



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

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www.epa.state.oh.us

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

August 14, 2009

**Re:** Muskingum County  
Burnham Foundry, LLC  
2009 CEI  
Correspondence (IWW)

Mr. Jeremiah Clegg, Plant Manager  
Burnham Foundry, LLC  
2345 Licking Road  
P.O. Box 3148  
Zanesville, Ohio 43702

Dear Mr. Clegg:

On May 20, 2009, I conducted a compliance evaluation inspection at your facility. The purpose of the inspection was to determine Burnham's compliance status with its NPDES permit. I was accompanied by Mr. Jim Dingey, Burnham, Environmental Engineer. The following are comments from the inspection:

- Violations
- Plant Stormwater Improvements

**Violations:**

We discussed the permit violations for the facility. The pH minimum and number of excursions violations from the past year did not appear to be actual violations. Your new NPDES permit has new reporting codes that will address this issue and should allow you to better account for pH. The new permit has been issued and has an effective date of July 1, 2009.

**Plant Storm Water Improvements:**

Burnham has made an effort to minimize storm water pollution with the addition of concrete in areas around the plant perimeter and with regular catch basin cleanings. Also, the scrap yard area has been cleaned up and refurbished and there have been plans to install concrete at the rear of the facility. The concrete is warranted since this has been a problem area in the past.

Enclosed is a copy of the inspection report. If you have any questions or comments, please feel free to call at (740) 380-5227.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Foster", with a long horizontal flourish extending to the right.

Scott Foster  
Environmental Specialist 2  
Division of Surface Water

SF/dh

Enclosure

c: Jim Dingey, Burnham

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
01S00000*ID	OH0004901	May 20, 2009	C	S	2

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Burnham Foundry LLC 2345 Licking Road, P.O. Box 3148 Zanesville, Ohio 43702	8:49 a.m.	July 1, 2004
	Exit Time	Permit Expiration Date
	9:59 a.m.	March 31, 2009

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Jeremiah Clegg, Plant Manager Jim Dingey, Environmental Engineer	(740) 452-9371 Ext. 274 (740) 452-9371 Ext. 234
Name, Address and Title of Responsible Official	Phone Number
Jeremiah Clegg, Plant Manager Burnham Foundry, LLC 2345 Licking Road, P.O. Box 3148 Zanesville, Ohio 43702	(740) 452-9371 Ext. 274

**C. AREAS EVALUATED DURING INSPECTION**

<u>  S  </u> Permit	<u>  S  </u> Flow Measurement	<u>  N/A  </u> Pretreatment
<u>  S  </u> Records/Reports	<u>  S  </u> Laboratory	<u>  S  </u> Compliance Schedules
<u>  S  </u> Operations & Maintenance	<u>  S  </u> Effluent/Receiving Waters	<u>  S  </u> Self-Monitoring Program
<u>  S  </u> Facility Site Review	<u>  S  </u> Sludge Storage/Disposal	<u>  N/A  </u> Other
<u>  N/A  </u> Collection System		

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

**D. SUMMARY OF FINDINGS/COMMENTS** (attach additional sheets if necessary)

See attached letter.

  
\_\_\_\_\_  
Scott Foster, Inspector, Ohio EPA, Southeast District Office

8/17/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Timothy M. Campbell, Reviewer, Ohio EPA, Southeast District Office

8/17/09  
\_\_\_\_\_  
Date

**E. PERMIT VERIFICATION**

Inspection Observations Verify the Permit	Yes	No	N/A	N/E
a. Correct name and mailing address of permittee	X			
b. Correct name and location of receiving waters	X			
c. Product(s) and production rates conform with permit application (industries)	X			
d. Flows and loadings conform with NPDES permit	X			
e. Treatment processes are as described in permit application/briefing memo	X			
f. New treatment process(es) added since last inspection		X		
g. Notification given to state of new, different, or increased discharges				X
h. All discharges are permitted	X			
i. Number and location of discharge points are as described in permit	X			

**F. COMPLIANCE SCHEDULES/VIOLATIONS**

	Yes	No	N/A	N/E
a. Any significant violations since the last inspection		X		
b. Permittee is taking actions to resolve violations		X		
c. Permittee has compliance schedule		X		
d. Compliance schedule contained in: _____			X	
e. Permittee is meeting compliance schedule			X	

