

**Environmental  
Protection Agency**

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

March 29, 2010

Mayor and Council  
City of Xenia  
101 North Detroit Street  
Xenia, Ohio 45385

**Re: Xenia – PCI – 2010 -- Notice of Violation**

Ladies and Gentlemen:

On March 5, 2010, I conducted a pretreatment compliance inspection (PCI) of the City of Xenia's approved pretreatment program. The City was represented by Jason Tincu. The PCI followed a checklist designed by Ohio EPA to evaluate all major aspects of the City's pretreatment program. A discussion of the required action is given below.

The City appears to be implementing its approved program in a satisfactory manner. All of the permits have been issued as required, and all of the sampling and inspections have been completed. The City was required to submit an updated technical justification of its local limits and revisions to its ordinance reflecting changes to federal and state regulations. These were due by November 1, 2009. Due to ARRA projects and sludge pad work, these were not submitted until March 15, 2010. Since these submittals were more than 90 days late, the City was in significant non-compliance (SNC) with its NPDES permit and the pretreatment program. Since these items have been submitted, this situation has been resolved.

**REQUIRED ACTION**

1) Self-Monitoring Reports

The City must note the date received on all the self-monitoring reports in order to determine compliance with reporting requirements. The October 2009 and January 2010 reports from Bob Evans and Custom Manufacturing Solutions were not stamped. This must begin immediately.

March 29, 2010  
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The assistance provided by your staff was appreciated. Should you have any additional questions, feel free to contact me at 937.285.6108.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marianne Piekutowski', written over a horizontal line.

Marianne Piekutowski  
District Pretreatment Coordinator  
Division of Surface Water

Enclosures

Cc: Jason Tincu, Xenia  
Ryan Laake, DSW/CO



**Environmental  
Protection Agency**

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

**Pretreatment Compliance Inspection Report**

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PD00015*KD	OH0028193	03/05/2010	P	S	1

Section B: Facility Data	
<b>Name and Location of Facility Inspected</b> City of Xenia Ford Road WWTP 779 Ford Road Xenia, Ohio 45385	<b>Entry Time</b> 9:30 am
	<b>Exit Time</b> 1:30 pm
	<b>Name(s) and Title(s) of On-Site Representatives</b> Jason Tincu, Utilities Manager
<b>Phone Number(s)</b> 937.376.7271	
<b>Responsible Official(s)</b> Mayor and Council City of Xenia 101 North Detroit Street Xenia, Ohio 45385	<b>Coordinator's Mailing Address</b> City of Xenia 101 North Detroit Street Xenia, Ohio 45385

Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)	
Pretreatment	

Section D: Summary of Findings (Attach additional sheets if necessary)
See Attached Report.

Inspector	Reviewer
 Marianne Piekutowski Division of Surface Water Southwest District Office Date: 3/29/10	 Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office Date: 3/29/10



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Chris Korleski, Director

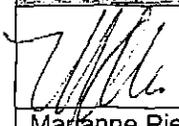
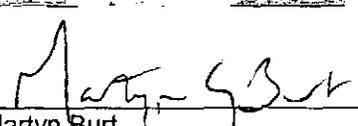
**Pretreatment Compliance Inspection Report**

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PD00016*LD	OH0028207	03/05/2010	P	S	1

Section B: Facility Data	
Name and Location of Facility Inspected	Entry Time
City of Xenia Gladly Run WWTP 2381 Bellbrook Road Xenia, Ohio 45385	9:30 am
	Exit Time
	1:30 pm
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)
Jason Tincu, Utilities Manager	937.376.7271
Responsible Official(s)	Coordinator's Mailing Address
Mayor and Council City of Xenia 101 North Detroit Street Xenia, Ohio 45385	City of Xenia 101 North Detroit Street Xenia, Ohio 45385

Section C: Areas Evaluated During Inspection	
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)	
Pretreatment	

**Section D: Summary of Findings (Attach additional sheets if necessary)**  
See Attached Report.

Inspector	Reviewer
 Marianne Piekutowski Division of Surface Water Southwest District Office	 Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office
3/24/10 Date	3/29/2010 Date

# POTW PRETREATMENT COMPLIANCE CHECKLIST

## PCI CHECKLIST CONTENTS

- Cover Page and Acronym List
- Section I  PU File Evaluation
- Section II  Supplemental Data Review/Interview
- Section III  Evaluation and Summary (Optional)
- Attachment A  Pre-Inspection Checklist
- Attachment B  Pretreatment Program Profile
- Attachment C  Worksheets
  - WENTB/RNC Worksheet
  - PU Site Visit Report Form (Optional)
  - File Review Worksheets (Optional)
- Attachment D  Supporting Documentation

Control Authority (CA) name and address

Date(s) of PCI

*Mayor and Council  
City of Xenia  
101 North Detroit Street  
Xenia, Ohio 45385*

*March 5, 2010*

### INSPECTOR(S)

Name	Title/Affiliation	Telephone Number
<i>Mari Piekutowski</i>	<i>Environmental Specialist 2/Ohio EPA Southwest District</i>	<i>937.285.6108</i>

### CA REPRESENTATIVE(S)

Name	Title/Affiliation	Telephone Number
<i>Jason Tincu</i>	<i>Utilities Manager/Xenia</i>	<i>937.376.7271</i>

ACRONYM LIST

Acronym	Term
AO	Administrative Order
BMP	Best Management Practices
BMR	Baseline Monitoring Report
CA	Control Authority
CERCLA	Comprehensive Environmental Remediation, Compensation, and Liability Act
CFR	Code of Federal Regulations
CIU	Categorical Industrial User
CSO	Combined Sewer Overflow
CWA	Clean Water Act
CWF	Combined Wastestream Formula
DMR	Discharge Monitoring Report
DSS	Domestic Sewage Study
EP	Extraction Procedure
EPA	U.S. Environmental Protection Agency
ERP	Enforcement Response Plan
FDF	Fundamentally Different Factors
FTE	Full-Time Equivalent
FWA	Flow-Weighted Average
gpd	gallons per day
IU	Industrial User
IWS	Industrial Waste Survey
MGD	Million Gallons Per Day
MSW	Municipal Solid Waste
N/A	Not Applicable
ND	Not Determined
NOV	Notice of Violation
NPDES	National Pollutant Discharge Elimination System
O&G	Oil and Grease
PCI	Pretreatment Compliance Inspection
PCS	Permit Compliance System
PIRT	Pretreatment Implementation Review Task Force
POTW	Publicly Owned Treatment Works
QA/QC	Quality Assurance/Quality Control
RCRA	Resource Conservation and Recovery Act
RNC	Reportable Noncompliance
SIU	Significant Industrial User
SNC	Significant Noncompliance
SUO	Sewer Use Ordinance
TCLP	Toxicity Characteristic Leachate Procedure
TOMP	Toxic Organic Management Plan
TRC	Technical Review Criteria
TRE	Technical Review Evaluation
TRIS	Toxics Release Inventory System
TSDF	Treatment, Storage, and Disposal Facility
TTO	Total Toxic Organics
UST	Underground Storage Tank
WENDB	Water Enforcement National Data Base



**IU IDENTIFICATION (Continued)**

FILE <u>  3  </u> Industry name and address <i>Twist, Inc.</i> <i>1370 Lavelle Drive</i> <i>Xenia, Ohio 45385</i>	Type of industry <i>Manufacture a variety of metal coil springs for use in commercial, aeronautical and manufacturing industries.</i>	
IU CLASSIFICATION BY CA: <input checked="" type="checkbox"/> Categorical SIU - 40 CFR <u>  43  </u> , _____ Category(ies) <u><i>New Source</i></u> <input type="checkbox"/> Non-categorical SIU <input type="checkbox"/> Non SIU	Average total flow (gpd)	Average process flow (gpd) <p align="center"><i>68,000</i></p>
	Industry visited during PCI?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**COMPLIANCE STATUS**

SNC (period: \_\_\_\_\_) Noncompliance/corrected     Noncompliance/continuing     In compliance  
 EXPLANATION:

*Glady Run WWTP*

FILE _____ Industry name and address	Type of industry	
IU CLASSIFICATION BY CA: <input type="checkbox"/> Categorical SIU - 40 CFR _____, _____ Category(ies) _____ <input type="checkbox"/> Non-categorical SIU <input type="checkbox"/> Non SIU	Average total flow (gpd)	Average process flow (gpd)
	Industry visited during PCI?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**COMPLIANCE STATUS**

SNC (period: \_\_\_\_\_)  Noncompliance/corrected     Noncompliance/continuing     In compliance  
 EXPLANATION:

