



Environmental  
Protection Agency

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

Re: Crawford County  
City of Galion WWTP  
NPDES Permit

April 21, 2011

Mr. Gene Toy, City Manager  
City of Galion  
301 Harding Way East  
Galion, Ohio 44833

Dear Mr. Toy:

On January 13, 2010, an inspection was conducted at the City of Galion Waste Water Treatment Plant. The inspection included a tour of the facility and the completion of a checklist designed to evaluate the major areas of the treatment plant. Mr. Gary Erwin, Operator of Record, provided information to Ohio EPA representatives, Ms. Michelle Sharp and Mr. Andy Gall. Our inspection findings and recommendations are summarized below.

At the time of the inspection all units were in operation. The mixed liquor in the aeration tanks had a healthy brown color and the plant was discharging a clear final effluent. The sludge process was finally operating properly.

We are in receipt of your discharge monitoring reports covering the months of June 2010, through December 2010, for the referenced facility. Our review indicates a violation of the conditions of your NPDES permit. The specific instances of noncompliance are below.

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
6/9/2010	001	31616	Fecal Coliform			AK
6/28/2010	001	31616	Fecal Coliform			AK
8/1/2010	001	00530	Total Suspended Solids	30D Conc	12	12.4076
9/15/2010	001	50050	Flow Rate			AB
10/10/2010	001	50050	Flow Rate			AB
10/15/2010	001	50050	Flow Rate			AB
10/16/2010	001	50050	Flow Rate			AB
12/15/2010	001	50050	Flow Rate			AB
12/16/2010	001	50050	Flow Rate			AB

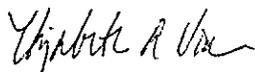
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It is important that information about basement backups within the City is collected and properly reported to the Agency. Basement backups are considered sanitary sewer overflows (SSO) and should be documented as such. Discretion can be used to determine if the backup was caused by the City's sewer system or by fault of the home owner. If the backup is determined to be caused by a home owner issue it does not have to be counted as an SSO.

We continue to have concerns about the plant staffing. As we have stated previously the plant is supposed to have a staff of 11 people according to the Operations and Maintenance Manual dated December 10, 1984. Also, according to this document the plant is to be staffed 24 hours per day seven (7) days per week. The current staff level is six (6) employees and Doug Beugly, the assistant superintendent, who also fulfills staffing requirements at the Galion Water Treatment Plant. The plant is staffed seven (7) days per week and there is a second shift five (5) days per week. You have stated in the past that your goal was to reorganize the personnel chart to minimize staffing levels at the water and wastewater plant. In an email dated July 27, 2010, you were told that a formal submission would be required to change the Operations and Maintenance manual. We have not received any such documentation to date. With such a low staffing level it becomes difficult to complete day to day tasks along with preventative maintenance items. **Please address this issue in writing within 14 days of receipt of this letter.**

During the inspection, the plant appeared to be operating satisfactorily. Our completed inspection report is enclosed for your records. If you have any questions, please call Michelle Sharp at (419) 373 -3019.

Sincerely,



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

/llr

pc: Mr. Gary Erwin, Operator of Record, Galion WWTP w/ enclosure  
~~DSW-NWDO File w/ enclosure~~  
ec: Elizabeth Wick, NWDO

Permit #: OH0025313  
 NPDES #: 2PD00030



State of Ohio Environmental Protection Agency  
 Northwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
OH0025313	2PD00030	01/13/2011	C	Sharp	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Galion WWTP 6374 Hosford Rd. Galion, Ohio 44833	3:30 PM	8/1/2006
	Exit Time	Permit Expiration Date
	4:30 PM	1/31/2011
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Gary Erwin, Operator of Record	419-468-5010	
Name, Address and Title of Responsible Official	Phone Number	
Gene Toy, City Manager City of Galion 301 Harding Way East Galion, Ohio 44833	419-468-1680	

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

Section D: Summary of Findings (Attach additional sheets if necessary)			
Inspector		Reviewer	
<i>Michelle M Sharp</i> 4/12/11		<i>Elizabeth A Wick</i> 4/12/11	
Michelle M. Sharp Division of Surface Water Northwest District Office	Date	Elizabeth A. Wick, P.E. Water Quality Engineer Division of Surface Water Northwest District Office	Date

Sections E thru K: Complete on all inspections as appropriate  
Y – Yes, N – No, N/A – Not Applicable, N/E – Not Evaluated

