating
Drying Oven (Suspended Solids)				A
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2} . Correction factor posted on thermometer / equipment ¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Other	• Thermometer temperature accurate to 0.5° Celsius ⁵	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° F ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: : Thermometer not NIST traceable and does not read to 0.5 degrees Celsius. Calibration recorded on bench sheets.

● General Lab Criteria ●

Criteria	Standard Methods Requirement		Rating
pH Meter			
	Acceptable?		
• 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) ³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A
	• Logbook maintained ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result ⁷	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet ²	<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 ⁸	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: : Orion Dual Star Calibration on bench sheets, 3 times a day Buffers 7 & 10 used			
Criteria	Standard Methods Requirement		Rating
Dissolved Oxygen Meter			
	Acceptable?		
• Calibration Method	• Air or known DO calibration method ¹⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A
	• Calibration per manufacturer specification ¹⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Logbook maintained ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Calibration verification required at least once each day the meter is used. ³	<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) ¹¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: YSI Calibration recorded on bench sheets, 3 times a day			

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Incubator (CBOD/ E-Coli)				
<ul style="list-style-type: none"> • Temperature Recordkeeping 	<ul style="list-style-type: none"> • Temperature checked / recorded twice daily for each shelf in use¹(E-Coli) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A
	<ul style="list-style-type: none"> • Temperature checked / recorded daily² (CBOD) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Acceptable temperature range (CBOD) is 20° C ±1.0°¹² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Acceptable temperature range (E-Coli) is 35° C ±0.5°²² 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Logbook maintained² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Temperature Calibration / Documentation 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<ul style="list-style-type: none"> • Temperature correction information posted on incubator¹ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • E-Coli can use multiple tubes (five 20 ml or ten 10 ml), or mfg's multi-well tray 	<ul style="list-style-type: none"> • E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb)²³ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Instrument manual available 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Temperature Log (thermometer accurate to 0.5 Celsius).¹ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: : Fisher Scientific, calibration recorded on bench sheets
 Thermometer not NIST traceable

Criteria	Standard Methods Requirement	Acceptable?		Rating
Refrigerator				
<ul style="list-style-type: none"> • Temperature Recordkeeping 	<ul style="list-style-type: none"> • Temperature Log (thermometer accurate to 0.5 Celsius).⁵ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
<ul style="list-style-type: none"> • Temperature Calibration / Documentation 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Thermometer held in water bath.¹ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Refrigerator temperature ≤6° Celsius.¹³ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Do not store volatile solvents, food, or beverages.¹⁴ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: Thermometer not NIST traceable.

● General Lab Criteria ●

Criteria	Standard Methods Requirement		Rating
Chlorine Meter	Acceptable?		
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters or calibration per manufacturer specification ¹⁶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Standards used for calibration not expired	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Calibration curve (acceptable slope)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Log book being maintained. ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: : Calibration on bench sheets Calibration with 0.1 mv and 1.0 mv, three times a day, slope acceptability 26-30 %			
Criteria	Standard Methods Requirement		Rating
Ammonia Meter	Acceptable?		
• 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) ³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A
	• Log book being maintained ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Method	• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec. ¹⁷	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Standards used for calibration not expired	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: : ORION Aplus, calibration on bench sheets, calibration with 0.1 mg/l, 1.0 mg/l, and 11.0 mg/l solutions			

General Lab Criteria

Criteria	Standard Methods Requirement		Rating	
Sample Collection/Handling	Acceptable?			
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
• Chain of Custody	• Chain of custody (description, date, time, signature). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Composite samples refrigerated during sample collection ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized ¹⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Logbook being maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: Data written on bench sheets
 Recommend a written SOP for cleaning of sampling equipment

Criteria	Standard Methods Requirement		Rating	
Desiccator	Acceptable?			
• General criteria	• Properly working seals.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Desiccant fresh (blue color)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Documentation	• Log book being maintained ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Comments: Replacement date posted in dessicator

Criteria	Standard Methods Requirement		Rating	
Bench sheets	Acceptable?			
• General criteria	• Date(s) ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Analyst initials ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Blue or black ink pen ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration information ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equations, calculations, units for all measurements, notations, and results present ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Corrections, single line through, initialed and dated ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

● General Lab Criteria ●

Criteria	Standard Methods Requirement	Acceptable?		Rating
Hot Water Bath (Fecal Coliform/E. Coli)				
• Temperature Recordkeeping	• Temperature Log (thermometer accurate to 0.2° C) ²¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Incubator temperature 44.5° C ± 0.2° ^{21/24}			
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Log book being maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Water Level	• Thermometer total immersion or partial (line on thermometer to ID immersion depth) ^{1,5}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: Calibration on bench sheets
Not annually calibrated with NIST thermometer

Criteria	Standard Methods Requirement	Acceptable?		Rating
Autoclaves/Steam Sterilizers				
• All apparatus utilized is adequately sterilized before use	• Sterilizing temperature 121° C ²⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M
	• 10 to 30 minutes time based on material being sterilized ²⁶	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Documentation	• 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. ¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used ¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Performance Checks	• Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules ¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Comments: Recommend implementation of MRT use, monthly biological testing, documentation, and annual calibration with NIST traceable thermometer.