Comments

**IU IDENTIFICATION (Continued)**

FILE ____ Industry name and address	Type of industry	
IU CLASSIFICATION BY CA: <input type="checkbox"/> Categorical SIU - 40 CFR _____, _____ Category(ies) _____ <input type="checkbox"/> Non-categorical SIU <input type="checkbox"/> Non SIU	Average total flow (gpd)	Average process flow (gpd)
	Industry visited during PCI    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**COMPLIANCE STATUS**

SNC (period: \_\_\_\_\_)  
  Noncompliance/corrected  
  Noncompliance/continuing  
  In compliance

**EXPLANATION:**

Comments

FILE ____ Industry name and address	Type of industry	
IU CLASSIFICATION BY CA: <input type="checkbox"/> Categorical SIU - 40 CFR _____, _____ Category(ies) _____ <input type="checkbox"/> Non-categorical SIU <input type="checkbox"/> Non SIU	Average total flow (gpd)	Average process flow (gpd)
	Industry visited during PCI?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**COMPLIANCE STATUS**

SNC (period: \_\_\_\_\_)  
  Noncompliance/corrected  
  Noncompliance/continuing  
  In compliance

**EXPLANATION:**

Comments

General Comments

## SECTION I: IU FILE EVALUATION

Industry Name					INSTRUCTIONS: Evaluate the contents of IU files. Enumerate problem areas and explain in comments section below. Use NA (not available) where necessary. Use ND (not determined) where there is insufficient information to evaluate/determine implementation status. Use an "x" in the space when a problem is not noted. Comment on each problem identified. Clearly identify the file that each comment pertains to; also indicate where a comment applies to all the files.	
File 1	File 2	File 3	File	File		
Bob Evans Farms, Inc	Custom Manfg. Solns.	Twist, Inc.				
<b>IU FILE REVIEW</b>						
<b>A. CA NOTIFICATION OF IU</b>						
Y	Y	Y			1. Notified of classification (new IU) or change in classification (existing IU)	403.8(f)(2)(iii)
NA	NA	NA			* BMR/90-day report submitted (for new IU)	403.12(b)&(d)
NA	NA	NA			2. Notified of applicable RCRA standards	403.8(f)(2)(iii)
Comments						

**SECTION I: IU FILE EVALUATION (Continued)**

File 1	File 2	File 3	File	File	IU FILE REVIEW	Reg. Cite
					<b>B. ISSUANCE OF IU CONTROL MECHANISM</b>	
Y	Y	Y			1. Issuance or reissuance of control mechanism	403.8(f)(1)(iii)
					2. Control mechanism contents	403.8(f)(1)(ii)
Y	Y	Y			a. Statement of duration (<5 years)	
Y	Y	Y			b. Statement of nontransferability w/o prior notification	
Y	Y	Y			c. Listing of applicable effluent limits (local, categorical standards)	
					d. Selfmonitoring requirements	
Y	Y	Y			i. Identification of pollutants to be monitored	
Y	Y	Y			ii. Sampling frequency	
Y	Y	Y			iii. Sampling at locations/discharge points adequately defined	
Y	Y	Y			iv. Appropriate sample types (grab or composite)	
Y	Y	Y			v. Reporting requirements	
Y	Y	Y			vi. Record-keeping requirements (3 years minimum)	
Y	Y	Y			e. Statement of applicable civil and criminal penalties	
NA	NA	NA			f. Compliance schedules	
Y	Y	Y			g. Requirement to notify CA of slug loadings	
Y	Y	Y			h. Requirement to notify CA of spills, bypasses, upsets, etc.	
Y	Y	Y			i. Requirement to notify CA of significant change in discharge	
Y	Y	Y			j. 24-hour notification of violation/resample requirement	

Comments:

**SECTION I: IU FILE EVALUATION (Continued)**

File 1	File 2	File 3	File	File	<b>IU FILE REVIEW</b>	<b>Reg. Cite</b>
					<b>C. CA APPLICATION OF IU PRETREATMENT STANDARDS</b>	
Y	Y	Y			1. Proper IU categorization (sig. cat., sig. non-cat, non-sig.)	403.8(f)(1)(ii)
					2. Calculation and application of categorical standards	403.8(f)(1)(ii)
NA	Y	Y			a. Proper classification by category/subcategory	
NA	Y	Y			b. Proper classification as new/existing source	
NA	Y	Y			c. Proper application of limits for all regulated pollutants	
NA	NA	NA			d. Proper calculation and application of production-based standards	403.6(c)
NA	NA	NA			e. Proper calculations and application of CWF or FWA	403.6(d)&(e)
Y	Y	Y			3. Application of local limits	
Y	Y	Y			4. Application of most stringent limits	403.8(f)(1)(ii)

Comments:

**SECTION I: IU FILE EVALUATION (Continued)**

File 1	File 2	File 3	File	File	<b>IU FILE REVIEW</b>	<b>Reg. Cite</b>
					<b>D. CA COMPLIANCE MONITORING</b>	
					Sampling	403.8(f)(1)(iii)(D)
Y	Y	Y			1. Sampled at frequency specified in approved	
Y	Y	Y			2. Documentation of sampling activities (especially chain of custody)	3745-5-05(C)(2)(f)
Y	Y	Y			3. Sampled all parameters for which local or categorical limits applied	
Y	Y	Y			4. Appropriate analytical methods (40 CFR Part 136)	403.8(f)(2)(vi)
					Inspection	403.8(f)(2)(v)
Y	Y	Y			1. Inspected at frequency specified in approved program	
Y	Y	Y			2. Documentation of inspection activities	403.8(f)(2)(vi)
Y	Y	Y			3. Evaluated need for slug discharge control plan at least every two years	403.8(f)(2)(v)

Comments:

**SECTION I: IU FILE EVALUATION (Continued)**

File 1	File 2	File 3	File	File	IU FILE REVIEW	Reg. Cite
					<b>E. CA ENFORCEMENT ACTIVITIES</b>	
					1. Response to violations	403.8(f)(2)(vi)
Y	NA	NA			a. Discharge violations	
Y	NA	NA			b. Monitoring/reporting violations	
NA	NA	NA			c. Compliance schedule violations	
					2. Proper calculation of SNC	403.8(f)(2)(vii)
NA	NA	NA			a. Chronic	
NA	NA	NA			b. TRC	
NA	NA	NA			c. Through interference caused by spill or slug discharge	
NA	NA	NA			d. Reporting requirements	
NA	NA	NA			3. Publication for SNC	403.8(f)(2)(viii)
					4. Adherence to approved ERP	403.8(f)(5)
Y	NA	NA			a. Proper response to violations	
NA	NA	NA			b. Escalation of enforcement	

Comments:

**SECTION I: IU FILE EVALUATION (Continued)**

File 1	File 2	File 3	File	File	IU FILE REVIEW	Reg. Cite
<b>F. SELF-MONITORING AND REPORTING</b>						
Y	Y	Y			1. Sampled at frequency specified in control mechanism/regulation	403.12(e)&(h)
					2. TTO Requirements met	
NA	NA	?			a. TOMP submitted and updated (if applicable)	
NA	Y	Y			b. TTO sample results or certification statement submitted as required	
YI	YI	Y			3. Timely self-monitoring reports in accordance with control mechanism	403.12(e)&(h)
Y	Y	Y			4. Reported for all required pollutants	403.12(g)(1)&(h)
Y	Y	Y			5. Signatory/certification of reports in accordance with OAC 3745-3-06 (F)	OAC 3745-3-06 (F)
NA	NA	NA			6. Met compliance schedule milestones by required dates	403.12(c)
NA	NA	NA			7. Immediate notification of slug load discharge or accidental spill to sewer	OAC 3745-3-05
N2	NA	NA			8. Notified CA within 24 hours of becoming aware of discharge violations	403.12(g)(2)
N	NA	NA			9. Resampled/reported within 30 days of knowledge of violation	403.12(g)(2)
NA	NA	NA			10. Submission/implementation of slug discharge control plan	403.8(d)(2)(v)
NA	NA	NA			11. Notified CA of significant changes in operation or discharge	403.12(j)

Comments:

- 1 - Reports for 10/15/09 and 1/15/10 were not date stamped.
- 2 - Failure to notify was included in the NOV.

**SECTION I: IU FILE EVALUATION (Continued)**

File <i>1</i>	File <i>2</i>	File <i>3</i>	File	File	IU FILE REVIEW	Reg. Cite
					G. OTHER	

Comments:

SECTION I COMPLETED BY: <i>Mari Piekutowski</i>	DATE: <i>March 5, 2010</i>
TITLE: <i>Environmental Specialist 2</i>	TELEPHONE: <i>937.285.6108</i>

## SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

**INSTRUCTIONS:** Complete this section during the onsite visit based on based on CA activities since the last PCI or audit. Attach documentation where appropriate. Specific data may be required in some cases.