**Section E: Permit Verification**

Inspection observations verify the permit

- |   |     |
|---|-----|
| (a) Correct name and mailing address of permittee .....                               | Y   |
| (b) 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.....   | Y   |
| (i) Number and location of discharge points are as described in permit.....           | Y   |

Comments/Status:

**Section F: Compliance Schedules/Violations**

- |   |     |
|---|-----|
| (a) Any significant violations since the last inspection.....   | N   |
| (b) Permittee is taking actions to resolve violations.....  | N/A |
| (c) Permittee has a compliance schedule.....  | Y   |
| (d) Compliance schedule contained in <span style="border: 1px solid black; padding: 2px;">NPDES Permit</span> |     |
| (e) Permittee is meeting compliance schedule.....   | Y   |

Comments/Status:

(a) Have had issues with computer system and are getting someone from an outside firm to come and look at it.

**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: III
- (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..... Y
- (l) Regulatory agency notified of bypasses..... Y  
 On MORs  and/or Spill Hotline (1-800-282-9378)
- (m) Any hydraulic and/or organic overloads since last inspection..... N

**Record Keeping:**

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

3 ring binder/computer log/bench sheets
- (c) Log book(s) kept onsite (in an area protected from weather)..... Y
- (d) Log book contains the following:
  - I. Identification of treatment works..... N
  - II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7..... Y
  - 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)... Y
  - 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

**Section G: Operation & Maintenance (con't)**

**Collection System:**

- (a) Percent combined system: 0%
- (b) Any collection system overflows since last inspection..... N  
(CSO  and/or SSO )
- (c) Regulatory agency notified of overflows (SSOs)..... N/A
- (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..... N
- (g) Lift station alarms provided and maintained..... Y
- (h) Are lift stations equipped with permanent standby power  
or equivalent..... Y
- (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..... N

**Comments/Status:**

**Treatment Works**

- (c) One of the secondary clarifiers was out of service for cleaning.

**Collection System**

- (b) Overflow from County Line lift station due to an electrical problem.
- (h) Two lift stations are, but 4 are not.
- (j) A couple due to heavy rain events.

**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: landfill)  
(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..... N  
(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 ..... Y  
    (Date of last calibration: 6/1/2008)  
(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..... N  
(f) Flow measuring equipment inspection frequency  
     Daily     Weekly     monthly     other

**Comments/Status:**

(f) Effluent flow meter is currently broken but will be replaced.

**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
- (d) Sample collection procedures are adequate..... Y
  - (i) Samples refrigerated during compositing..... Y
  - (ii) Proper preservation techniques used..... Y
  - (iii) Containers and sample holding times prior to analysis conform with 40 CFR 136.3..... Y
- (e) 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
- (f) Adequate records maintained of sampling date, time, location, etc.. Y

**Laboratory:**

*General*

- (a) EPA approved analytical testing procedures used (40 CFR 136.3).. Y
  - (b) If alternate analytical procedures are used, proper approval has been obtained..... N/A
  - (c) Analyses being performed more frequently than required by permit. Y
  - (d) If (c) is yes, are results in permittee's self-monitoring report..... Y
  - (e) Commercial laboratory used..... Y
- Parameters analyzed by commercial lab: Upstream, Downstream, Metals, and Mercury / Sludge

Lab name: Alloway / Ginosko

*Quality Control/Quality Assurance*

- (f) Quality assurance manual provided and maintained..... Y
- (g) Satisfactory calibration and maintenance of instruments/equipment. Y
- (h) Adequate records maintained..... Y
- (i) Results of latest USEPA quality assurance performance sampling program:  Satisfactory  Marginal  Unsatisfactory

Date: 2010

**Comments/Status:**

Plant tests pH, chlorine, ammonia, CBOD, and fecal coliform.

**Section J: Effluent/Receiving Water Observations**

Outfall Number	Oil sheen	Grease	Turbidity	Visible Foam	Visible Floating Solids	Color	Other
001	None	None	None	None	None	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?

