



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

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

Re: Ashland County
MCI Services Parts Inc.
Pretreatment Industrial User

December 21, 2007

Carl Roth
Plant Manager
MCI Service Parts Inc.
520 N. Spring Street
Loudonville, OH 44842

Dear Mr. Roth,

On December 13, 2007, an Industrial User inspection was conducted at MCI Services Parts Inc., Loudonville, Ashland County. You were present to provide information on operations and maintenance at the facility. The inspection included a tour of the plant and completion of the enclosed inspection checklist.

The main source of wastewater generated at the facility is from the paint line. This unit is currently in operation approximately three days per week. All water used in this area is collected and recycled until it is no longer useable. It is then stored and the pH is tested before discharging to the Village of Loudonville sanitary sewer. The unit was not operating at the time of the inspection.

No major concerns were noted and no corrective actions are recommended at this time.

A copy of our completed inspection report is included for your records. If you have any questions, please call me at (419) 373-3070.

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water

/lb

Enclosure

pc: Keith Edgington, Superintendent, Village of Loudonville WWTP.
Julia Zhang, DSW CO

~~NWDO-DSW File~~

IU SITE VISIT DATA SHEET

I. IU SITE VISIT REPORT FORM	
INSTRUCTIONS: Record observations made during the IU site visit. Provide as much detail as possible.	
Name and address of industry: MCI Services Parts 520 N. Spring Street, Loudonville, OH 44842	
Date of visit: 12/13/2007	Time of visit: 1:00 P.M.
Name(s) of inspector(s) Walter Ariss	
Provide Name(s) and titles(s) of industry representative(s):	
Name	Title
Carl Roth	Plant Manager
Classification assigned by CA:	
Did the CA inspector review/obtain the following as part of the industrial inspection?	
<ol style="list-style-type: none"> 1. Description of the products manufactured or the services provided by the IU. 2. Verification of the IU's classification or discussion of any changes. 3. Description of any significant changes in processes or flow. 4. Identification of the raw materials and processes used. (Including a discussion of where wastewater is produced and discharged and attach a step-by-step diagram if possible.) 5. Description of the sample location and any differences in Ca and IU locations. 6. Description of the treatment system which is in place. 7. Identification of the chemicals that are maintained onsite and how they are stored. (Attach list of chemicals, if available.) Discussion regarding the adequacy of spill prevention. 8. Discussion regarding whether hazardous wastes are stored or discharge and any related problems. 	
Notes:	

IU SITE VISIT REPORT FORM COMPLETED BY: Walter Ariss TITLE: ES2	DATE: 12/13/2007 TELEPHONE 419-373-3070
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INDUSTRIAL USER INSPECTION CHECKLIST

Facility: MCI Services Parts

Date of inspection: 12-13-2007

OH Number: OH

IDP Number: 2DP00059

Facility Representative: Carl Roth

Inspector(s): Walter Ariss

COMPLIANCE

1. Date of last pretreatment inspection: 10/19/2005

2. Has the facility been in compliance with its permit limits since the last inspection?
If no, explain:

Y N

3. Is the facility in compliance with all other requirements?

Sampling procedures

Reporting (late reporting, failure to report, etc)

Compliance schedules

Submitted BMR and 90 day compliance reports

Any other requirements

Y N NA
 Y N NA
 Y N NA
 Y N NA
 Y N NA

If any of the above five answers is no, explain:

4. Was the facility required to perform any actions as a result of the last inspection?
Explain any unresolved actions:

Y N

FACILITY OPERATIONAL CHARACTERISTICS

5. Number of Employees: 67

6. Shifts/Day: 1

7. Production Days/Year: 245

8. Hours/shift: 8

9. Any production changes since the last inspection?
If yes, explain:

Y N

10. General facility description and operations:

Manufacture of spare parts, distribution and service for bus industry.

FACILITY OPERATIONAL CHARACTERISTICS CONTINUED

11. Any change in materials used in production since the last inspection? (Y) / N
If yes, explain:
 Decrease in production
12. Any expansion or production increase expected within the next year? Y / (N)
If yes, explain:

WASTEWATER TREATMENT

13. Provide a schematic diagram and description of the wastewater treatment system:

2 holding tanks for rinse water before discharging.