### A. CA PRETREATMENT PROGRAM MODIFICATION (403.86)

1. Have you made any changes to the approved program since the last inspection? (Local limits, ERP, SUO, control mechanisms, SIU list, etc.)

Yes	No
<b>X</b>	

If yes, discuss.

*The City submitted the technical limits justifications for Ford Road and Glady Run. The modifications to the ordinance for the streamlining provisions of 40 CFR 403 were also submitted. These were due November 1, 2009, and were received on March 15, 2010.*

2. Have you identified any needed changes?

Yes	No
	<b>X</b>

If yes, describe.

### B. IU CHARACTERIZATION (403.86(2)(b)&(d))

1. How do you identify and characterize new IUs?  
(is IWS used?)

*IWS; internal ventures with the Assistant City Engineer and the Xenia Economic Growth Commission; physical inspections and water usage reviews.*

2. How and when do you identify changes in wastewater discharges at existing IUs  
(especially to determine if they need to be classified as a SIUs)

*Sampling; Inspections; Self-Monitoring; Permit Renewals.*

**SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW**

**G. CONTROL MECHANISM EVALUATION [403.8(1)(b)(iii)]**

1. How many SIUs are not covered by an existing, unexpired permit or other individual control mechanism? [WENB~NOCM][RNC~I] 0      0%  
 If any, explain.

2. a. How many control mechanisms were allowed to expire prior to reissuance? 0  
 If any explain.

b. How many control mechanisms were not issued within 180 days of the expiration date of the previous control mechanism? [RNC~II] 0  
 If any, explain.

c. Do you use an up-to-date IWS or recent discharge application forms prior to permit reissuance? 

Yes	No
X	

**SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW**

**D. APPLICATION OF PRETREATMENT STANDARDS AND REQUIREMENTS [403.8(f)(3)(ii)]**

1. a. How and when do you evaluate SIUs for the need to develop slug control discharge plans?  
 (check on CA's definition of slug discharge)  
 If any, explain.

*During site inspections.*

b. How many SIUs were evaluated in the past two years?

All

2. a. Describe any wastes hauled to the POTW.

*The City does not accept hauled waste. Bob Evans hauls sludge to the plant which is pressed and analyzed with the City's sludge. It is not run through the plant.*

b. If any IUs have their wastewater hauled to the POTW, how do you ensure all applicable standards (local and categorical) are met?

c. List IUs that haul their wastewater to the POTW.

**E. COMPLIANCE MONITORING**

1. In the past 12 months, how many, and what percentage of, SIUs were the following: [403.8(f)(2)(v)][WENDB~NOIN][RNC II]  
 (Define the 12 month period 01/01/2009 to 12/31/2009.)

- a. Not sampled or not inspected at least once [WENB~NOIN]
- b. Not sampled at least once
- c. Not inspected at least once (all parameters)?

0	0%
0	0%
0	0%

If any, explain.

2. How many SIUs are in SNC with self-monitoring requirements and were not inspected and/or sampled (in the four most recent full quarters)? [WENB~SNIN]

0

If any, explain.

## SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

### ENFORCEMENT

1. Which of the following enforcement actions did you use during the past year?

- a. Notice or letter of violation
- b. Administrative Order
- c. Administrative fine
- d. Show cause hearing
- e. Compliance schedule
- f. Permit revocation
- g. Civil suits
- h. Criminal suits
- i. Termination of service
- j. Other (specify)

	No
<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>

Explain if appropriate:

2. Did the treatment plant experience any following during the past year?

- a. Interference
- b. Pass through
- c. Fire or explosions (flashpoint, etc.)
- d. Corrosive structural damage
- e. Flow obstructions
- f. Excessive flow rates
- g. Excessive pollutant concentrations
- h. Heat problems
- i. Interference due to O & G
- j. Toxic fumes
- k. Illicit dumping of hauled wastes
- l. Worker health and safety concerns
- m. Other (specify)

Yes	No	Explain
	<input checked="" type="checkbox"/>	

If yes, how did you respond?

## SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

F. ENFORCEMENT (continued)					
3. Were you made aware of any hazardous waste discharges to the POTW? [403.12 (j)&(p)]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
G. GENERAL OBSERVATIONS/INFORMATION/ENFORCEMENT*					
Have you had any problems (general or specific) implementing your approved program?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Additional Comments/Observations/Information:					

SECTION I COMPLETED BY: <i>Jason Tincu</i>	DATE: <i>February 23, 2010</i>
TITLE: <i>Utilities Manager</i>	TELEPHONE: <i>937.376.7271</i>

### SECTION III: EVALUATION AND SUMMARY

**INSTRUCTIONS:** Based on information and data evaluated, summarize the findings of the audit for each program element shown below. Identify all problems or deficiencies based on the evaluation of program components. Clearly distinguish between deficiencies, violations, and effectiveness issues. This is to ensure that the final report will clearly identify required actions versus recommended actions and program modifications.

Description	Recommended Action	Required Action
<b>A. CA PRETREATMENT PROGRAM MODIFICATION</b>		
<ul style="list-style-type: none"> <li>• Status of program modifications (Ref. 403.18 /Checklist II.A.1)</li> </ul>		
<b>B. LEGAL AUTHORITY</b>		
<ul style="list-style-type: none"> <li>• Minimum legal authority requirements (Ref. 403.8(f)(1)/Checklist II.B.2)</li> </ul>		
<ul style="list-style-type: none"> <li>• Adequate multi jurisdictional agreements (Ref. 403.8(f)(1)/Checklist II.B.1)</li> </ul>		

**SECTION III: EVALUATION AND SUMMARY**

**C. IU CHARACTERIZATION**

- Identify and categorize IUs (Ref. 403.8(f)(2)(ii)/Checklist II.C.2)

--	--

**D. CONTROL MECHANISM**

- Issuance of individual control mechanisms to all SIUs (Ref. 403.8(f)(1)(iii)/Checklist II.D.1)

--	--

Adequate control mechanisms (Ref. 403.8(f)(1)(iii)/Checklist I.A.4)

--	--

Adequate control of trucked, railed, and dedicated pipe wastes (Ref. 403.5(b)(8)/Checklist II.D.3&4)

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### SECTION III: EVALUATION AND SUMMARY

Description	Recommended Action	Required Action
<b>E. APPLICATION OF PRETREATMENT STANDARDS AND REQUIREMENTS</b>		
<ul style="list-style-type: none"> <li>▪ Appropriately categorize, notify, and apply all applicable pretreatment standards (Ref. 403.8(f)(1)(ii)&amp;(iii); 403.5 /Checklist I.A)</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Basis and adequacy of local limits (Ref. 403.8(f)(4);122.21(j)/Checklist II.E.2&amp;3)</li> </ul>		
<b>F. COMPLIANCE MONITORING</b>		
<ul style="list-style-type: none"> <li>▪ Adequate sampling and inspection frequency (Ref. 403.8(f)(2)(ii)&amp;(v)/Checklist I.B.1&amp;2, II.F.1)</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Adequate inspections (Ref. 403.8(f)(2)(v)&amp;(vi)/Checklist I.B.1; II.F.1)</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Adequate sampling protocols and analysis (Ref. 403.8(f)(2)(vi)/Checklist I.B.2;II.F.2,3&amp;4)</li> </ul>		

**SECTION III: EVALUATION AND SUMMARY**

Description	Recommended Action	Required Action
<ul style="list-style-type: none"> <li>Adequate IU self-monitoring (Ref. 403.8(f)(2)(iv)/Checklist I.C.1.b;I.F)</li> </ul>		X
<p><b><i>REQUIRED ACTION:</i></b> The City must date stamp all of the self-monitoring reports to determine compliance with reporting requirements.</p>		
<p>Notification of changed and hazardous waste discharges (Ref. 403.12(j)&amp;(p)/ Checklist I.C.1.b; II.G.1.b)</p>		
<ul style="list-style-type: none"> <li>Evaluate the need for SIUs to develop slug discharge control plans (Ref. 403.8(f)(2)(v)/Checklist I.B.2.d; II.F.8)</li> </ul>		
<ul style="list-style-type: none"> <li>Monitor to demonstrate continued compliance and resampling after violation(s) (Ref. 403.12(g)(1)&amp;(2);403.8(f)(2)(vi)/Checklist I.A.4.d, C.1.b)</li> </ul>		

