



Environmental
Protection Agency

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



1PB0001920110628

PREBLE

LEWISBURG WWTP

WARE, MAUREEN

2011/06/28

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MAYOR AND COUNCIL
VILLAGE OF LEWISBURG
112 S COMMERCE ST
LEWISBURG OH 45338

6/28/11

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PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047



Environmental
Protection Agency

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

CERTIFIED MAIL

June 28, 2011

Mayor and Council
Village of Lewisburg
112 South Commerce St.
Lewisburg, Ohio 45338

RE: Lewisburg WWTP NPDES 1PB00019 Notice of Violation (NOV)

Ladies and Gentlemen:

We have received your self-monitoring report covering the months of October 2010 through May 2011 for the referenced facility. Our review indicates a violation of your NPDES permit. The specific instance of noncompliance are as follows:

Numerical Violations

<u>Date</u>	<u>Station</u>	<u>Parameter</u>	<u>Code</u>	<u>Permit Limit</u>	<u>Reported</u>
5/22/11	001	E. coli	31648	284/100 ml	2829/100 ml

Please be advised that failure to comply with the effluent limitations or to satisfy the monitoring or reporting requirements of your NPDES permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

Please inform this office, in writing, within fourteen days of receipt of this notification as to the reason for the violations, as well as a description of the actions taken or proposed to prevent any further violations. Your response should include the dates, either actual or proposed, for completion of the actions.

Village of Lewisburg
June 28, 2011
Page 2

If you have any questions regarding the above, please contact me at this office.

Respectfully,

A handwritten signature in black ink, appearing to read 'Maureen M. Ware', written in a cursive style.

Maureen M. Ware
Division of Surface Water

Ec: tburke81@yahoo.com
Ec: Preble County Health Dept

MW/ca.



Environmental
Protection Agency

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



1PB0001920110831

PREBLE

LEWISBURG WWTP

WARE, MAUREEN

2011/08/31



Environmental
Protection Agency

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

September 1, 2011

Lewisburg Mayor and Council
112 South Commerce St.
Lewisburg, Ohio 45338

RE: Lewisburg WWTP Compliance Evaluation Inspection (CEI) NPDES 1PB00019

Ladies and Gentlemen:

On August 24, 2011 I conducted a CEI at the Lewisburg WWTP facility. Troy Burke represented the facility. A copy of my inspection report is enclosed. The inspection report contains two marginal (Records/Reports and Operation & Maintenance) and no unsatisfactory ratings.

Sludge was noted downstream of the Lewisburg WWTP discharge. However, after meeting with Lewisburg officials, it is clear that they intend to address the deficient WWTP effluent quality by upgrading the WWTP. While the laboratory was not rated at this time, it is the expectation that the deficiencies noted in the General Laboratory Criteria (GLC) will be addressed prior to the next inspection.

Please respond by September 26, 2011, in writing, as to the reason for the deficiencies as noted in the CEI, as well as a description of the actions taken or proposed to address the noted deficiencies. Your response should include the dates, either actual or proposed, for completion of the actions. Please be advised that failure to comply with any of the requirements for your NPDES permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

If you have any questions or comments concerning the contents of this letter, please feel free to contact me at (937) 285-6103.