**G. OPERATION AND MAINTENANCE**

Treatment Facility Properly Operated and Maintained	Yes	No	N/A	N/E
a. Standby power available: Generator _____ Dual Feed _____		X		
b. Adequate alarm system available for power or equipment failures	X			
c. All treatment units in service other than backup units	X			
d. Sufficient operating staff provided: # of shifts <u>3</u> Days/Week <u>5</u>	X			
e. Operator holds unexpired license of class required by permit Class: <u>1(3)</u>	X			
f. Routine and preventive maintenance schedule/performed on time	X			
g. Any major equipment breakdown since last inspection		X		
h. Operation and maintenance manual provided and maintained	X			
i. Any plant bypasses since last inspection		X		
j. Regulatory agency notified of bypasses: _____ on MORS _____ 800 Number			X	
k. Any hydraulic and/or organic overloads experienced since last inspection		X		

**H. SLUDGE MANAGEMENT**

	Yes	No	N/A	N/E
b. Sludge Management Plan current			X	
c. Sludge adequately disposed (Method: <u>Suburban Landfill</u> )	X			
d. If sludge is incinerated, where is ash disposed of? _____		X		
e. Is sludge disposal contracted (Name: _____)		X		
f. Has amount of sludge generated changed significantly since last inspection		X		
g. Adequate sludge storage provided at plant			X	
h. Land application sites monitored and inspected per SMP			X	
i. Records kept in accordance with state and federal law	X			
j. Any complaints received in last year regarding sludge		X		
k. Is sludge adequately processed (digestion, dewatering, pathogen control)	X			

**Comments:** 2 Plate frame presses, Industrial

**I. SELF-MONITORING PROGRAM**

<b>Part 1 - Flow Measurement</b>	Yes	No	N/A	N/E
a. Primary flow measuring device properly operated & maintained. Type of device: <u>003</u> ultrasonic & parshall flume _____ calculated from influent _____ weir <u>005</u> Other: Ultrasonic _____ ultrasonic & weir _____ Specify:	X			
b. Calibration frequency adequate (date of last calibration: <u>July 09</u> )	X			
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained	X			
d. Flow measurement equipment adequate to handle expected ranges of flows	X			
e. Actual flow discharged is measured	X			
f. Flow measuring equipment inspection frequency: <u>X</u> Daily _____ Weekly _____ Monthly _____ Other				

**Comments:** Switching flow meter on 005 to Ultrasonic in July 09'.

<b>Part 2 - Sampling</b>	Yes	No	N/A	N/E
a. Sampling location(s) are as specified by permit	X			
b. Parameters and sampling frequency agree with permit	X			
c. Permittee uses required sampling method	X			
d. Sample collection procedures are adequate	X			
i. Samples refrigerated during compositing	X			
ii. Proper preservation techniques used	X			
Conform with 40 CFR 136.3	X			
e. Monitoring records (e.g., flow, pH, D.O., etc.) maintained for a minimum of three years including all original strip chart recordings (e.g., continuous monitoring instrumentation, calibration, and maintenance records)	X			
f. Adequate records maintained of sampling date, time, exact location, etc.	X			

Part 3, Laboratory - General		Yes	No	N/A	N/E
a.	EPA approved analytical testing procedures used (40 CFR 136.3)	X			
b.	If alternate analytical procedures are used, proper approval has been obtained	X			
c.	Analyses being performed more frequently than required by permit		X		
d.	If (c) is yes, are results reported in permittee's self-monitoring report			X	
e.	Commercial laboratory used	X			
	1. Parameters analyzed by commercial lab: <u>Permit parameters</u>				
	2. Lab name: <u>Coshocton Environmental</u>				

Part 3, Laboratory - Quality Control/Quality Assurance		Yes	No	N/A	N/E
f.	Quality assurance manual provided and maintained				X
g.	Satisfactory calibration and maintenance of instruments and equipment				X
h.	Adequate records maintained				X
i.	Results of latest U.S. EPA quality assurance performance sampling program:				
	Date: <u>August 29, 2009</u>	<u>X</u>	Satisfactory		
			Marginal		
			Unsatisfactory		

#### J. EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001						Clear	
002						Clear	
003						Clear	
004						Clear	
005						Clear	
008						Clear	
010						Clear	

#### K. MULTIMEDIA OBSERVATIONS

		Yes	No	N/A	N/E
a.	Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories		X		
b.	Do you notice staining or discoloration of soils, pavement, or floors		X		
c.	Do you notice distressed (unhealthy, discolored, dead) vegetation		X		
d.	Do you see unidentified dark smoke or dustclouds coming from sources		X		
e.	Do you notice any unusual odors or strong chemical smells		X		
f.	Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities		X		

If any of the above are observed, ask the following questions:

1. What is the cause of the conditions?
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?