**SECTION III: EVALUATION AND SUMMARY**

Description	Recommended Action	Required Action
<b>G. ENFORCEMENT</b>		
<ul style="list-style-type: none"> <li>Appropriate application of "significant noncompliance" definition (Ref. 403.8(f)(2)(vii) /Checklist I.C.2; II.G.1; Attach B.I.1)</li> </ul>		
<p>Develop and implement an ERP (Ref. 403.8(f)(5)I.C.3;/Checklist II.G.2)</p>		
<ul style="list-style-type: none"> <li>Annually publish a list of IUs in SNC (Ref. 403.8(f)(2)(vii)/Checklist I.C.6; II.G.4)</li> </ul>		

### SECTION III: EVALUATION AND SUMMARY

Description	Recommended Action	Required Action
<ul style="list-style-type: none"> <li>• Effective enforcement (Ref. 403.8(f)(1)(iv)(A)/Checklist I.C.1.c, 4&amp;5;II.G.2.c&amp;d, 5&amp;6)</li> </ul>		
<b>H. DATA MANAGEMENT/PUBLIC PARTICIPATION</b>		
<ul style="list-style-type: none"> <li>• Effective data management/public participation (Ref. 403.5(c)(3)403.12(o); 403.14/Checklist II.H)</li> </ul>		
<b>I. RESOURCES</b>		
<ul style="list-style-type: none"> <li>• Adequate resources (Ref. 403.8(f)(3)/Checklist II.I)</li> </ul>		

**SECTION III: EVALUATION AND SUMMARY**

Description	Recommended Action	Required Action
I. ENVIRONMENTAL EFFECTIVENESS/POLLUTION PREVENTION		
<ul style="list-style-type: none"> <li>Understanding of pollutants from all sources (Checklist II.J.1&amp;2)</li> </ul>		
<ul style="list-style-type: none"> <li>Documentation of environmental improvements/effectiveness (Checklist II.J.1)</li> </ul>		
<ul style="list-style-type: none"> <li>Integration of pollution prevention (Checklist II.J.3,4&amp;5)</li> </ul>		

**SECTION III: EVALUATION AND SUMMARY**

Description	Recommended Action	Required Action
K. ADDITIONAL EVALUATIONS/INFORMATION		

SECTION III COMPLETED BY:	<i>Mari Piekutowski</i>	DATE:	<i>March 26, 2010</i>
TITLE:	<i>Environmental Specialist 2</i>	TELEPHONE:	<i>937.285.6108</i>

**ATTACHMENT A: PRETREATMENT PROGRAM STATUS UPDATE**

**Pretreatment Pre-Inspection Checklist  
PCI/Audit/RI**

**POTW:** *City of Xenia – Ford Rd & Glady Run*

**Date of Inspection:** *March 5, 2010*

**Type of Inspection:** *PCI / ~~Audit~~ / ~~RI~~*

**Inspector:** *Mari Piekutowski*

This checklist must be completed prior to conducting a PCI, audit, or RI. This checklist is designed to coordinate information from a number of sources to provide background information and to help develop an overview of the pretreatment program. Summarize items that should be verified during inspection. If items are get too numerous or get too lengthy to summarize, copy appropriate pages and attach.

**Program Deficiencies**

Pretreatment related Consent Decree and/or Administrative Orders that were completed or are pending since the last inspection.	<i>None.</i>
NPDES permit compliance schedule items that have been completed or are pending.	<i>Status of local limits justification and pretreatment streamlining revisions.</i>
Since the last inspection, has the CA been in RNC or SNC? Why?	<i>No.</i>
Findings of the last PCI/Audit/RI. Highlight any unresolved issues or corrective actions taken by the CA.	<i>None.</i>

## Control Authority Submittals and Reports

Have there been any program modifications since the last inspection? If yes, what is the status?	<i>No.</i>
Was the Annual Report submitted on time? Is it complete?	<i>Yes.</i>
Comments/follow-up questions on the Annual Report	<i>Cover page for the PPS needs to be completed. Could not find the sampling station descriptions noted.</i>
Were the Quarterly Reports submitted on time? Are they complete?	<i>Yes.</i>
Comments/follow-up questions on the Quarterly Industrial User Violation Reports	<i>None.</i>
Identify industries to target for file reviews/inspections, based on the Annual and Quarterly Reports	<i>Review all three SIUs.</i>

## MOR Data Review

Effluent violations to discuss.	<i>None.</i>
Sludge quality issues to discuss.	<i>None.</i>



## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

C. TREATMENT PLANT INFORMATION				
INSTRUCTIONS: Complete this section for each treatment plant operated under an NPDES permit issued to the CA.				
1. Treatment plant name <i>Ford Road WWTP</i>		2. Location address <i>779 Ford Road, Xenia, Oh 45385</i>		
3. a. NPDES permit number  <i>1PD00015*KD</i>	b. Expiration date  <i>7/31/2013</i>	4. Treatment plant wastewater flows		
		Design <span style="border: 1px solid black; padding: 2px 10px;"><i>3.6</i></span>	MGD Actual <span style="border: 1px solid black; padding: 2px 10px;"><i>2.20</i></span> MGD	
5. Sewer System	a. Separate- <i>100%</i>	b. Combined- <i>0%</i>	c. Number of CSOs- <i>0</i>	
6. a. Industrial contribution (MGD)	b. Number of SIUs discharging to plant	c. Percent industrial flow to plant		
<span style="border: 1px solid black; padding: 2px 10px;"><i>0</i></span>	<span style="border: 1px solid black; padding: 2px 10px;"><i>0</i></span>	<span style="border: 1px solid black; padding: 2px 10px;"><i>0%</i></span>		
7. Level of treatment	Type of Process(es)			
a. Primary	<i>X</i>	<i>Screening and Grit Removal</i>		
b. Secondary	<i>X</i>	<i>Advanced Secondary Treatment with Biological Phosphorus Removal</i>		
c. Tertiary	<i>X</i>	<i>UV Disinfection System</i>		
8. Indicate required monitoring frequencies for pollutants identified in NPDES permit.				
	Influent (Times/Year)	Effluent (Times/Year)	Sludge (Times/Year)	Receiving Stream (Times/Year)
a. Metals	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>
b. Organics	<i>1</i>	<i>1</i>	<i>1</i>	<i>0</i>
c. Toxicity testing	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
d. EP toxicity	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
e. TCLP	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
9. Effluent Discharge				
a. Receiving water name <i>Little Miami River</i>	b. Receiving water classification- <i>Exceptional warm-water habitat; SRW</i>	c. Receiving water use- <i>Primary Contact ; Industrial &amp; Agricultural Water Supply</i>		
d. If effluent is discharged to any location other than the receiving water, indicate where.				

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

### C. PRETREATMENT PLANT INFORMATION (Continued)

	NA	Yes	No
11. Did the CA submit results of whole effluent biological toxicity testing as part of its NPDES permit application(s)? [122.21(j)(1) and (2)]		<b>X</b>	
a. If yes, did the CA use EPA-approved methods? [122.21(j)(3)]		<b>X</b>	
b. Has there been a pattern of toxicity demonstrated?			<b>X</b>

12. Indicate methods of sludge disposal- *Ford Road WWTP*

Quantity of sludge		Quantity of sludge	
a. Land application	877.9	dry tons/year	e. Public distribution dry tons/year
b. Incineration		dry tons/year	f. Lagoon storage dry tons/year
c. Monofill		dry tons/year	g. Other (specify) dry tons/year
d. MSW landfill		dry tons/year	

### D. LEGAL AUTHORITY

1. a. Indicate where the authority to implement and enforce pretreatment standards and requirements is contained (cite legal authority).  
*Codified Ordinances of Xenia- Chapter 916*

b. Date enacted/adopted- *3/14/1997*      c. Date of most recent revisions- *October 2005*

2. Does the CA's legal authority enable it to do the following? [403.8(f)(1)(i-vii)]

	Yes	No
a. Deny or condition pollutant dischargers [403.8(f)(1)(i)]	<b>X</b>	
b. Require compliance with standards [403.8(f)(1)(ii)]	<b>X</b>	
c. Control discharges through permit or similar means [403.8(f)(1)(iii)]	<b>X</b>	
d. Require compliance schedules and IU reports [403.8(f)(1)(iv)]	<b>X</b>	
e. Carry out inspection and monitoring activities [403.8(f)(1)(v)]	<b>X</b>	
f. Obtain remedies for noncompliance [403.8(f)(1)(vi)]	<b>X</b>	
g. Comply with confidentiality requirements [403.8(f)(1)(vii)]	<b>X</b>	

3. a. How many contributing jurisdictions are there?      **0**

List the names of all contributing jurisdictions and the number of SIUs in those jurisdictions.