**Comments/Status:**

## 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
<b>General</b>	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	
	Bypasses	OUT	
	Stormwater Overflows		
	Alternate Power Source	OUT	Generator not running
<b>Preliminary</b>	Maintenance of Collection Systems	S	
	Pump Station	IN	Influent pumps, 2 screw pumps following screening building
	Ventilation	S	
	Bar Screen	IN	2 Mechanical Units
	Disposal of Screenings	S	Landfill
	Comminutor		
	Grit Chamber	IN	Aerated
	Disposal of Grit	S	Landfill
	Preaeration tank	IN	2 Units
<b>Primary</b>	Settling Tanks	IN	
	Scum Removal	IN	
	Sludge Removal	IN	
	Effluent	S	
<b>Sludge Disposal</b>	Digesters	IN	2 anaerobic units
	Temperature and pH	S	
	Gas Production	S	
	Heating Equipment	IN	
	Sludge Pumps	IN	2 WAS, 3 RAS, 2 Raw pumps
	Disposal of Sludge	M	Centrifuge, Landfill
	Sludge Holding Tank	OUT	Old aeration tanks used for sludge holding
	Sludge Thickener	IN	1 Unit
	Centrifuge	IN	2 units
Dryer	OUT	1 Unit	
<b>Other</b>	Flow Meter and Recorder	IN	
	Records	S	
	Lab Controls	S	
	Chemical Treatment		
<b>Secondary-Tertiary</b> <small>List items as</small>	Aeration Tanks	IN	4 Tanks
	Blowers	IN	3 units
	Secondary Clarifiers	IN	2 units
	Lagoons	IN	Two lagoons, one for polishing, the other for flow EQ
<b>Disinfection</b>	Effluent	S	
	Disinfection System	OUT	Gas chlorine feed
	Effective Dosage	NA	
	Contact Time	NA	
	Contact Tank	IN	
	Dechlorination	OUT	Sodium bisulfite feed

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00030*ND	May 2007	001	50060	Chlorine, Total Residu	1D Conc	0.019	.09	5/1/2007
2PD00030*ND	May 2007	001	50060	Chlorine, Total Residu	1D Conc	0.019	.06	5/20/2007
2PD00030*ND	May 2007	001	50060	Chlorine, Total Residu	1D Conc	0.019	.05	5/24/2007
2PD00030*ND	August 2007	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.04333	8/1/2007
2PD00030*ND	August 2007	001	00665	Phosphorus, Total (P)	7D Conc	1.5	2.4	8/1/2007
2PD00030*ND	August 2007	001	01113	Cadmium, Total Recover	30D Conc	5.3	7.	8/1/2007
2PD00030*ND	August 2007	001	50060	Chlorine, Total Residu	1D Conc	0.019	.05	8/21/2007
2PD00030*ND	November 2007	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.01	11/1/2007
2PD00030*ND	February 2008	001	00530	Total Suspended Solids	7D Qty	184	216.444	2/1/2008
2PD00030*ND	March 2008	001	00530	Total Suspended Solids	30D Qty	123	135.829	3/1/2008
2PD00030*ND	March 2008	001	00530	Total Suspended Solids	7D Qty	184	214.874	3/1/2008
2PD00030*ND	March 2008	001	00530	Total Suspended Solids	7D Qty	184	214.887	3/8/2008
2PD00030*ND	July 2008	001	00530	Total Suspended Solids	30D Conc	12	12.0714	7/1/2008
2PD00030*ND	August 2008	001	00530	Total Suspended Solids	30D Conc	12	13.0166	8/1/2008
2PD00030*ND	September 2008	001	00530	Total Suspended Solids	30D Conc	12	15.5153	9/1/2008
2PD00030*ND	September 2008	001	01113	Cadmium, Total Recover	30D Conc	5.3	7.	9/1/2008
2PD00030*ND	September 2008	001	01113	Cadmium, Total Recover	30D Qty	0.054	.0718	9/1/2008
2PD00030*ND	September 2008	001	31616	Fecal Coliform	7D Conc	2000	2848.52	9/8/2008
2PD00030*ND	September 2008	001	00530	Total Suspended Solids	7D Conc	18	22.6	9/22/2008
2PD00030*ND	October 2008	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.15	10/1/2008
2PD00030*ND	October 2008	001	00665	Phosphorus, Total (P)	7D Conc	1.5	2.11	10/1/2008
2PD00030*ND	March 2009	001	00530	Total Suspended Solids	7D Qty	184	208.149	3/8/2009
2PD00030*ND	April 2009	001	00530	Total Suspended Solids	7D Qty	184	193.514	4/15/2009
2PD00030*ND	May 2009	001	00530	Total Suspended Solids	30D Conc	12	13.025	5/1/2009
2PD00030*ND	May 2009	001	00530	Total Suspended Solids	7D Conc	18	18.6	5/15/2009
2PD00030*ND	June 2009	001	00530	Total Suspended Solids	30D Conc	12	13.6	6/1/2009
2PD00030*ND	July 2009	001	00530	Total Suspended Solids	30D Conc	12	15.3285	7/1/2009
2PD00030*ND	July 2009	001	00530	Total Suspended Solids	7D Conc	18	21.3333	7/8/2009
2PD00030*ND	August 2009	001	00530	Total Suspended Solids	30D Conc	12	16.1153	8/1/2009
2PD00030*ND	August 2009	001	00530	Total Suspended Solids	7D Conc	18	18.5	8/15/2009
2PD00030*ND	August 2009	001	00530	Total Suspended Solids	7D Conc	18	19.5666	8/22/2009
2PD00030*ND	September 2009	001	00530	Total Suspended Solids	30D Conc	12	13.2384	9/1/2009
2PD00030*ND	May 2010	001	00530	Total Suspended Solids	30D Conc	12	13.375	5/1/2010
2PD00030*ND	August 2010	001	00530	Total Suspended Solids	30D Conc	12	12.4076	8/1/2010
2PD00030*ND	April 2011	001	50092	Mercury, Total (Low Le	30D Conc	14	14.1	4/1/2011
2PD00030*ND	April 2011	001	50092	Mercury, Total (Low Le	30D Qty	0.0001	.00033	4/1/2011

