



**Environmental
Protection Agency**

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

Re: Crawford County
City of Crestline WWTP
NPDES Permit

October 19, 2010

Mr. Marc Milliron, Acting Safety-Service Director
City of Crestline
100 North Seltzer Street
Crestline, Ohio 44827

Dear Mr. Milliron:

On September 30, 2010, an inspection of the City of Crestline Wastewater Treatment Plant (WWTP) was conducted. Ohio EPA representative, Ms. Michelle Sharp, met with Mr. Mike Ritter. The inspection included a tour of the facility and completion of a checklist designed to evaluate the major areas of the treatment plant. Our inspection findings and recommendations are summarized below.

The mixed liquor in the counter current aeration tank was a healthy brown color. The effluent from the UV disinfection tank was clear. The equalization tanks were in use and being aerated. The sludge beds had been cleaned out and only one aerated sludge holding tank had sludge currently stored in it.

Our review of the discharge monitoring reports covering the months of May 2010, through August 2010, for the Crestline WWTP found violations of the National Pollutant Discharge Elimination System (NPDES) permit. The specific instances of noncompliance are attached. Please be advised that failure to comply with the effluent limitations and/or monitoring requirements, including adequate laboratory controls, appropriate quality assurance procedures, and records retention, as specified in Part III-General Conditions of your NPDES permit may be cause for enforcement action pursuant to Ohio Revised Code, Chapter 6111.

In addition to our plant inspection a lab inspection was also completed. The following areas need improvement:

- pH Meter
 - The meter should be calibrated after long periods of time (e.g. 12 hrs) or after a large number of samples (e.g. 10 samples).
 - A log book should be maintained documenting these calibrations.
 - A slope of acceptable ranges should be indicated on the bench sheet.

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- A Teflon covered magnetic stirrer or equivalent should be used for mixing while testing.
- Dissolved Oxygen Meter
 - A logbook should be maintained documenting the meter calibration.
 - Calibration verification should be completed at least once each day the meter is used.
- Refrigerator
 - A thermometer should be placed in the refrigerator and a temperature log should be kept of its readings.
 - The thermometer should be calibrated annually with an NIST traceable thermometer.
 - The thermometer should be held in a water bath.
 - The refrigerator temperature should be less than or equal to six (6) degrees Celsius.
- Sample Collecting/Handling
 - A standard operating procedure should be drafted for cleaning sampling equipment.
 - A logbook of sample collecting and handling should be maintained.
- Bench Sheets
 - The analyst should initial each entry.
 - Calibration information should be kept on the bench sheet.

Please correct these items and send a letter to us **within 30 days** of receipt of this letter documenting the actions taken or proposed with a schedule for their completion.

Our completed inspection forms are enclosed for your review. If you have any questions please contact Michelle Sharp at 419-373-3019.

Yours truly,



Elizabeth A. Wick, P.E.
Water Quality Engineer/Unit Supervisor
Division of Surface Water
/llr

Enclosure

pc: DSW-NWDO File w/attachments
Mike Ritter, Crestline WWTP w/attachments

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
5/1/2010	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.3575
5/1/2010	001	00665	Phosphorus, Total (P)	30D Qty	3.6	4.30834
5/8/2010	001	00665	Phosphorus, Total (P)	7D Qty	5.4	7.45594
5/22/2010	001	00665	Phosphorus, Total (P)	7D Conc	1.5	1.803
6/1/2010	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.33
6/1/2010	001	00665	Phosphorus, Total (P)	30D Qty	3.6	6.26748
6/8/2010	001	00665	Phosphorus, Total (P)	7D Qty	5.4	8.32194
6/15/2010	001	00665	Phosphorus, Total (P)	7D Qty	5.4	5.65674
6/22/2010	001	00665	Phosphorus, Total (P)	7D Qty	5.4	6.32478
6/28/2010	001	00300	Dissolved Oxygen	1D Conc	5.0	4.8
7/1/2010	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.313
7/1/2010	001	00665	Phosphorus, Total (P)	7D Qty	5.4	5.5777
7/22/2010	001	00665	Phosphorus, Total (P)	7D Conc	1.5	1.795
8/1/2010	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.9175
8/8/2010	001	00665	Phosphorus, Total (P)	7D Conc	1.5	2.34
8/15/2010	001	00665	Phosphorus, Total (P)	7D Conc	1.5	2.18
8/22/2010	001	00665	Phosphorus, Total (P)	7D Conc	1.5	1.81

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Balance		Acceptable?		
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
• Calibration Frequency / Documentation	• Calibration verification required at least once each day the balance is used. ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Drying Oven (Suspended Solids)		Acceptable?		
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
	• Log book maintained ⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2} . Correction factor posted on thermometer / equipment ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1° C increments ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° F ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
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 checked="" type="checkbox"/> No	M
	• Logbook maintained ⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result ⁷	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ⁸	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