Jurisdiction Name	Number of CIUs	Number of Other SIUs

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

C. TREATMENT PLANT INFORMATION				
INSTRUCTIONS: Complete this section for each treatment plant operated under an NPDES permit issued to the CA.				
1. Treatment plant name <i>Glady Run WWTP</i>		2. Location address <i>2381 Lower Bellbrook Rd., Xenia, Oh 45385</i>		
3. a. NPDES permit number  <i>1PD00016*LD</i>	b. Expiration date  <i>07/01/2013</i>	4. Treatment plant wastewater flows		
		Design <span style="border: 1px solid black; padding: 2px 5px;"><i>4.0</i></span>	MGD Actual <span style="border: 1px solid black; padding: 2px 5px;"><i>1.78</i></span> MGD	
5. Sewer System	a. Separate- <i>100%</i>	b. Combined- <i>0%</i>	c. Number of CSOs- <i>0</i>	
6. a. Industrial contribution (MGD)	b. Number of STUs discharging to plant	c. Percent industrial flow to plant		
<i>0.0816</i>	<i>3</i>	<i>4.6%</i>		
7. Level of treatment	Type of Process(es)			
a. Primary	<i>X</i>	<i>Screening and Grit Removal</i>		
b. Secondary	<i>X</i>	<i>Advanced Secondary Treatment with Biological Phosphorus Removal</i>		
c. Tertiary	<i>X</i>	<i>UV Disinfection System</i>		
8. Indicate required monitoring frequencies for pollutants identified in NPDES permit.				
	Influent (Times/Year)	Effluent (Times/Year)	Sludge (Times/Year)	Receiving Stream (Times/Year)
a. Metals	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>
b. Organics	<i>1</i>	<i>1</i>	<i>1</i>	<i>0</i>
c. Toxicity testing	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
d. EP toxicity	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
e. TCLP	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
9. Effluent Discharge				
a. Receiving water name <i>Glady Run</i>	b. Receiving water classification- <i>Warm-water habitat; SRW</i>	c. Receiving water use- <i>Primary Contact; Agricultural &amp; Industrial Water Supply</i>		
d. If effluent is discharged to any location other than the receiving water, indicate where.				

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

### C. TREATMENT PLANT INFORMATION (Continued)

11. Did the CA submit results of whole effluent biological toxicity testing as part of its NPDES permit application(s)? [122.21(j)(1) and (2)]	Yes	No
a. If yes, did the CA use EPA-approved methods? [122.21(j)(3)]	<input checked="" type="checkbox"/>	
b. Has there been a pattern of toxicity demonstrated?		<input checked="" type="checkbox"/>

12. Indicate methods of sludge disposal- *Glady Road WWTP*

Quantity of sludge		Quantity of sludge	
a. Land application		dry tons/year	e. Public distribution
			dry tons/year
b. Incineration		dry tons/year	f. Lagoon storage
			dry tons/year
c. Monofill		dry tons/year	g. Other (specify)
			<b>365.27</b>
d. MSW landfill		dry tons/year	<i>Transferred to Ford Road WWTP</i>
			dry tons/year

### D. LEGAL AUTHORITY

1. a. Indicate where the authority to implement and enforce pretreatment standards and requirements is contained (cite legal authority).  
*Codified Ordinances of Xenia- Chapter 916*

b. Date enacted/adopted- *3/14/1997*      c. Date of most recent revisions- *October 2005*

2. Does the CA's legal authority enable it to do the following? [403.8(f)(1)(i-vii)]

	Yes	No
a. Deny or condition pollutant dischargers [403.8(f)(1)(i)]	<input checked="" type="checkbox"/>	
b. Require compliance with standards [403.8(f)(1)(ii)]	<input checked="" type="checkbox"/>	
c. Control discharges through permit or similar means [403.8(f)(1)(iii)]	<input checked="" type="checkbox"/>	
d. Require compliance schedules and IU reports [403.8(f)(1)(iv)]	<input checked="" type="checkbox"/>	
e. Carry out inspection and monitoring activities [403.8(f)(1)(v)]	<input checked="" type="checkbox"/>	
f. Obtain remedies for noncompliance [403.8(f)(1)(vi)]	<input checked="" type="checkbox"/>	
g. Comply with confidentiality requirements [403.8(f)(1)(vii)]	<input checked="" type="checkbox"/>	

3. a. How many contributing jurisdictions are there?      0

List the names of all contributing jurisdictions and the number of SIUs in those jurisdictions.

Jurisdiction Name	Number of CIUs	Number of Other SIUs

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

D. LEGAL AUTHORITY (Continued)		
3. b. Has the CA negotiated all legal agreements necessary to ensure that pretreatment standards will be enforced in contributing jurisdictions?	Yes	No
<p>If yes, describe the legal agreements (e.g., intergovernmental contract, agreement, IU contracts, etc.).</p> <p style="margin-top: 20px;"><i>NA</i></p>		
4. If relying on contributing jurisdictions, indicate which activities those jurisdictions perform.		
a. IWS update	<i>NA</i>	e. Notification of IUs
b. Permit issuance	<i>NA</i>	f. Receipt and review of IU reports
c. Inspection and sampling	<i>NA</i>	g. Analysis of samples
d. Enforcement	<i>NA</i>	h. Other (specify)
		<i>NA</i>
E. IU CHARACTERIZATION		
1. a. Does the CA have procedures to update its IWS to identify new IUs or changes in wastewater discharges at existing IUs? [403.8(t)(2)(i)]	Yes	No
	<i>X</i>	
b. Indicate which methods are to be used to update the IWS.		
• Review of newspaper/phone book	<i>X</i>	• Onsite inspections
• Review of water billing records	<i>X</i>	• Permit application requirements
• Review of plumbing/building permits	<i>X</i>	• Citizens involvement
		• Other (specify)
c. How often is the IWS to be updated?		
2. Is the CA's definition of "significant industrial user" consistent within the language in the Federal regulations? [403.3(t)(1)]		
	Yes	No
	<i>X</i>	
If no, provide the CA's definition of "significant industrial user."		

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

F. CONTROL MECHANISM			
1. a. Identify the CA's approved control mechanism (e.g., permit, etc.).	<b>Permits</b>		
b. What is the maximum term of the control mechanism?	<b>5 Years</b>		
2. Does the approved control mechanism include the following? [403.8(f)(1)(iii)]	Yes	No	
a. Statement of duration	X		
b. Statement of nontransferability	X		
c. Effluent limits	X		
d. Self-monitoring requirements			
• Identification of pollutants to be monitored	X		
• Sampling location	X		
• Sample type	X		
• Sampling frequency	X		
• Reporting requirements	X		
• Notification requirements	X		
• Record keeping requirements	X		
e. Statement of applicable civil and criminal penalties	X		
f. Applicable compliance schedule	X		
3. Does the CA have a control mechanism for regulating IU whose wastes are trucked to the treatment plant?	N/A	Yes	No
	X		
4. Does the program identify designated discharge point(s) for trucked or hauled wastes? [403.5(b)(8)]	X		
If yes, described the discharge point(s) (including security procedures).			
G. APPLICATION OF STANDARDS			
1. Does the CA have procedures to notify all IUs of applicable pretreatment standards and any applicable requirements under the CWA and RCRA? [403.8(f)(2)(iii)]	Yes	No	
	X		
2. If there is more than one treatment plant, were local limits established specifically for each plant?	N/A	Yes	No
		X	

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

G. APPLICATION OF STANDARDS (Continued)							
3. Has the CA technically evaluated the need for local limits for all pollutants listed below? [WENDB-EVLL] [403.5(c)(1); 403.8(f)(4)]							
Partial Technical Evaluation (not all 10 pollutants evaluated)?							
	Headworks Analysis Completed?		Technically Evaluated?		Local Limits Adopted?		Ford Rd Local Limit (Numeric) Mg/L
	Yes	No	Yes	No	Yes	No	
a. Arsenic (As)	X		X		X		0.12
b. Cadmium (Cd)	X		X		X		0.082
c. Chromium (Cr)	X		X		X		3.67
d. Copper (Cu)	X		X		X		1.0
e. Cyanide (CN)	X		X		X		0.11
f. Lead (Pb)	X		X		X		0.718
g. Mercury (Hg)	X		X		X		0.0005
h. Molybdenum (Mo)	X		X		X		0.437
i. Nickel (Ni)	X		X		X		1.92
j. Selenium (Se)	X		X		X		0.096
k. Silver (Ag)	X		X		X		0.2
l. Zinc (Zn)	X		X		X		2.72
m. Other (specify) P, CR <sup>6+</sup>	X		X		X		10, 0.195

H. COMPLIANCE MONITORING				
1. Indicate compliance monitoring and inspection frequency requirements.				
Program Aspect	Approved Program Requirement	NPDES Permit Requirement	State Requirement	Minimum Federal Requirement
<b>a. Inspections</b>				
• CIUs	2/year			1/year
• Other SIUs	2/year			1/year
<b>b. Sampling by POTW</b>				
• CIUs	2/year			1/year
• Other SIUs	2/year			1/year
<b>c. Self-monitoring</b>				
• CIUs	4/year			2/year
• Other SIUs	4/year			2/year
<b>d. Reporting by IU</b>				
• CIUs	4/year			2/year
• Other SIUs	4/year			2/year

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

### G. APPLICATION OF STANDARDS (Continued)

3. Has the CA technically evaluated the need for local limits for all pollutants listed below? [WENDB-EVLL]  
[403.5(c)(1); 403.8(f)(4)]

Partial Technical Evaluation (not all 10 pollutants evaluated)?

