



Environmental
Protection Agency

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



1PK0001420110630

GREENE SUGARCREEK WRF

WARE, RONALD

2011/06/30



Environmental
Protection Agency

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

June 30, 2011

Jim Fox, Deputy Director
Greene County Sanitary Engineering Department
667 Dayton - Xenia Road
Xenia, Ohio 45385

**Re: Sugarcreek WRRF, NPDES Permit No. 1PK00021*ND / OH0040592
Compliance Evaluation Inspection**

Dear Mr. Fox:

On Monday, June 27, 2011, I conducted a Compliance Evaluation Inspection at the above referenced facility. Greene County was represented by Kevin Krejny (Manager, Wastewater Division), and Kenney Linebaugh (Operations Supervisor, Wastewater Division). The purpose of the inspection was to evaluate compliance with the terms and conditions this facility's NPDES permit.

A copy of the inspection report is enclosed. As indicated in the report, all of the areas that were evaluated during the inspection were rated as satisfactory. No response or corrective action is required at this time.

If you have any questions regarding this report, please contact me at (937) 285 - 6098 or by e-mail at ron.ware@epa.state.oh.us.

Sincerely,

(Ron Ware)
Ohio EPA - Division of Surface Water
Southwest District Office

cc: Kevin Krejny, Greene County Sanitary Engineering Department

RW/mab



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
1PK00014*ND	OH0040592	06/27/2011	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Greene County - Sugarcreek WRRF 2365 State Route 725 Spring Valley, Ohio, Greene County	9:55 AM	May 1, 2009
	Exit Time	Permit Expiration Date
	11:55 AM	July 31, 2013
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Kevin Krejny, Manager, Wastewater Division Kenney Linebaugh, Operations Supervisor	(937) 562 - 7169 (937) 562 - 5500	
Name, Address and Title of Responsible Official	Phone Number	
Jim Fox, Deputy Director Greene County Sanitary Engineering Department 667 Dayton - Xenia Road Xenia, Ohio 45385	(937) 562 - 7450	

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	S	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)			
Inspector		Reviewer	
<i>Ron Ware</i>	<i>6/29/11</i>	<i>Debora Roth</i>	<i>6/29/11</i>
Ron Ware Division of Surface Water Southwest District Office	Date	Debora Roth Division of Surface Water Southwest District Office	Date

Permit # : 1PK00014*ND
NPDES #: OH0040592

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 effluent violations over the past year | 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 | |
| (f) Permittee is in compliance with schedule..... | Y |
| (g) Has biomonitoring shown toxicity in discharge since last inspection | N/A |

Comments/Status:

(a) There were effluent violations for Ammonia Nitrogen in August 2010 due to air blower problems.

(d) thru (f) The compliance schedule in the NPDES permit pertains to keeping track of the facility's progress towards achieving compliance with its allowable total phosphorus load of 9.3 kg/day during the months of May through October. A status report for this facility was received by the Ohio EPA Southwest District Office on April 6, 2011.

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.....
Entire facility.
 - ii. How often is the generator tested under load.....
Once a month.

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

- (c) All treatment units in service other than backup units..... N
- (d) What method is used for scheduling routine & preventative maintenance (calendar, software, etc.).....
Preventative maintenance on treatment plant equipment is performed by a maintenance staff based at the Beavercreek WRRF.
- (e) Any major equipment breakdown since last inspection..... N
- (f) Operation and maintenance manual provided and maintained..... Y
- (g) Any plant bypasses since last inspection..... Y
- (h) Any plant upsets since last inspection..... Y

Comments/Status:

(c) Secondary clarifier # 2 was off-line for repairs during the inspection.

(e) One of the influent fine screens had to be repaired in March 2011.

(g) There were two plant bypass events (i.e., EQ basin overflow events) within the past six months. One occurred in April 2011 and the other one occurred in May 2011. 24 hour Non-compliance Notification e-mails were sent to Ohio SWDO for these events.