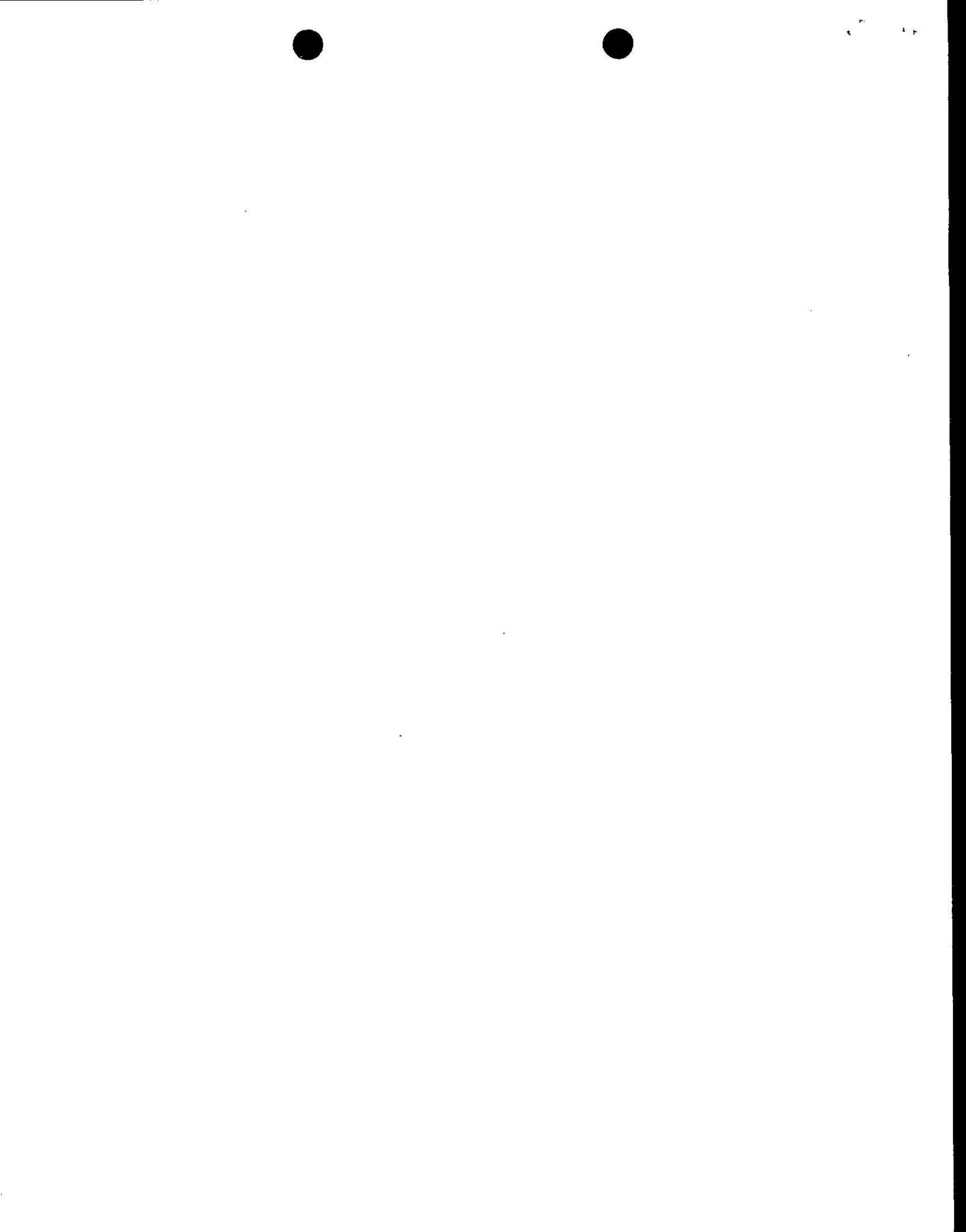
Sincerely,

Maureen M. Ware
Division of Surface Water

MMW/tf

enclosures

ec: tburke81@yahoo.com
ec: Preble County Health District





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
1PB00019	OH0026051	8/24/11	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Lewisburg WWTP Tillman Lane Lewisburg, Ohio	8:30AM	7/1/2010
	Exit Time 1:15PM*	Permit Expiration Date 4/30/2015
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Troy Burke, ORC	937-313-0805	
Name, Address and Title of Responsible Official	Phone Number	
Mayor and Council, Lewisburg 112 South Commerce St. Lewisburg, Ohio 45338	937-962-4377	

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

Section D: Summary of Findings (Attach additional sheets if necessary)	
<p>*The time noted for the CEI inspection included a little over an hour used for a meeting with Lewisburg officials and their engineer regarding proposed WWTP upgrades. Sludge was noted in the receiving stream downstream from the outfall. Normally this would be cause to rate Effluent/Receiving Water as either marginal or unsatisfactory, however, after meeting with Lewisburg officials, it is clear that they intend to remedy the WWTP problems through upgrades including new clarifiers, adding tertiary filters, UV upgrade, 5/8" or smaller influent screen, and a new RAS/WAS pump system. Records/Reports were rated marginal due to the violations of May and July being reported well after 24 hours of discovery. In addition, the violations were not reported on the proper form. Operations & Maintenance was rated as marginal due to the southern UV bank being in non-operative condition. While the laboratory was not rated at this time, the expectation is that the deficiencies noted in the General Laboratory Criteria (GLC) will be addressed before the next inspection.</p>	
Inspector	Reviewer
 Maureen M. Ware Division of Surface Water Southwest District Office	 Martyn G. Burt Environmental Supervisor Division of Surface Water Southwest District Office
8/31/11 Date	8/31/11 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) 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..... N/A

Comments/Status:

Section F: Compliance

- (a) Any significant violations since the last inspection..... N
- (b) Appropriate Non-compliance notification of violations..... N
- (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 was checked from October 1, 2010 through July 31, 2011. The following violations were noted:

Station	Rep. Code	Parameter	Limit Type	Limit	Rept. Value	Date
001	31648	E. coli	7D Conc	284	375.095	7/8/2011
001	31648	E. coli	7D Conc	284	2829.13	5/22/2011

Mr. Burke did provide letters regarding the above noted violations. However, as noted in paragraph 12C in Part III of Lewisburg's NPDES permit, notification must be within 24 hours of discovery and a completed noncompliance report must be submitted to the Ohio EPA Southwest District Office. As previously noted in an email to Mr. Burke on 4/25/11, for minimum or maximum violations (D.O. and pH) form 4499 must be submitted. Form 4499 can be found at:
http://www.epa.state.oh.us/portals/35/permits/24-hour_reporting_Form4499_limits.doc All other numerical violations must be reported via form 4498, which can be found at:
http://www.epa.state.oh.us/portals/35/permits/24-hour_reporting_Form4498_bypasses.doc
 Please note that submitting these forms to maureen.ware@epa.state.ohio.us via email within 24 hours of discovery negates the need to phone in the violation followed by a letter with attached hardcopies of forms 4499 and/or form 4498 via the US Postal Service.