	Headworks Analysis Completed?		Technically Evaluated?		Local Limits Adopted?		Glady Run Local Limit (Numeric) Mg/L
	Yes	No	Yes	No	Yes	No	
	a. Arsenic (As)	X		X		X	
b. Cadmium (Cd)	X		X		X		0.082
c. Chromium (Cr)	X		X		X		3.67
d. Copper (Cu)	X		X		X		1.0
e. Cyanide (CN)	X		X		X		0.11
f. Lead (Pb)	X		X		X		0.718
g. Mercury (Hg)	X		X		X		0.0005
h. Molybdenum (Mo)	X		X		X		0.437
i. Nickel (Ni)	X		X		X		1.92
j. Selenium (Se)	X		X		X		0.096
k. Silver (Ag)	X		X		X		0.2
l. Zinc (Zn)	X		X		X		2.72
m. Other (specify) P, CR <sup>6+</sup>	X		X		X		10, 0.195

### H. COMPLIANCE MONITORING

1. Indicate compliance monitoring and inspection frequency requirements.

Program Aspect	Approved Program Requirement	NPDES Permit Requirement	State Requirement	Minimum Federal Requirement
<b>a. Inspections</b>				
• CIUs	2/year			1/year
• Other SIUs	2/year			1/year
<b>b. Sampling by POLW</b>				
• CIUs	2/year			1/year
• Other SIUs	2/year			1/year
<b>c. Self-monitoring</b>				
• CIUs	4/year			2/year
• Other SIUs	4/year			2/year
<b>d. Reporting by PU</b>				
• CIUs	4/year			2/year
• Other SIUs	4/year			2/year

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

I. ENFORCEMENT			
1. Does the CA's program define "significant noncompliance"?	<input checked="" type="checkbox"/>		
If yes, is the CA's definition of "significant noncompliance" consistent with EPA's? [403.8(f)(2)(vii)]	<input checked="" type="checkbox"/>		
If no, provide the CA's definition of "significant noncompliance."			
2. Does the CA have an approved, written ERP? [403.8(f)(5)]		<input checked="" type="checkbox"/>	
3. Indicate the compliance/enforcement options that are available to the POTW in the event of IU noncompliance. [403.8(f)(1)(vi)]			
a. Notice or letter of violation	<input checked="" type="checkbox"/>	f. Administrative Order	<input checked="" type="checkbox"/>
b. Compliance schedule	<input checked="" type="checkbox"/>	g. Revocation of permit	<input checked="" type="checkbox"/>
c. Injunctive relief	<input checked="" type="checkbox"/>	h. Fines (maximum amount)	<input checked="" type="checkbox"/>
d. Imprisonment	<input checked="" type="checkbox"/>	• Civil	<u>\$10,000</u> /day/violation
e. Termination of service	<input checked="" type="checkbox"/>	• Criminal	<u>\$1,000</u> /day/violation
		• Administrative	<u>\$1,000</u> /day/violation
J. DATA MANAGEMENT/PUBLIC PARTICIPATION			
1. Does the approved program describe how the POTW will manage its files and data?		<input checked="" type="checkbox"/>	
Are files/records	<input type="checkbox"/>	computerized?	<input checked="" type="checkbox"/>
		hard copy?	<input checked="" type="checkbox"/>
		both?	
2. Are program records available to the public?		<input checked="" type="checkbox"/>	
3. Does the POTW have provisions to address claims of confidentiality? [403.8(f)(2)(vii)]		<input checked="" type="checkbox"/>	

## ATTACHMENT B: PRETREATMENT PROGRAM PROFILE

### K. RESOURCES

1. What are the resource allocations for the following pretreatment program components:

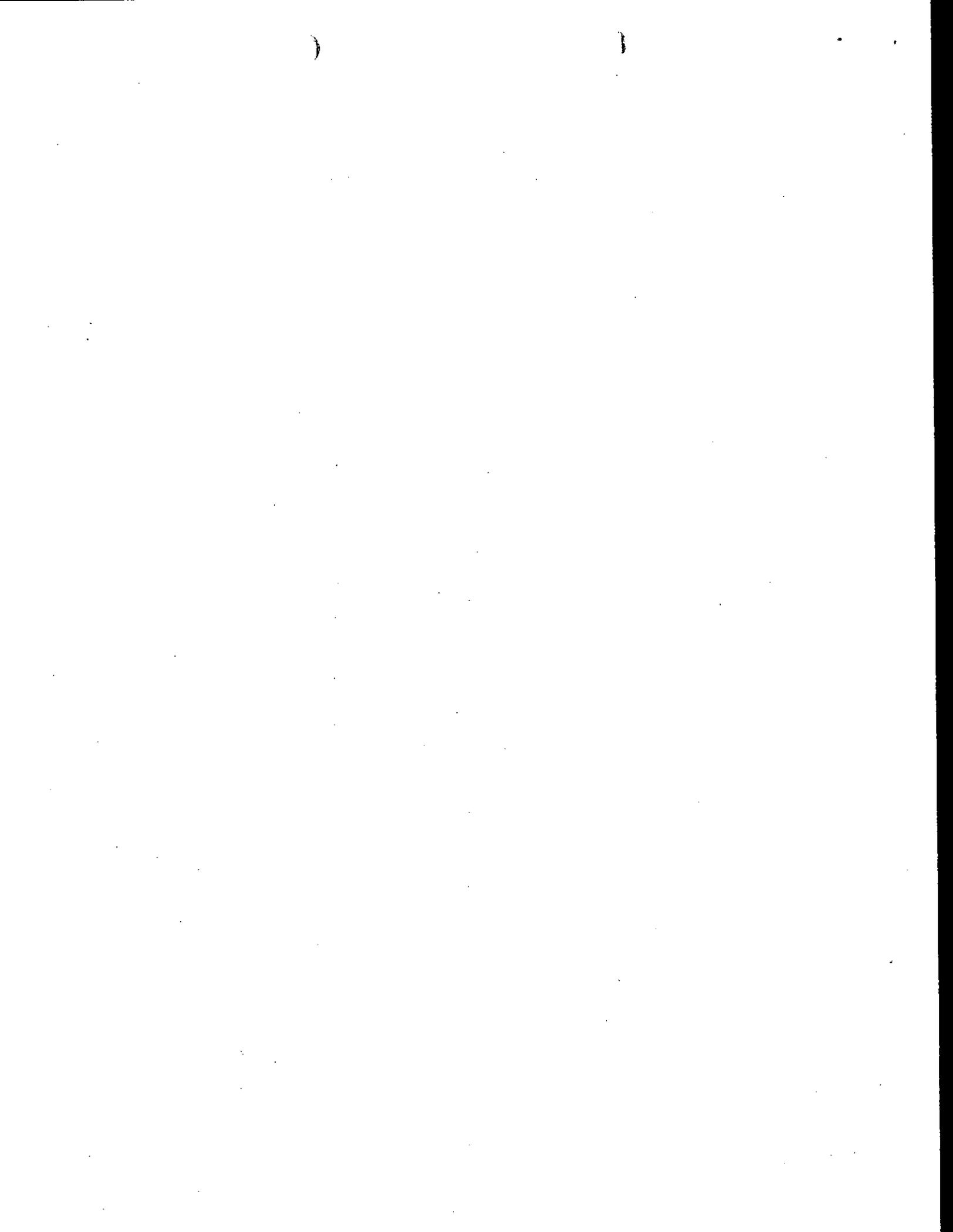
	FTEs
a. Legal assistance	0.01
b. Permitting	0.05
c. Inspections	0.2
d. Sample collection	0.25
e. Sample analysis	0.15
f. Data analysis, review, and response	0.15
g. Enforcement	0.05
h. Administration?	0.14
<b>TOTAL</b>	<b>1.00</b>

