



State of Ohio Environmental Protection Agency

STREET ADDRESS:

Lazarus Government Center
50 W. Town St., Suite 700
Columbus, Ohio 43215

TELE: (614) 644-3020 FAX: (614) 644-3184
www.epa.state.oh.us

MAILING ADDRESS:

P.O. Box 1049
Columbus, OH 43216-1049



1PC0000020101109

MONTGOME BROOKVILLE WWTP

OSTENDORF, ROBE 2010/11/09

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



**Environmental
Protection Agency**

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

File copy

November 9, 2010

Mr. John Wright
City of Brookville
301 Sycamore Street
Brookville, Ohio 45309

Re: Montgomery County, City of Brookville WWTP, Compliance Evaluation Inspection
and Notice of Violation

Dear Mr. Wright:

On October 27, 2010, I conducted a Compliance Evaluation Inspection at the City of Brookville WWTP (NPDES Permit No. OH0020605; OEPA Permit No. 1PC00000*ID). Representing this facility was Mr. Ron Brandt, Mr. John Weist and Mr. Joe Hamiel. A copy of my inspection report is enclosed.

The inspection report contains one marginal area. The area rated as marginal and the reason for said rating is as follows:

1. Laboratory: Details of the deficiencies can be found in the General Lab Criteria included with this letter. Although the rating for this area is "Marginal", it was noted that a substantial amount of work has been performed in this area. The remaining deficiencies within this area can be easily corrected by the facility.

The area noted above as marginal will require a written response by November 23, 2010. The response should include a description of the actions proposed to correct the deficiencies and the dates anticipated for completion of these actions.

The inspection also discovered that the facility is not using a maximum indicating thermometer when determining the temperature of the discharge at the final outfall. It was indicated during the inspection that the equipment previously used for this monitoring was inoperable. The facility personnel are currently measuring the temperature three times per day and reporting the highest reading. Please be advised that this is a violation of the monitoring requirements within permit 1PC00000*ID.

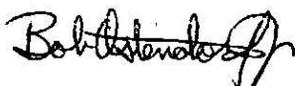
Please inform this office, in writing, by November 23, 2010 as to the reason for the above referenced violation, as well as a description of the actions taken or proposed to prevent further violations. Your response should include the dates, either actual or proposed, for

Mr. John Wright
November 9, 2010
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completion of said actions.

If you have any questions regarding this matter please feel free to contact me at (937) 285-6107 or via email at: robert.ostendorf@epa.ohio.gov.

Sincerely,



Bob Ostendorf Jr.
Division of Surface Water
Permits Section

Enclosure

cc: Mr. Ron Brandt, City of Brookville



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
1PC00000*1D	OH0020605	10/27/10	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Brookville WWTP 610 S. Wolf Creek Pike Brookville, OH 45309	9:30	06/01/08
	Exit Time	Permit Expiration Date
	12:15	05/31/13
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Ron Brandt, Superintendent	937-833-2135	
John Weist, Operator	937-833-2515	
Joe Hamiel, Operator	937-833-2515	
Name, Address and Title of Responsible Official	Phone Number	
John Wright, City Manager 301 Sycamore Street Brookville, OH 45309	937-833-2135	

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	M	Laboratory	N	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)	
See Attached Summary of Findings / Comments	
Inspector	Reviewer
 Bob Ostendorf Jr. Division of Surface Water Southwest District Office	 Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office
11-10-10 Date	11/10/10 Date

Permit #: Error! Reference source not found.
NPDES #: Error! Reference source not found.

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..... N
- (b) Appropriate Non-compliance notification of violations..... N/A
- (c) Permittee is taking actions to resolve violations..... N/A
- (d) Permittee has a compliance schedule..... N/A
- (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:

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.....

The generator is capable of supplying power to the 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.....

The treatment plant has a SCADA system with call-out capabilities. Some equipment components also have visual and/or audio alarm systems

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

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

A spreadsheet has been developed to track maintenance activities. The facility also has an O&M plan but the plan is referenced infrequently.

(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..... N

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

Comments/Status:

[Empty box for comments/status]

Section G: Operation & Maintenance con't

Record Keeping/Operator of Record:

- (a) Wastewater Treatment Works classification (OAC 3745-7)..... II
- (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.. N/A
- (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)

The operator logbook is a spiral bound date book (calendar).
- (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)... Y
 - 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 (6)
 - i. How many publicly-owned pump stations equipped with permanent standby power or equivalent.....0
 - ii. How many pump stations have telemetered alarms.....All
 - iii. How many pump stations have operable alarms.....All
- (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:

The WIB response plan is an unwritten plan but seems to be effectively implemented. The call-out system for any complaints received has several people that can be contacted to address the issue.

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"/>

Permit #: Error! Reference source not found.
 NPDES #: Error! Reference source not found.

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 - Alkall 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..... Y
- (c) How much sludge storage is provided at the plant.....
- (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.....

Comments/Status:

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: August 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:

Flow is measured at the influent and not the effluent.