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00030*ND	August 2007	001	50050	Flow Rate			AB	8/9/2007
2PD00030*ND	August 2007	001	50050	Flow Rate			AB	8/10/2007
2PD00030*ND	August 2007	001	50050	Flow Rate			AB	8/11/2007
2PD00030*ND	August 2007	001	50050	Flow Rate			AB	8/12/2007
2PD00030*ND	August 2007	001	50050	Flow Rate			AB	8/13/2007
2PD00030*ND	January 2009	001	50050	Flow Rate			AB	1/21/2009
2PD00030*ND	January 2009	001	50050	Flow Rate			AB	1/22/2009
2PD00030*ND	June 2010	001	31616	Fecal Coliform			AK	6/9/2010
2PD00030*ND	June 2010	001	31616	Fecal Coliform			AK	6/28/2010
2PD00030*ND	September 2010	001	50050	Flow Rate			AB	9/15/2010
2PD00030*ND	October 2010	001	50050	Flow Rate			AB	10/10/2010
2PD00030*ND	October 2010	001	50050	Flow Rate			AB	10/15/2010
2PD00030*ND	October 2010	001	50050	Flow Rate			AB	10/16/2010
2PD00030*ND	December 2010	001	50050	Flow Rate			AB	12/15/2010
2PD00030*ND	December 2010	001	50050	Flow Rate			AB	12/16/2010
2PD00030*ND	January 2011	001	50050	Flow Rate			AB	1/8/2011
2PD00030*ND	January 2011	001	50050	Flow Rate			AB	1/9/2011
2PD00030*ND	January 2011	001	50050	Flow Rate			AB	1/27/2011
2PD00030*ND	January 2011	001	50050	Flow Rate			AB	1/28/2011
2PD00030*ND	January 2011	001	50050	Flow Rate			AB	1/29/2011
2PD00030*ND	January 2011	001	50050	Flow Rate			AB	1/30/2011
2PD00030*ND	January 2011	001	50050	Flow Rate			AB	1/31/2011
2PD00030*ND	February 2011	001	50050	Flow Rate			AB	2/1/2011
2PD00030*ND	February 2011	001	50050	Flow Rate			AB	2/26/2011
2PD00030*ND	April 2011	001	50050	Flow Rate			AB	4/1/2011
2PD00030*ND	April 2011	001	50050	Flow Rate			AB	4/2/2011
2PD00030*ND	April 2011	001	50050	Flow Rate			AB	4/12/2011
2PD00030*ND	April 2011	001	50050	Flow Rate			AB	4/14/2011
2PD00030*ND	April 2011	001	50050	Flow Rate			AB	4/16/2011
2PD00030*ND	April 2011	001	50050	Flow Rate			AB	4/29/2011