2. Identify the sources of funding for the pretreatment program. [403.8(f)(3)]

a. POTW general operating fund	<input checked="" type="checkbox"/>	d. Monitoring charges	<input type="checkbox"/>
b. IU permit fees	<input type="checkbox"/>	e. Other (specify)	<input type="checkbox"/>
c. Industry surcharges	<input type="checkbox"/>		

### L. ADDITIONAL INFORMATION

ATTACHMENT B COMPLETED BY:	<i>Jason Tincu</i>	DATE:	<i>02/23/2010</i>
TITLE:	<i>Utilities Manager</i>	TELEPHONE:	<i>937.376.7271</i>



FILE REVIEW WORKSHEET

IV. FILE REVIEW WORKSHEET

IU name Bob Evans

INSTRUCTIONS: For each pollutant required to be regulated record the local limit and categorical standard (if applicable) that the CA should be applying and enforcing. Then record that actual discharge limits applied through the control mechanism (permit). Also record the sample type and frequency required by the control mechanism.

Permit issuance date 5/1/07

Permit expiration date 4/30/12

Parameter	Local Limit	Categorical Standards		Permit Discharge Limits		Required Sample Type	Required Sample Frequency
		Daily Average	Long-Term Average	Daily Average	Long-Term Average		
AS	0.12	NA	NA	0.12	NA	NR	NR
cd	0.082			0.082			
cr	3.67			3.67			
cu	1.0			1.0			
cnct	0.11			0.11			
Pb	0.718			0.718			
Hg	0.0005			0.0005			
Mn	0.437			0.437			
Ni	1.92			1.92			
Se	0.096			0.096			
Ag	0.2			0.2			
Zn	2.72			2.72			

Comments P 10.0 10 C Quarterly  
 Crlet 0.195 ✓ ✓ 0.195 NR NR  
 09 G 100 ✓ ✗ 100 G Quarterly

PH 6.0 - 10.0 SU Regd to sampler 130 D<sub>5</sub>, TSS, NH<sub>4</sub>N

PERMIT LIMITS WORKSHEET COMPLETED BY: <u>Mari Peteranski</u> TITLE: <u>Environmental Specialist 2</u>	DATE: <u>3/5/10</u> TELEPHONE: <u>937.285.6108</u>
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FILE REVIEW WORKSHEET (Continued)

V. IU SELF-MONITORING WORKSHEET

IU name Bob Evans Farms Inc.

INSTRUCTIONS: Review IU self-monitoring reports and data and record the information in the appropriate columns below.

IU Self-Monitoring

Date Sample Collected	Date Report Received	Date Report Due	Days Late	Pollutants Monitored	Sample Type	Pollutants Missing
2/1/09, 2/2/09, 2/3/09, 2/4/09, 2/5/09, 2/6/09, 2/7/09, 2/8/09, 2/9/09, 2/10/09, 2/11/09, 2/12/09, 2/13/09, 2/14/09, 2/15/09, 2/16/09, 2/17/09, 2/18/09, 2/19/09, 2/20/09, 2/21/09, 2/22/09, 2/23/09, 2/24/09, 2/25/09, 2/26/09, 2/27/09, 2/28/09, 2/29/09, 2/30/09	4/14/09	4/15/09	7	FLOW, BOD, NH <sub>4</sub> -N, TSS, PH, ORG. P	Y	—
5/14/09, 4/1/09, 6/4/09	7/10/09	7/15/09	—	FLOW, BOD, NH <sub>4</sub> -N, TSS, PH, ORG. P	Y	—
9/2/09, 8/6/09, 7/1/09	?	10/15/09	?	FLOW, BOD, NH <sub>4</sub> -N, TSS, PH, ORG. P	Y	—
10/1/09, 11/3/09, 12/3/09	?	1/15/10	?	FLOW, BOD, NH <sub>4</sub> -N, TSS, PH, ORG. P	Y	—

Do reports indicate 40 CFR Part 136 analytical methods were used?

Yes	No
X	

Were self-monitoring reports signed/certified?

X	
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List any reports not signed/certified.

If subject to TTO certification, were they submitted as required?

NA

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IU SELF-MONITORING WORKSHEET COMPLETED BY: <u>Mani Piekrowski</u> TITLE: <u>Environmental Specialist</u>	DATE: <u>3/5/10</u> TELEPHONE: <u>937.265.6108</u>
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FILE REVIEW WORKSHEET (Continued)

VIII. ENFORCEMENT ACTIONS AGAINST IU WORKSHEET

IU name Bob Evans Farms, Inc.

INSTRUCTIONS: Record violations, (e.g. 3/15/91, zinc), the enforcement actions taken by the CA (e.g. telephone, 4/1/91) and the response of the IU (e.g. re-sampled, 4/15/91 - returned to compliance).

Date of Violation	Nature of Violation	Action Taken	Action Date	IU Response	Response Date
3/5/09	Pd failure	NOV	4/15/09	Letter	4/21/09
1/23/09	10 min 24 hrs				
12/14/09	Oil exceed	Letter of Attn	1/15/10	NR	—

Spills, slugs, and accidental discharges NO Date of spill/slug NA Time CA notified NA

Description of spill/slug  
NA

CA response  
NA

ENFORCEMENT ACTIONS AGAINST IU WORKSHEET COMPLETED BY: Man Pawlowski DATE: 3/5/10  
TITLE: Environmental Specialist TELEPHONE: 937 285 6148

FILE REVIEW WORKSHEET (Continued)

IX. CIUs WORKSHEET

IU name Bob Evans Farms, Inc

INSTRUCTIONS: Record information from IU file, note any apparent misapplication of the applicable categorical pretreatment standards.

1. IU category (s)  
Not categorical

2. List all applicable subcategories.  
NA

	Yes	No
3. a. Does the sampling location contain nonregulated or dilution wastestreams?		
• CA		
• IU		
b. If yes, is the CWF applied?		
c. If yes, is FWA applied?		

NA

4. Is the facility subject to production-based standards?		
a. If yes, provide the following information.		
• Average production		
• Average process flow		

NA

5. Provide the following information on TTO monitoring and reporting (if applicable).	
a. Date initial scan performed	
b. Date organic management plan submitted	
c. Date(s) certifications submitted (in the past 12 months)	
d. Date(s) monitoring performed (in the past 12 months)	

NA

CIUs WORKSHEET COMPLETED BY: <u>Man Piekutowski</u> TITLE: <u>Environmental Specialist</u>	DATE: <u>3/5/10</u> TELEPHONE: <u>937.265.6100</u>
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FILE REVIEW WORKSHEET

IV. FILE REVIEW WORKSHEET							
IU name <u>Custom Manufacturing Solutions, Inc.</u>							
INSTRUCTIONS: For each pollutant required to be regulated record the local limit and categorical standard (if applicable) that the CA should be applying and enforcing. Then record that actual discharge limits applied through the control mechanism (permit). Also record the sample type and frequency required by the control mechanism.							
Permit issuance date <u>5/1/07</u>				Permit expiration date <u>4/30/12</u>			
Parameter	Local Limit	Categorical Standards		Permit Discharge Limits		Required Sample Type	Required Sample Frequency
		Daily Average	Long-Term Average	Daily Average	Long-Term Average		
Cd	0.082	0.11	0.07	0.082	0.07	Composite (C)	Quarterly
Cr	3.67	2.77	1.71	2.77	1.71	C	Quarterly
Cu	1.0	3.3%	2.07	1.0	2.07	C	
Pb	0.718	0.69	0.43	0.69	0.43	C	
Ni	1.92	3.98	2.38	1.92	2.38	C	
Ag	0.2	0.43	0.24	0.2	0.24	C	
Zn	2.72	2.61	1.48	2.61	1.48	C	
CN(T)	0.11	1.20	0.65	0.11	0.65	Grain (G)	
TDS	—	2.13	—	2.13	—	C, G	
As	0.12	—	—	0.12	—	C	
Se	0.096	—	—	0.096	—	C	
Hg	0.0005	—	—	0.0005	—	C	
Comps	0.437	—	—	0.437	—	C	Quarterly
P	10	—	—	10	—	C	
Cr6+	0.195	—	—	0.195	—	G	
Alk	100	—	—	100	—	G	
pH	6.0-10.0	5.0	—	6-10	—	G	

PERMIT LIMITS WORKSHEET COMPLETED BY: <u>Man Piekulowski</u> TITLE: <u>Environmental Specialist</u>	DATE: <u>3/5/10</u> TELEPHONE: <u>937.285.6100</u>
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FILE REVIEW WORKSHEET (Continued)

V. IU SELF-MONITORING WORKSHEET

IU name CMS

INSTRUCTIONS: Review IU self-monitoring reports and data and record the information in the appropriate columns below.