General Lab Criteria

Criteria	Standard Methods Requirement		Rating
Final Effluent Temperature Monitoring	Acceptable?		
• General Criteria	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A
	• Thermometer accurate to 0.1° Celsius ⁵	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Log book being maintained ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Documentation on bench sheets, calibrate annual with NIST traceable thermometer.			
Number of Criteria Rated:			
			Acceptable 13
			Marginal 1
			Unacceptable 0
			Total Number of Areas Rated 14
<p>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).</p>			
<p>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).</p>			
<p>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).</p>			
Consider recommending PAI Audit from DES when:	>60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable		

Notation of Referenced Method

- | | |
|----------------------------|------------------------------|
| 1 Method 9020-B, Item 3 | 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-A, 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 |

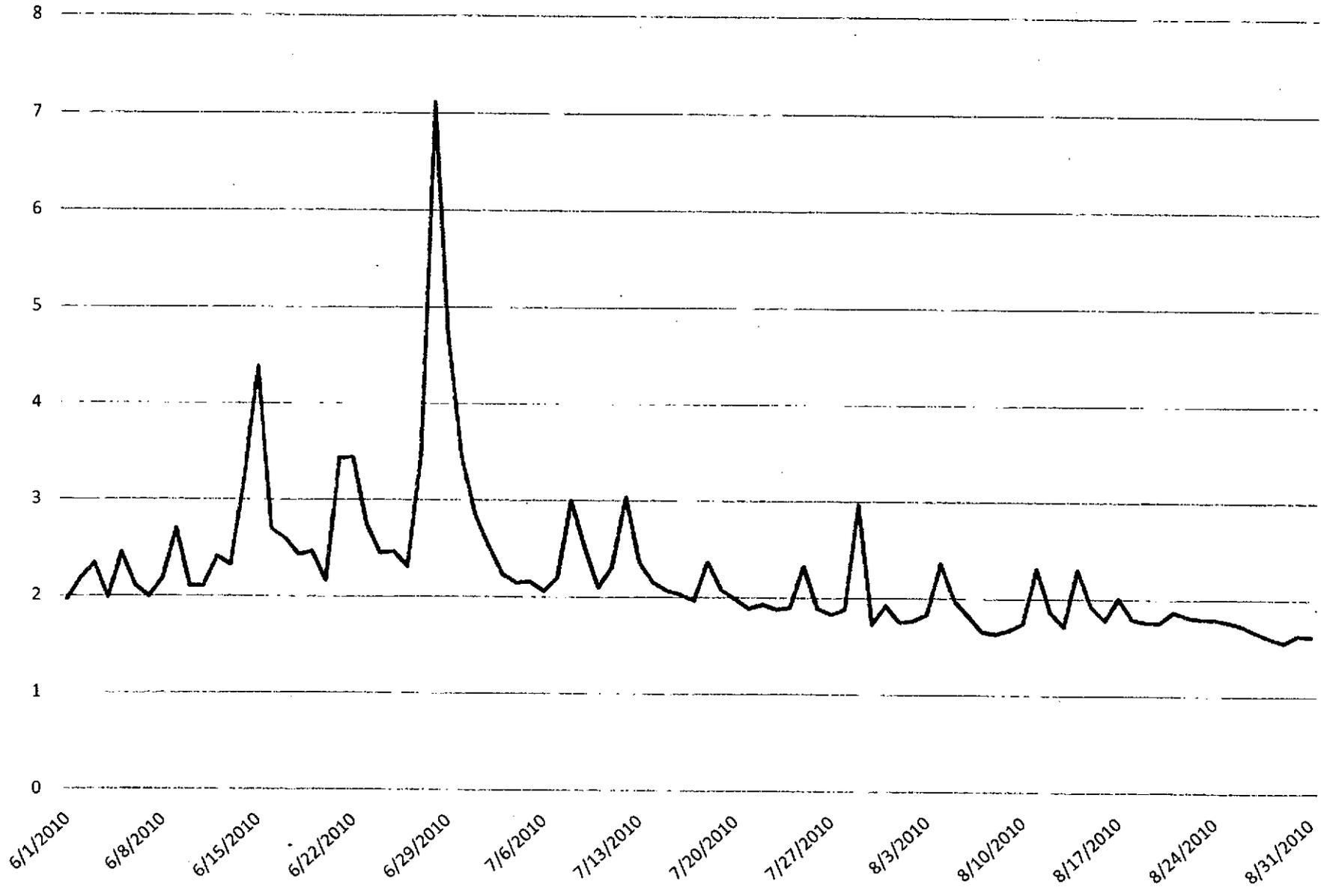
Equipment Logbook Content - all maintenance performed on a piece of equipment should be documented in the logbook. This should include parts replacement and routine maintenance activities. Entries should include date, maintenance performed and initials of person making entry.

● General Lab Criteria ●

Preservation and Holding Times						
Parameter	Container	Min. Sample Size (mL)	Sample Type	Preservation	Maximum Storage Time	
					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
NH ₃ -N	P, G	500	G, C	Analyze as soon as possible or add H ₂ 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 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	C, G	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 H ₂ SO ₄ to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

Approved Standard Methods	
CBOD / BOD 5 Day	Std Methods 5210-B
Ammonia, Selective Electrode Method	Std Methods 4500-NH ₃ 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 Method 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

Greenville WWTP Flow (MGD) June 2009 to August 2010





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