Permit No	Reporting Period	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported	Violation Date
2PD00030*ND	August 2006	001	00550	Oil and Grease, Total	1/2Weeks	1	0	08/01/2006
2PD00030*ND	September 2006	901	00900	Hardness, Total (CaCO3	1/Month	1	0	09/01/2006
2PD00030*ND	October 2006	901	00900	Hardness, Total (CaCO3	1/Month	1	0	10/01/2006
2PD00030*ND	November 2006	901	00900	Hardness, Total (CaCO3	1/Month	1	0	11/01/2006
2PD00030*ND	January 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	01/01/2007
2PD00030*ND	February 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	02/01/2007
2PD00030*ND	March 2007	581	70316	Sludge Weight	1/Quarter	1	0	03/01/2007
2PD00030*ND	March 2007	581	51129	Sludge Fee Weight	1/Quarter	1	0	03/01/2007
2PD00030*ND	March 2007	601	00530	Total Suspended Solids	3/Week	3	0	03/01/2007
2PD00030*ND	March 2007	601	00530	Total Suspended Solids	3/Week	3	0	03/08/2007
2PD00030*ND	March 2007	601	00530	Total Suspended Solids	3/Week	3	0	03/15/2007
2PD00030*ND	March 2007	601	00530	Total Suspended Solids	3/Week	3	0	03/22/2007
2PD00030*ND	April 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	04/01/2007
2PD00030*ND	March 2007	001	00610	Nitrogen, Ammonia (NH3	3/Week	3	1	03/01/2007
2PD00030*ND	March 2007	001	00610	Nitrogen, Ammonia (NH3	3/Week	3	0	03/08/2007
2PD00030*ND	March 2007	001	00610	Nitrogen, Ammonia (NH3	3/Week	3	0	03/15/2007
2PD00030*ND	March 2007	001	00610	Nitrogen, Ammonia (NH3	3/Week	3	0	03/22/2007
2PD00030*ND	May 2007	001	00550	Oil and Grease, Total	1/2Weeks	1	0	05/15/2007
2PD00030*ND	May 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	05/01/2007
2PD00030*ND	June 2007	581	51129	Sludge Fee Weight	1/Quarter	1	0	06/01/2007
2PD00030*ND	June 2007	584	51129	Sludge Fee Weight	1/Quarter	1	0	06/01/2007
2PD00030*ND	July 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	07/01/2007
2PD00030*ND	October 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	10/01/2007
2PD00030*ND	August 2007	001	00530	Total Suspended Solids	3/Week	3	1	08/22/2007
2PD00030*ND	August 2007	001	00610	Nitrogen, Ammonia (NH3	3/Week	3	1	08/22/2007
2PD00030*ND	August 2007	001	80082	CBOD 5 day	3/Week	3	2	08/22/2007
2PD00030*ND	August 2007	581	51129	Sludge Fee Weight	1/Quarter	1	0	08/01/2007
2PD00030*ND	August 2007	601	00530	Total Suspended Solids	3/Week	3	2	08/15/2007
2PD00030*ND	August 2007	601	00530	Total Suspended Solids	3/Week	3	2	08/22/2007
2PD00030*ND	August 2007	601	80082	CBOD 5 day	3/Week	3	2	08/22/2007
2PD00030*ND	September 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	09/01/2007
2PD00030*ND	November 2007	901	00900	Hardness, Total (CaCO3	1/Month	1	0	11/01/2007
2PD00030*ND	January 2008	901	00900	Hardness, Total (CaCO3	1/Month	1	0	01/01/2008
2PD00030*ND	April 2009	001	00550	Oil and Grease, Total	1/2Weeks	1	0	04/15/2009
2PD00030*ND	June 2010	581	00627	Nitrogen Kjeldahl, Tot	1/Quarter	1	0	06/01/2010
2PD00030*ND	June 2010	581	01003	Arsenic, Total In Slud	1/Quarter	1	0	06/01/2010
2PD00030*ND	June 2010	581	01028	Cadmium, Total In Slud	1/Quarter	1	0	06/01/2010
2PD00030*ND	June 2010	581	01043	Copper, Total In Sludg	1/Quarter	1	0	06/01/2010
2PD00030*ND	June 2010	581	00611	Ammonia (NH3) In Sludg	1/Quarter	1	0	06/01/2010



\*2DP0007620110214\*

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CRAWFOR	GENERAL ELECTRIC CO BUCYRUS	2DP00076	2011/02/14	SHARP, MICHELLE	BUCYRUS
	LAMP PLANT				

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Environmental  
Protection Agency

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

Re: Crawford County  
GE Bucyrus Lamp Plant  
Indirect Discharge Permit

February 14, 2011

Mr. Jeremy Breitner, EHS Manager  
GE Bucyrus Lamp Plant  
1250 South Walnut Street  
Bucyrus, Ohio 44820

Dear Mr. Breitner:

On January 13, 2011, an inspection was made of the pretreatment facilities serving the GE Bucyrus Lamp Plant in Bucyrus, Crawford County. Ms. Maureen Shea and you were present and provided information regarding the operation of the treatment facilities. At the time of inspection, operations of the facilities were good.