IU Self-Monitoring

Date Sample Collected	Date Report Received	Date Report Due	Days Late	Pollutants Monitored	Sample Type	Pollutants Missing
1/12, 2/1, 3/9/09	4/15/09	4/15/09	—	CO, SO <sub>2</sub> , CO <sub>2</sub> , O <sub>3</sub> , Pb, Cu, Pd, Ni, H <sub>2</sub> S, H <sub>2</sub> SO <sub>4</sub> , H <sub>2</sub> PO <sub>4</sub> , Se, TTD, pH, CH <sub>2</sub> , FLOW	✓	—
4/13, 5/11, 6/8/09	7/13/09	7/15/09	—	"	Y	—
7/13, 8/10, 9/1/09	?	10/15/09	—	"	Y	—
10/12, 11/9, 12/14/09	?	1/15/10	—	"	Y	—

	Yes	No
Do reports indicate 40 CFR Part 136 analytical methods were used?	X	
Were self-monitoring reports signed/certified?	X	
List any reports not signed/certified.		
If subject to TTO certification, were they submitted as required?	X	

IU SELF-MONITORING WORKSHEET COMPLETED BY: <u>Man Piekutowski</u> TITLE: <u>Environmental Specialist</u>	DATE: <u>3/5/10</u> TELEPHONE: <u>937-285-6108</u>
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FILE REVIEW WORKSHEET (Continued)

VIII. ENFORCEMENT ACTIONS AGAINST IU WORKSHEET

IU name

CMS

INSTRUCTIONS: Record violations, (e.g. 3/15/91, zinc), the enforcement actions taken by the CA (e.g. telephone, 4/1/91) and the response of the IU (e.g. re-sampled, 4/15/91 - returned to compliance).

Date of Violation	Nature of Violation	Action Taken	Action Date	IU Response	Response Date
		No violations			

Spills, slugs, and accidental discharges No Date of spill/slug NA Time CA notified NA

Description of spill/slug

NA

CA response

NA

ENFORCEMENT ACTIONS AGAINST IU WORKSHEET COMPLETED BY:

Mar. Piekutowski

DATE: 3/5/10

TITLE: Environmental Specialist

TELEPHONE: 937 285 6100

FILE REVIEW WORKSHEET (Continued)

<b>IX. CIUs WORKSHEET</b>											
IU name <u>CMS</u>											
<i>INSTRUCTIONS: Record information from IU file, note any apparent misapplication of the applicable categorical pretreatment standards.</i>											
1. IU category (s) <p style="text-align: center; font-size: 1.5em;">433</p>											
2. List all applicable subcategories. <p style="text-align: center; font-size: 1.5em;">New Source</p>											
3. a. Does the sampling location contain nonregulated or dilution wastestreams?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Yes	No										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<ul style="list-style-type: none"> <li>• CA</li> <li>• IU</li> </ul> b. If yes, is the CWF applied? c. If yes, is FWA applied?											
4. Is the facility subject to production-based standards?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		<input checked="" type="checkbox"/>								
	<input checked="" type="checkbox"/>										
a. If yes, provide the following information. <ul style="list-style-type: none"> <li>• Average production</li> <li>• Average process flow</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; font-size: 1.5em;">NA</td> <td style="width: 50%;"></td> </tr> </table>	NA									
NA											
5. Provide the following information on TTO monitoring and reporting (if applicable).											
a. Date initial scan performed	—										
b. Date organic management plan submitted	—										
c. Date(s) certifications submitted (in the past 12 months)	—										
d. Date(s) monitoring performed (in the past 12 months)	2 yr										

CIUs WORKSHEET COMPLETED BY: <u>Mari Pickett</u> TITLE: <u>Environmental Specialist</u>	DATE: <u>3/5/10</u> TELEPHONE: <u>937-286168</u>
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FILE REVIEW WORKSHEET

IV. FILE REVIEW WORKSHEET

IU name Twist Inc

INSTRUCTIONS: For each pollutant required to be regulated record the local limit and categorical standard (if applicable) that the CA should be applying and enforcing. Then record that actual discharge limits applied through the control mechanism (permit). Also record the sample type and frequency required by the control mechanism.

Permit issuance date 5/1/07

Permit expiration date 4/30/12

Parameter	Local Limit	Categorical Standards		Permit Discharge Limits		Required Sample Type	Required Sample Frequency	
		Daily Average	Long-Term Average	Daily Average	Long-Term Average			
Ca	0.0902	0.11	0.07	0.062	0.07	Composite (C)	Quarterly	
Cr	3.67	2.77	1.71	2.77	1.71	C	↓	
Cu	1.0	3.38	2.07	1.0	2.07	C		
Pb	0.714	0.69	0.43	0.69	0.43	C		
Ni	1.92	3.98	2.38	1.92	2.38	C		
Ag	0.2	0.43	0.24	0.2	0.24	C		
Mn	2.72	2.61	1.48	2.61	1.48	C		
Cu (G)	0.11	1.20	0.65	0.11	0.65	Grab (G)		Cert
TTOs	-	2.13	-	2.13	-	G, C		Quarterly
As	0.12	-	-	0.12	-	C		
Se	0.096	-	-	0.096	-	C		
Hg	0.0005	-	-	0.0005	-	C		
Comments Mo	0.437	-	-	0.437	-	C		
P	10	-	-	10	-	C		
Cr let	0.195	-	-	0.195	-	G		
O&G	100	-	-	100	-	G		
PH	6.0 - 10.0	SM	6-10			G		

PERMIT LIMITS WORKSHEET COMPLETED BY: <u>Man Piekawski</u> TITLE: <u>Environmental Specialist</u>	DATE: <u>3/5/10</u> TELEPHONE: <u>937-285-6108</u>
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FILE REVIEW WORKSHEET (Continued)

V. IU SELF-MONITORING WORKSHEET

IU name *Twist Inc.*

INSTRUCTIONS: Review IU self-monitoring reports and data and record the information in the appropriate columns below.

IU Self-Monitoring

Date Sample Collected	Date Report Received	Date Report Due	Days Late	Pollutants Monitored	Sample Type	Pollutants Missing
1/7/09	2/22/09	4/15/09	—	<i>Flow, pH, Cr, Cr6, Cr3, Pb, Hg, Mo, Ni, P, Se, Arsenic, Toluene</i>	Y	—
4/7/09	5/1/09	7/15/09	—	"	Y	—
7/7/09	7/30/09	10/15/09	—	"	Y	—
10/1/09	10/22/09	1/15/10	—	"	Y	—

	Yes	No
Do reports indicate 40 CFR Part 136 analytical methods were used?	X	
Were self-monitoring reports signed/certified?	X	
List any reports not signed/certified.		
If subject to TTO certification, were they submitted as required?	X	

IU SELF-MONITORING WORKSHEET  
 COMPLETED BY: *Mani Pietawinski*  
 TITLE: *Environmental Specialist*  
 DATE: *3/5/10*  
 TELEPHONE: *937-2056100*







FILE REVIEW WORKSHEET (Continued)

IX. CIUs WORKSHEET

IU name Twist, Inc.

INSTRUCTIONS: Record information from IU file, note any apparent misapplication of the applicable categorical pretreatment standards.

1. IU category (s) 433

2. List all applicable subcategories.  
New Source

	Yes	No
3. a. Does the sampling location contain nonregulated or dilution wastestreams?		X
• CA		X
• IU		X
b. If yes, is the CWF applied?		X
c. If yes, is FWA applied?		X

4. Is the facility subject to production-based standards?		X
a. If yes, provide the following information.		
• Average production	NA	
• Average process flow		

5. Provide the following information on TTO monitoring and reporting (if applicable).	
a. Date initial scan performed	?
b. Date organic management plan submitted	?
c. Date(s) certifications submitted (in the past 12 months)	Quarterly
d. Date(s) monitoring performed (in the past 12 months)	—

CIUs WORKSHEET COMPLETED BY: <u>Mar. Pietrowski</u> TITLE: <u>Environmental Specialist</u>	DATE: <u>3/5/0</u> TELEPHONE: <u>937-286 6108</u>
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