General Lab Criteria

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	M
	• Calibration per manufacturer specification ¹⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Logbook maintained ⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	• Calibration verification required at least once each day the meter is used. ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
• Other	• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil) ¹¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

Criteria	Standard Methods Requirement		Rating
Incubator (CBOD/ E-Coli)		Acceptable?	
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	NR
	• Acceptable temperature range (CBOD) is 20° C ±1.0 ^{o12}	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ^{o22}	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Logbook maintained ⁹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature correction information posted on incubator ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 ml), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) ²³	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius). ⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

Criteria	Standard Methods Requirement		Rating
Refrigerator		Acceptable?	
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius). ⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	M
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
• Other	• Thermometer held in water bath. ¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius. ¹³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages. ¹⁴	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

General Lab Criteria

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Chlorine Meter				
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters or calibration per manufacturer specification ¹⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Calibration curve (acceptable slope)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained. ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Ammonia Meter				
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
	• Log book being maintained ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec. ¹⁷	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Sample Collection/Handling				
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M
• Chain of Custody	• Chain of custody (description, date, time, signature). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

• Other	• Composite samples refrigerated during sample collection ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Logbook being maintained ⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Desiccator				NR
• 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 ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Bench sheets				M
• General criteria	• Date(s) ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Analyst initials ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Blue or black ink pen ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration information ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Equations, calculations, units for all measurements, notations, and results present ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Corrections, single line through, initialed and dated ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Hot Water Bath (Fecal Coliform/E. Coli)				NR
• Temperature Recordkeeping	• Temperature Log (thermometer reads 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 ⁹	<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				NR
• 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	

General Lab Criteria

<ul style="list-style-type: none"> • Documentation 	<ul style="list-style-type: none"> • 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	
	<ul style="list-style-type: none"> • Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used¹ 	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained⁹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Performance Checks 	<ul style="list-style-type: none"> • Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Number of Criteria Rated:	Acceptable	0
	Marginal	5
	Unacceptable	0
Total Number of Areas Rated		5

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).

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).

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).

Consider recommending PAI Audit from DES when:	<ul style="list-style-type: none"> >60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable
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General Lab Criteria

Notation of Referenced Method

1	Method 9020-B, Item 4	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-B, 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.

Preservation and Holding Times						
Parameter	Container	Min. Sample Size (mL)	Sample Type	Preservation	Maximum Storage Time	
					Recommended	Regulatory
BOD / CBOD	P, G	1000	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	6h	48h
TSS	P, G	200	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 d
pH	P, G	50	G	Analyze immediately	0.25h	0.25 h
NH3-N	P, G	500	G, C	Analyze as soon as possible or add H_2SO_4 to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	28 d
TRC	P, G	500	G	Analyze immediately	0.25h	0.25 h
DO (electrode)	G, BOD Bottle	300	G	Analyze immediately	0.25h	0.25 h
Temperature	P, G	--	G	Analyze immediately	0.25h	0.25 h
Metals, general	P, G	1000	G, C	For dissolved filter immediately and add HNO_3 to pH <2	6 months	6 months
Purgeables by purge and trap	G (PTFE lined lid)	40 (X2)	G	HCl to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	14 d
Base/Neutrals and acids	G (solvent rinsed or baked)	1000	C, G	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Pesticides	G (PTFE lined lid)	1000	C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Fecal Coliform / E-Coli	G, P (Sterilized)	100	G	Refrigerate $\leq 10^{\circ}\text{C}$ If chlorine present, add sodium thiosulfate tablet	6 hrs transport Start analysis within 2 hrs of receipt in lab.	
Oil and Grease	G	1000	G	HCl or H_2SO_4 to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

General Lab Criteria

Approved Standard Methods	
CBOD / BOD 5 Day	Std Methods 5210-B
Ammonia, Selective Electrode Method	Std Methods 4500-NH3 D
Total Residual Chlorine, DPD Colorimetric Method	Std Methods 4500-Cl G
Total Suspended Solids, Dried at 103-105 °C	Std Methods 2540-D
Dissolved Oxygen, Membrane Electrode Method	Std Method 4500-O G
pH, Electrometric Method	Std Methods 4500-H+ B
Fecal Coliform, Membrane Filter Procedure	Std Methods 9222D
Escherichia Coli, Enzyme Substrate Test	Std Method 9223B
Escherichia Coli Membrane Filtration Procedure	EPA Method 1603
Oil and Grease	USEPA 1664A or Std Methods 5520B
Metals, general	USEPA 200, Std Methods 3111B or C, or 3120B
Volatiles (Purgeables by purge and trap)	USEPA 6210, Std Methods 624
Semi-Volatiles (Base/Neutrals and acids)	USEPA 6410, Std Methods 625
Pesticides	USEPA 6410 and 6630, Std Methods 608