Section G: Operation & Maintenance con't

Record Keeping/Operator of Record:

- (a) Wastewater Treatment Works classification (OAC 3745-7)..... IV
- (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..... Y
- (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..... Y

Comments/Status:

Section G: Operation & Maintenance con't

Collection System:

- (a) Are there pump stations in the collection system..... Y
(There are 2 pump stations in the collection system for this facility)
 - i. How many publicly-owned pump stations equipped with permanent standby power or equivalent..... 2
 - ii. How many pump stations have telemetered alarms..... 1
 - iii. How many pump stations have operable alarms..... 1

- (b) Any chronic collection system overflows since last inspection..... N
- (c) Regulatory agency notified of all overflows..... Y
- (d) Are there CSOs in the collection system..... N/A
if so, what is the LTCP status.....

N/A

- (e) How are CSOs monitored (chalk, block, level sensor, etc.).....

N/A

- (f) Portable pumps available for collection system maintenance..... Y
- (g) RDII Program established and active..... N
- (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:

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 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.....

There are three aerated 150,000 gallon storage tanks at this facility.
- (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..... N/A
- (g) Are sludge application sites inspected to verify compliance with NPDES permit..... N/A
- (h) Is a contractor used for sludge disposal..... N
 If so, what is the name of the contractor.....

Comments/Status:

Section I: Self-Monitoring Program

Flow Measurement:

Primary/Secondary flow measuring device

Parshall flume with ultrasonic level sensor.

- (a) Flow meter calibrated annually Y
(Date of last calibration: May 20, 2011)
- (b) 24-hour recording instruments operated and maintained..... Y
- (c) Flow measurement equipment adequate to handle full range
of flows..... N
- (d) All discharged flow is measured..... N

Comments/Status:

(c) & (d) The effluent flow meter does not provide accurate readings over 15 MGD. Readings from the influent flow meter are used on the monthly reports for flow rates over 15 MGD. Both the influent flow meter and the effluent flow meter are Parshall flumes with ultrasonic level sensors.

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/A
- (e) Analyses being performed more frequently than required by permit. N
- (f) If (e) is yes, are results in permittee's self-monitoring report..... N/A
- (g) Satisfactory calibration and maintenance of instruments/equipment. Y
- (h) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: Metals and low level mercury

Lab name: Test America

Discharge Monitoring Report Quality Assurance (DMRQA)

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

N/A

Comments/Status:

Section J: Effluent/Receiving Water Observations

Outfall # 1PK00014*ND

Outfall Description: Plant outfall to Little Miami River

Receiving Stream: Little Miami River

Receiving Stream Description: Exceptional Warm Water Habitat, Agricultural Water Supply, Industrial Water Supply, Primary Contact Recreation

Comments/Status:

No adverse effects were seen on the receiving stream.

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

Comments: :

Criteria	Standard Methods Requirement	Acceptable?		Rating
Drying Oven (Suspended Solids)		Acceptable?		
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ²	<input 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 type="checkbox"/> No	
• Other	• Thermometer temperature accurate to 0.5° Celsius ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° C ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: :

General Lab Criteria

Criteria	Standard Methods Requirement		Acceptable?	Rating
pH Meter				
<ul style="list-style-type: none"> • Calibration Frequency / Documentation 	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • Logbook maintained² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Minimum of 2 point calibration 	<ul style="list-style-type: none"> • Calibration per manufacturer specification and calibration buffers must bracket anticipated result⁷ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Slope Documentation / Acceptability 	<ul style="list-style-type: none"> • Slope acceptable range indicated on benchsheet² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Buffer Expiration Date 	<ul style="list-style-type: none"> • Buffers must not be expired 	<input checked="" 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"> • Teflon covered magnetic stirrer or equivalent for mixing⁸ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: :				
Criteria	Standard Methods Requirement		Acceptable?	Rating
Dissolved Oxygen Meter				
<ul style="list-style-type: none"> • Calibration Method 	<ul style="list-style-type: none"> • Air or known DO calibration method¹⁰ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	<ul style="list-style-type: none"> • Calibration per manufacturer specification¹⁰ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Calibration Frequency / Documentation 	<ul style="list-style-type: none"> • Logbook maintained² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Calibration verification required at least once each day the meter is used.³ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil)¹¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Instrument manual available 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