14. Was a PTI issued for the treatment system? Y / (N)
15. Were there any modifications to the treatment system since the previous inspection? Y / (N)
If yes, was a PTI obtained? Y / N
PTI Number: _____ Date: _____
16. What is the treatment mode of operation? (Batch) / Continuous / Combination
If batch, list the frequency and duration: 3 days a week
17. Who is responsible for operating the treatment system?
 Painter and Supervisor
18. How often is the treatment system checked?
 When Discharging

WASTEWATER TREATMENT CONTINUED

19. Is there an alarm system for the system? Explain: Y/N

20. Is there an operations and maintenance manual? Y/N

21. Is an inventory of critical spare parts maintained? Y/N
If yes, list: Spare pumps

22. Are there any bypasses in the system? Y/N
If yes, describe the location:

Have bypasses occurred since the last inspection? Y/N

Was the POTW notified? Y/N

23. Are residuals or sludges generated? Y/N

Method of disposal: Goes to recycle facility.

Frequency and amount of disposal: Every 90 days

Name of hauler/landfill/disposal facility:
Enviroserve, Cleveland Ohio

Is any sludge generated subject to RCRA regulations? Handled as RCRA material Y/N

If land applying sludge, is there a sludge management plan? N/A Y/N

PROCESS AND WASTEWATER INFORMATION

24. List all processes generating wastewater, current wastewater flows, and where applicable, production rates as well as values on which the permit limits are based:

REGULATED PROCESS	SAMPLE LOCATION	WASTEWATER FLOW (GPD)		PRODUCTION DATA (SPECIFY UNITS)	
		Permit	Current	Permit	Current
1. Paint Booth and rinse area	Containment Box		1440		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Regulated Process Flow					
Noncontact Cooling					
Blowdown					
Reverse Osmosis Condensate					
Demineralizer Regeneration					
Filter Backwash					
Compressor Condensate					
Storm water					
Other Dilute Flows (Bus washing)					
Unregulated Flows(provide list)			~400		
Sanitary			1,660		
TOTAL FLOW			3500		

25. For the above flows not discharged to the POTW, list point of discharge and permit (if any).

SELF MONITORING

26. Sample location(s) described in the facility's permit:
Containment Box at storage tank overflow

27. Is the facility sampling at the location(s) described in the permit?
If no, describe the actual location:

Y N

28. Is the location(s) where the facility is sampling representative?
If no, indicate a representative location:
They are the only flow into these manholes.

Y N

29. Is the flow measured or estimated?

Measured / Estimated

If measured, how often is the meter calibrated?

If estimated, describe method of estimation:
Based on number of hours equipment is used.

30. Is pH monitored continuously?
If yes, how often is the meter calibrated?

Y N

31. Does the facility collect its own samples?
If no, specify the sample collector:

Y N

32. Are appropriate sampling procedures followed?
Monitoring frequencies
Sample collection (grab for pH, O&G, CN, phenols, VOCs)
Flow proportioned samples
Proper preservation techniques
Sample holding times
Chain-of-custody forms

Y N
 Y N
 Y N
 Y N
 Y N

New sampling procedure is being written.

Accidentally left on form from previous inspection. Please disregard. Walker dr. 12/27/07

33. Are samples analyzed in accordance with 40 CFR 136?

Y N

34. Laboratory conducting analyses:

Precision Analytical, 4450 Johnson Parkway, Unit B, Cleveland 44218

TOXICS MANAGEMENT

35. Are any listed toxic organics used in the facility? Y N
If yes, identify organics:
36. Does the facility have a current toxic organic management plan(TOMP)? Y N
If yes, is it being implemented? Have a full chemical list per ISO 14001 Y / N
37. Has the facility had any uncontrolled releases or spills to the POTW since the previous inspection? If yes, please explain: Y N
38. Does the facility need a spill prevention plan or slug discharge control plan? Y N
If yes, does the facility have a written plan? Have a full emergency response plan. Y / N
39. Identify any potential slug load or spill areas:
None

REQUIRED FOLLOW-UP ACTIONS

None