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
2PC00006	OH0020664	9/30/2010	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Crestline WWTP 100 Westgate Drive Crestline, Ohio 44827	1:30 PM	8/1/2004
	Exit Time	Permit Expiration Date
	3:00 PM	7/31/2009
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Mike Ritter, Superintendent	419-683-2836	
Name, Address and Title of Responsible Official	Phone Number	
Mayor and Council City of Crestline 100 North Seltzer Street Crestline, Ohio 44827	419-683-3800	

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

Section D: Summary of Findings (Attach additional sheets if necessary)	
Inspector	Reviewer
<i>Michelle Sharp</i> 10-18-10 Michelle Sharp Division of Surface Water Northwest District Office	<i>Elizabeth Wick</i> 10/8/10 Elizabeth Wick, P.E. Water Quality Engineer Division of Surface Water Northwest District Office

Permit # :
NPDES #:

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) Correct name and location of receiving waters..... | Y |
| (c) Product(s) and production rates conform with permit
application (Industries)..... | N/A |
| (d) Flows and loadings conform with NPDES permit..... | Y |
| (e) Treatment processes are as described in permit application... | Y |
| (f) New treatment process(es) added since last inspection..... | N |
| (g) Notification given to State of new, different or increased
discharges..... | N/A |
| (h) All discharges are permitted..... | N |
| (i) Number and location of discharge points are as described
in permit..... | N |

Comments/Status:

(h & i) The City has recently discovered an additional six overflows within the collection system.

Section F: Compliance

- | | | |
|---|--|--------------|
| (a) Any significant violations since the last inspection..... | Y | |
| (b) Permittee is taking actions to resolve violations..... | Y | |
| (c) Permittee has a compliance schedule..... | Y | |
| (d) Compliance schedule contained in | <table border="1"><tr><td>NPDES Permit</td></tr></table> | NPDES Permit |
| NPDES Permit | | |
| (e) Permittee is meeting compliance schedule..... | N | |

Comments/Status:

(a) Phosphorous violations continue.
(b) The plant has increased the feed of alum from 1 barrel/week to 1 barrel/2 days. They have also cleaned tanks around the plant.

Permit # :
NPDES #:

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained

- (a) Standby power available.....generator or dual feed Y
- (b) Adequate alarm system available for power or equipment failures.. Y
- (c) All treatment units in service other than backup units..... Y
- (d) Wastewater Treatment Works classification (OAC 3745-7)..... III
- (e) Operator of Record holds unexpired license of class required by permit..... Y
Class: IV
- (f) Copy of certificate of Operator of Record displayed on-site..... Y
- (g) Minimum operator staffing requirements fulfilled (OAC 3745-7)... N/A
- (h) Routine and preventative maintenance scheduled/performed... Y
- (i) Any major equipment breakdown since last inspection..... N
- (j) Operation and maintenance manual provided and maintained..... Y
- (k) Any plant bypasses since last inspection..... N/A
- (l) Regulatory agency notified of bypasses..... N/A
On MORs and/or Spill Hotline (1-800-282-9378)
- (m) Any hydraulic and/or organic overloads since last inspection..... Y

Record Keeping:

- (a) Log book provided..... Y
- (b) Format of log book (i.e. computer log, hard bound book)

Binder and time cards

- (c) Log book(s) kept onsite (in an area protected from weather)..... Y
- (d) 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..... N
 - III. Daily record of operation and maintenance activities (including preventative maintenance, repairs and request for repairs)..... Y
 - IV. Laboratory results (unless documented on bench sheets)... N/A
 - V. Identification of person making log entries..... Y
- (d) Has the operator of record submitted written notification 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

Permit # :
NPDES #:

Section G: Operation & Maintenance (con't)

Collection System:

- (a) Percent combined system: 0%
- (b) Any collection system overflows since last inspection..... Y
(CSO and/or SSO)
- (c) Regulatory agency notified of overflows (SSOs)..... Y
- (d) CSO O&M plan provided and implemented..... N/A
- (e) CSOs monitored and reported in accordance with permit..... N/A
- (f) Portable pumps used to relieve system..... Y
- (g) Lift station alarms provided and maintained..... Y
- (h) Are lift stations equipped with permanent standby power
or equivalent..... N
- (i) Is there an inflow/infiltration problem (separate sewer system),
or were there any major repairs to collection system since
last inspection..... Y
- (j) Any complaints received since last inspection of basement flooding N
- (k) Are any portions of the sewer system at or near capacity..... Y

Comments/Status:

Permit # :
NPDES #:

Section H: Sludge Management

- (a) Sludge management plan (SMP)
Submitted date: Approval #: Not submitted N/A
- (b) Sludge management plan current..... Y
(c) Sludge adequately disposed..... Y
 (Method:Landy Apply)
(d) If sludge is incinerated, where is ash disposed of
(e) Is sludge disposal contracted..... N
 (Name:)
(f) Has amount of sludge generated changed significantly since
 last inspection..... Y
(g) Adequate sludge storage provided at plant..... Y
(h) Land application sites monitored and inspected per SMP..... Y
(i) Records kept in accordance with State and Federal law..... Y
(j) Any complaints received in last year regarding sludge..... N
(k) Is sludge adequately processed (digestion, pathogen control)..... Y

Comments/Status:

Section I: Self-Monitoring Program

Flow Measurement:

- (a) Primary flow measuring device operated and maintained..... Y
Type of device: Ultrasonic & Parshall flume Ultrasonic & Weir Weir
Calculated from influent Other (Specify:)
- (b) Calibration frequency adequate N
 (Date of last calibration:)
(c) Secondary instruments operated and maintained..... Y
(d) Flow measurement equipment adequate to handle full range
 of flows..... Y
(e) Actual flow discharged is measured..... Y
(f) Flow measuring equipment inspection frequency
 Daily Weekly monthly other

Comments/Status:

(b) Due to the design the meter cannot be calibrated because it can't be bypassed.

Section I: Self-Monitoring Program (con't)

Sampling:

- (a) Sampling location(s) are as specified by permit..... Y
- (b) Parameters and sampling frequency agree with permit..... Y
- (c) Permittee uses required sampling method..... Y
(see GLC page 5 and 8)
- (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

Laboratory:

General

- (a) Do you have written Standard Operating Procedures (SOP's) for all analysis performed onsite? Y
- (b) Do SOP's include the following if applicable:
 - 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: SOP's are required per Standard Methods 1020A and states "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."

- (c) EPA approved analytical testing procedures used for all analysis (40 CFR 136.3, see GLC page 8). 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. Y
- (f) If (e) is yes, are results in permittee's self-monitoring report..... Y

Quality Control/Quality Assurance

- (g) Quality assurance manual provided and maintained..... Y
- (h) Satisfactory calibration and maintenance of instruments/equipment. Y
(see score from GLC page 7)
- (i) Results of latest USEPA quality assurance performance sampling program: Satisfactory Marginal Unsatisfactory

Permit # :
NPDES #:

Date:

(j) Commercial laboratory used..... Y
Parameters analyzed by commercial lab:

Lab name:

Comments/Status:

Ginosko: Everything but DO and pH
Enviroscience: Bioassay
Plant: pH and DO

Section J: Effluent/Receiving Water Observations

Outfall Number	Outfall sign in place?	Oil sheen	Grease	Turbidity	Foam	Solids	Color	Other
001	Not Observed	No	No	No	No	No	Clear	

Comments/Status:

Section K: Multimedia Observations

- (a) Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories..... N
- (b) Do you notice staining or discoloration of soils, pavement or floors.. N
- (c) Do you notice distressed (unhealthy, discolored, dead) vegetation.. N
- (d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks..... N
- (e) Do you notice any unusual odors or strong chemical smells..... N
- (f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities..... N

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

- (1) What is the cause of the condition?
- (2) Is the observed condition or source a waste product?
- (3) Where is the suspected contaminant normally disposed?
- (4) Is this disposal permitted?
- (5) How long has the condition existed and when did it begin?

Permit # :
NPDES #:

Comments/Status:

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F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Form Approved
OMB No. 158-R0035

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	
	Bypasses	OUT	
	Stormwater Overflows		
	Alternate Power Source	OUT	Generator not running
Preliminary	Maintenance of Collection Systems	U	
	Pump Station	IN	
	Ventilation	S	
	Bar Screen	IN	
	Disposal of Screenings	S	Landfill
	Comminutor		
	Grit Chamber	IN	Aerated
	Disposal of Grit	S	Landfill
Primary	Settling Tanks		
	Scum Removal		
	Sludge Removal		
	Effluent		
Sludge Disposal	Digesters	OUT	
	Temperature and pH		
	Gas Production		
	Heating Equipment		
	Sludge Pumps		
	Disposal of Sludge	S	Land Apply
	Sludge Holding Tank	IN	Only 1 tank had sludge in it
	Sludge Thickener		
Other	Belt Filter Press		
	Flow Meter and Recorder	IN	
	Records	S	
	Lab Controls	S	
Secondary-Tertiary <small>List items as</small>	Chemical Treatment	S	
	Countercurrent Aeration Tank	IN	
	Blowers	IN	
Disinfection	Secondary Clarifiers	IN	2 units, some solids floating but clear
	Effluent	S	
	Disinfection System	IN	UV
	Effective Dosage		
	Contact Time		
	Contact Tank		
Dechlorination			