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	
	<ul style="list-style-type: none"> • Temperature checked / recorded daily² (CBOD) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Acceptable temperature range (CBOD) is 20° C ±1.0^{o12} 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Acceptable temperature range (E-Coli) is 35° C ±0.5^{o22} 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Logbook maintained² 	<input 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 type="checkbox"/> No	
	<ul style="list-style-type: none"> • Temperature correction information posted on incubator¹ 	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Temperature Log (thermometer accurate to 0.5 Celsius).¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: :

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 checked="" type="checkbox"/> Yes	<input 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:

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Chlorine Meter				
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 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 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Calibration curve (acceptable slope)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained. ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: :

Criteria	Standard Methods Requirement	Acceptable?		Rating
Ammonia Meter				
• 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: :

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Sample Collection/Handling				A
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook being maintained ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Comments:

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

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Bench sheets				
• General criteria	• Date(s) ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Analyst initials ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Blue or black ink pen ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration information ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equations, calculations, units for all measurements, notations, and results present ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Corrections, single line through, initialed and dated ²	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 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 type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Water Level	• Thermometer total immersion or partial (line on thermometer to ID immersion depth) ^{1,5}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Autoclaves/Steam Sterilizers				
• All apparatus utilized is adequately sterilized before use	• Sterilizing temperature 121° C ²⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 10 to 30 minutes time based on material being sterilized ²⁶	<input 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 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 type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> No	

Comments:

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 type="checkbox"/> No		
	• Thermometer accurate to 0.1° Celsius ⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	• Log book being maintained ²	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:				
Number of Criteria Rated:			<input type="checkbox"/> Acceptable	4
			<input type="checkbox"/> Marginal	
			<input type="checkbox"/> Unacceptable	
			Total Number of Areas Rated	4
<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:	<p>>60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable</p>			

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





**Environmental
Protection Agency**

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



11N0014020110908

GREENE UNISON INDUSTRIES LLC PLANT 2

WALLER, MICHELLE 2011/09/08



**Environmental
Protection Agency**

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

September 7, 2011

Matt Kress, Director of Operations
2455 Dayton-Xenia Road
Dayton, OH 45434-7199

RE: Unison Industries LLC Plant 2, NPDES Permit No. O0109177/ OEPA
Permit No. 1IN00140*BD

Mr. Kress:

On August 24, 2011 Mike Zimmerman and I conducted an NPDES Compliance Evaluation Inspection at Unison Industries LLC Plant 2. Chad McOmber, Unison – EHS Manager, Emily Cull, Unison – EHS Specialist, and Garrett Crist, Consultant – Crown Solutions, were present for the facility. The purpose of the inspection was to evaluate compliance with the terms and condition of the facility's NPDES permit.

A copy of the Compliance Evaluation Inspection report is enclosed. Most areas evaluated received "Satisfactory" ratings. "Flow Measurement" received marginal ratings due to lack of calibration of the flow meters.

Please see the attached report for details

If you have any questions, please contact me by phone at (937) 285-6028 or by e-mail at michelle.waller@epa.state.oh.us.

Respectfully,

Michelle Waller
Environmental Specialist II
Division of Surface Water

Enclosures

Cc: Chad McOmber, Unison Industries

Permit #: 11N00140*BD
 NPDES #: OH0109177



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
11N00140*BD	OH0109177	8/24/2011	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Unison Industries 530 South Orchard Lane Alpha, Ohio 45301	9:30AM	11/1/2006
	Exit Time	Permit Expiration Date
	10:30AM	10/31/2011
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Chad McOmber, EHS Manager	(937) 490-7162	
Garrett Crist - Consultant with Crown Solutions	(937) 657-0926	
Emily Cull - EHS Specialist	(937) 469-1237	
Name, Address and Title of Responsible Official	Phone Number	
Matt Kress, Director of Operations 2455 Dayton-Xenia Road Dayton, OH 45434-7199	(937) 490- 7110	

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	N	Laboratory	N	Compliance Schedule
S	Operations & Maintenance	S	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	N	Sludge Storage/Disposal	S	Other
N	Collection System				