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained.....

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

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

entire WWTP

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

weekly

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

Clarifier scraper arms, UV system, pump stations in collection system..

(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

(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..... Y

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

Comments/Status:

In the on-going investigation as to the cause of solids being discharged to the creek, one aeration tank is being used as sludge storage, and one clarifier is off-line. It was hoped that repurposing the aeration tank, and taking one clarifier at a time down would alleviate the discharge of solids to the creek. RAS pumps had failed and were repaired. In discussing the UV system, it was determined that the southern UV chamber had never been used and was not in serviceable condition. The failure of one of the UV bulbs in the northern bank caused at least one E. coli violation. Had the southern UV bank been serviceable, the violation could have been avoidable.

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.. 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)... Y
 - v. Identification of person making entries..... N
- (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:

Mr. Burke's handwriting looks significantly different than his back-up operator (who only occasionally put entries into the ORC log book). I did tell Mr. Burke that at least the initials of the person making the entry should be at the beginning of the entry.

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.....3
 - ii. How many pump stations have telemetered alarms.....0
 - iii. How many pump stations have operable alarms.....3

- (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/A
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..... N
- (h) Any WIB complaint received since last inspection..... N
- (i) Is there a WIB response plan..... N
- (j) Is any portion of the collection system at or near dry weather capacity..... N

Comments/Status:

At this time, Lewisburg is focusing their resources on addressing the problems with the WWTP.

While no WIB events were reported, Lewisburg has indicated that they will deal with them on a case by case basis should they arise in the future.

Section H: Sludge Management

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 checked="" 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"/>

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

The amount of sludge removed from the WWTP went up significantly in 2010 compared to 2009. This may be due to changes in the operation of the WWTP to attempt to decrease the solids discharge to the creek.

Section I: Self-Monitoring Program

Flow Measurement:

- (a) Primary/Secondary flow measuring devices (e.g. weir with ultrasonic level sensor):
ultrasonic and weir
- (b) Flow meter calibrated annually Y
(Date of last calibration: 11/10/2011)
- (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:

During the rain event of April 2011, the bypass after the barscreen was active. The bypassed flow combines with the treated flow upstream of disinfection, composite sampling, and metering.

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..... N/E
(see GLC)
- (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. N/E (see GLC)
- (h) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: everything except CBOD5, TSS, ammonia, D.O., pH, and temp.

Lab name: Belmont and sometimes Eaton (for E. coli)

Discharge Monitoring Report Quality Assurance (DMRQA)

- (a) Participation in latest USEPA quality assurance performance sampling..... N/A
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

Receiving Stream: Twin Creek

Receiving Stream Description: Water was fairly clear.

Comments/Status:

Although the effluent appeared fairly clear at the outfall, biosolids had accumulated along the edge of the creek in many places from recent biosolid discharges.

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:



Comments/Status:

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- (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		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 type="checkbox"/> Yes <input type="checkbox"/> No	A
	• Logbook maintained ²	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ⁸	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: :			
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:			

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	M																													
	<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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																														
	<ul style="list-style-type: none"> • Temperature correction information posted on incubator¹ 	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																														
Comments: : Mr. Burke indicated that he would post the correction factor on the incubator.																																	
Refrigerator																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Criteria</th> <th colspan="2">Standard Methods Requirement</th> <th style="width: 10%;">Acceptable?</th> <th style="width: 10%;">Rating</th> </tr> </thead> <tbody> <tr> <td rowspan="2"> <ul style="list-style-type: none"> • Temperature Recordkeeping </td> <td> <ul style="list-style-type: none"> • Temperature Log (thermometer accurate to 0.5 Celsius).⁵ </td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td rowspan="4" style="text-align: center; vertical-align: middle; font-size: 2em;">A</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Temperature Calibration / Documentation </td> <td> <ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} </td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td rowspan="3"> <ul style="list-style-type: none"> • Other </td> <td> <ul style="list-style-type: none"> • Thermometer held in water bath.¹ </td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Refrigerator temperature ≤6° Celsius.¹³ </td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Do not store volatile solvents, food, or beverages.¹⁴ </td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td colspan="5"> Comments: </td> </tr> </tbody> </table>					Criteria	Standard Methods Requirement		Acceptable?	Rating	<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:				
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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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Logbook being maintained ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Belmont samples have labels with everything needed. In house sample bottles need additional labeling to ensure that the correct tests are conducted on the correct samples. While blanks are used for individual parameters, blanks must also be used to determine if the autosampler is sufficiently clean, and the optimal cleaning frequency for the autosampler.

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

Comments: Equations are needed on the bench sheets. Any corrections made must have a single line through the incorrect number, then near the correct number the person logging the information must put their initials and the date.

General Lab Criteria

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Criteria	Standard Methods Requirement	Acceptable?		Rating
Hot Water Bath (Fecal Coliform/E. Coll)				
• 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

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating	
Final Effluent Temperature Monitoring				
• 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:			Acceptable	2
			Marginal	3
			Unacceptable	0
			Total Number of Areas Rated	5
<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