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..... N
 - 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. N (see score from GLC page)
- (h) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: O&G, Nitrite & Nitrate, TP, CN-, Metals, Fecal Coliform, Acute & Chronic Toxicity

Lab name: Belmont, Masi, Enviro Science Inc.

Discharge Monitoring Report Quality Assurance (DMRQA)

- (a) Participation in latest USEPA quality assurance performance sampling..... Y
Date: June 2010
- (b) Were any parameters "Unsatisfactory"..... Y
- (c) Reasons for "Unsatisfactory" parameters.....
CBOD & Ammonia – Forgot to seed sample.

Comments/Status:

The SOP's reviewed during the inspection revealed that they were missing a couple of key sections such as Sample Preservation and Handling, Quality Control, and Corrective Actions. The SOP's need to be reviewed for completeness and modified as needed.

Permit # : Error! Reference source not found.
NPDES #: Error! Reference source not found.

Section J: Effluent/Receiving Water Observations

Outfall # 001

Outfall Description: The facility was discharging at the time of the inspection. The discharge was free of foam, color, and visible suspended solids. The outfall did not have an excessive amount of vegetative growth (Algae) present.

Receiving Stream: Wolf Creek

Receiving Stream Description:

Comments/Status:

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
City of Brookville
October 27, 2010

Criteria	Standard Methods Requirement		Rating
Balance		Acceptable?	
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights ^{1,2}	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	M
• 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Comments: The weights used for daily calibration are not NIST Class s or ASTM/Ansi Class 1 traceable. The facility has logbooks for some of the lab equipment but not all of it. The balance did not have an Equipment Logbook.

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

Comments: : An Equipment Logbook was not being maintained and the manufacturers equipment manual was not available at the time of the inspection.

General Lab Criteria

City of Brookville

October 27, 2010

Criteria	Standard Methods Requirement		Rating
Incubator (CBOD/E-Coli)		Acceptable?	
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use ¹ (E-Coli)	<input type="checkbox"/> Yes <input type="checkbox"/> No	NR
	• Temperature checked / recorded daily ² (CBOD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (CBOD) is 20° C ±1.0 ⁰¹²	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ⁰²²	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Logbook maintained ²	<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	
	• Temperature correction information posted on incubator ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 ml), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) ²³	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature Log (thermometer accurate to 0.5 Celsius). ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: :

Criteria	Standard Methods Requirement		Rating
Refrigerator		Acceptable?	
• Temperature Recordkeeping	• Temperature Log (thermometer accurate to 0.5 Celsius). ⁵	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Thermometer held in water bath. ¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Refrigerator temperature ≤6° Celsius. ¹³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages. ¹⁴	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

General Lab Criteria

City of Brookville

October 27, 2010

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	NR
	• 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	NR
	• 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
City of Brookville
October 27, 2010

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

Comments: The sample bottle labels used for samples sent to an outside lab did not indicate the specific preservative being used. The facility should ensure that the Chain of Custody documentation indicates the preservative used for samples sent to an outside lab for analysis.

Criteria	Standard Methods Requirement		Rating
Desiccator		Acceptable?	
• General criteria	• Properly working seals.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	M
	• 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: An Equipment Logbook was not being maintained. The replacement of the desiccant was noted on the balance calibration sheet.

Criteria	Standard Methods Requirement		Rating
Bench sheets		Acceptable?	
• General criteria	• Date(s) ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	M
	• Analyst initials ²	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	
	• Corrections, single line through, initialed and dated ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: The equipment reviewed was for the analysis of Total Suspended Solids. This analysis involves the use of subtraction and multiplication. The calculation was not present on the benchsheet and it was noted that the calculation for other analysis (CBOD) did not have the calculation present either. It is recommended that the calculations either be included in the SOP for the analysis or on the benchsheet.

General Lab Criteria
 City of Brookville
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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	NR
	• 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	NR
	• 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
City of Brookville
October 27, 2010

Criteria	Standard Methods Requirement	Acceptable?	Rating
Final Effluent Temperature Monitoring			
• General Criteria	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	U
	• Thermometer accurate to 0.1° Celsius ⁵	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><i>Comments: It was noted during the inspection that the permit requires the use of a maximum indicating thermometer. The facility previously had the capability to comply with this requirement but the temperature recording device is currently inoperable. The facility indicated that they hope to repair/replace the equipment within the next year. They are currently recording the temperature 3 times per day and reporting the highest reading.</i></p>			
Number of Criteria Rated:		Acceptable	1
		Marginal	5
		Unacceptable	1
		Total Number of Areas Rated	7
<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>			
<p>Consider recommending PAI Audit from DES when:</p>		<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 |

General Lab Criteria

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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.

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
NH3-N	P, G	500	G, C	Analyze as soon as possible or add H_2SO_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_2SO_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-NH3 D
Total Residual Chlorine, DPD Colorimetric Method	Std Methods 4500-Cl G
Total Suspended Solids, Dried at 103-105 °C	Std Methods 2540-D
Dissolved Oxygen, Membrane Electrode Method	Std 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