Section D: Summary of Findings (Attach additional sheets if necessary)	
See attached report. Please pay particular attention to the items in bold as they require corrective actions.	
Inspector	Reviewer
<i>Michelle Waller</i> Michelle Waller Division of Surface Water Southwest District Office	<i>Martyn Burt</i> Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office
9/8/11 Date	9/8/11 Date

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) Correct name and location of receiving waters..... Y
- (c) Do Categorical Standards apply?...If yes, list applicable standards.. N
- (d) Product(s) and production rates conform with permit application (Industries)..... Y
- (e) Flows and loadings conform with NPDES permit..... Y
- (f) Treatment processes are as described in permit application... Y
- (g) All discharges are permitted..... Y
- (h) Number and location of discharge points are as described in permit..... Y
- (i) 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..... N
- (e) Compliance schedule contained in...N/A
- (f) Permittee is in compliance with schedule..... N/A
- (g) Has biomonitoring shown toxicity in discharge since last inspection N/A

Comments/Status:

Compliance check run from 7/1/2009 – 7/1/2011. 6 Code violations were reported in May 2011. OEPA received correspondence regarding these violations.

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained

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

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

[Empty box for back-up power source details]

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

[Empty box for generator testing frequency]

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

There is an autodialer which alarms when the air stripper goes down.

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

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

Calendar.

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

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

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

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

Comments/Status:

No Operation and Maintenance manual was able to be located, and onsite representatives were unaware of the location of one.

Section H: Self-Monitoring Program

Flow Measurement:

- (a) Primary/Secondary flow measuring devices operated and maintained..... Y
Type of device (e.g. weir with ultrasonic level sensor):
- (b) Calibration frequency adequate N
(Date of last calibration:)
- (c) 24-hour recording instruments operated and maintained..... Y
- (d) Flow measurement equipment adequate to handle full range of flows..... Y
- (e) Actual flow discharged is measured..... N
- (f) Flow measuring equipment inspection frequency
Daily Weekly monthly other

Comments/Status:

(b) Chad McOmer was not aware of the flow meter having ever been calibrated.
(e) The flow reported is the combined total from the flow meters on the two influent lines.

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:

a) Sample location unknown.

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..... N/E
- (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..... Y
- (e) Analyses being performed more frequently than required by permit. N
- (f) If (e) is yes, are results in permittee's self-monitoring report..... N
- (g) Satisfactory calibration and maintenance of instruments/equipment. N/E (see score from GLC page)
- (h) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: All

Lab name: Belmont Labs

Discharge Monitoring Report Quality Assurance (DMRQA)

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

Comments/Status:

Section J: Effluent/Receiving Water Observations

Outfall # 001

Outfall Description: Pipe into stream.

Receiving Stream: Little Miami River

Comments/Status:

Erosion has occurred at the bank around the outfall pipe. The pipe was visible due to low flow in the river, and was sticking out approximately 8 feet from the bank.

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:

Items Requiring Correction

1. O&M: No Operation and Maintenance plan was able to be located onsite. **A copy of this plan should be kept either at the treatment works or in a location nearby where it can be referred to if necessary.** Several questions were asked during the inspection which neither the on-site representatives or the consultant were able to answer regarding how the treatment process operated.
2. Flow Meter Calibration: There are no records showing that the flow meters have ever been calibrated. Chad McOmber supplied the OEPA with documentation stating that the manufacturer, Rosemount, only recommends calibration if you suspect the meter is not accurate. This is not acceptable for regulatory reporting purposes. According to the EPA NPDES Compliance Inspection Manual (7/2004), "*The facility must ensure that their flow measurement systems are calibrated by a qualified source at least once a year to ensure their purposes.*" **Unison must have a qualified source verify calibration within 90 days of the receipt of this report and submit results to the Ohio EPA.**
3. Representatives for the facility were unable to answer the question of where the effluent sample is taken. **Verify where the effluent sample is taken and send Ohio EPA the GPS coordinates so that the proper location is noted in the NPDES permit which is being renewed.** The coordinates may be e-mailed to Michelle Waller.