We have received your permit renewal application and are currently working on the permit. As discussed, the permit will only have the 005 outfall, which includes the wash water from the coater, the reverse osmosis backwash water, and sanitary waste. The storm water outfalls will be included in an individual National Pollutant Discharge Elimination System (NPDES) permit. Please ensure that you submit the application for the individual storm water permit as soon as possible, so that we can issue the permit before your general permit coverage expires in May.

We are in receipt of your self-monitoring reports covering the months of January 2010 through December 2010. Our review indicates no violations of the limits of the facility's Indirect Discharge permit. There were a significant number of frequency violations. Please be sure that you are sampling as described in your permit.

Our completed inspection report is enclosed. If you have any questions, please feel free to call me at (419) 373-3019.

Sincerely,

Michelle M. Sharp  
Division of Surface Water

/cs

Enclosure

pc: City of Bucyrus WWTP w/enclosures  
~~NWDO-DSW file w/enclosures~~  
Ryan Laake, DSW, CO w/enclosures



# PRETREATMENT INSPECTION REPORT

Ohio Environmental Protection Agency

FACILITY NAME <b>GE Bucyrus Lamp Plant</b>		PERMIT NUMBER <b>2DP00076</b>	FACILITY NUMBER
INSPECTION TYPE <b>P</b>	INSPECTOR <b>M.Sharp</b>	FACILITY TYPE <b>2</b>	DATE CONDUCTED <b>January 13, 2011</b>

<b>GENERAL INFORMATION</b>
NAME AND LOCATION OF FACILITY <i>GE Bucyrus Lamp Plant 1250 South Walnut Street Bucyrus, OH 44820</i>
MAILING ADDRESS OF FACILITY <i>GE Bucyrus Lamp Plant 1250 South Walnut Street Bucyrus, OH 44820</i>
CONTACT (NAME/TITLE/PHONE) <i>Mr. Jeremy Breitner/EHS Manager/419-563-1325</i>

<b>FACILITY EVALUATION</b>													
(S = Satisfactory, M = Marginal, U = Unsatisfactory)													
<table border="1"> <tr><td>S</td><td>Pretreatment</td></tr> <tr><td>S</td><td>Site/Facility Review</td></tr> <tr><td> </td><td> </td></tr> </table>	S	Pretreatment	S	Site/Facility Review			<table border="1"> <tr><td>S</td><td>Chemical Storage</td></tr> <tr><td>S</td><td>Self Monitoring</td></tr> <tr><td> </td><td> </td></tr> </table>	S	Chemical Storage	S	Self Monitoring		
S	Pretreatment												
S	Site/Facility Review												
S	Chemical Storage												
S	Self Monitoring												
* See inspection letter													

Names(s) and Signature(s) of Inspector(s)	Agency / Office / Telephone	Date
Michelle Sharp	Ohio EPA/NWDO/419-373-3019	
		2/14/11
Signature of Reviewer		Date
	Ohio EPA/NWDO/419-373-3002	1/26/11

## INDUSTRIAL USER INSPECTION CHECKLIST

Facility:	GE Bucyrus Lamp Plant	Date of inspection: January 13, 2011
OH Number:	OHP000209	IDP Number: 2DP00076
Facility Representative:	Mr. Jeremy Breitner & Ms. Maureen Shea	Inspector(s): Michelle Sharp & Andy Gall

### COMPLIANCE

1. Date of last pretreatment inspection: January 25, 2010
  
2. Has the facility been in compliance with its permit limits since the last inspection? Y  
If no, explain:
  
3. Is the facility in compliance with all other requirements? Y
  - Sampling procedures Y
  - Reporting (late reporting, failure to report, etc) Y
  - Compliance schedules NA
  - Submitted BMR and 90 day compliance reports NA
  - Any other requirements Y

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? N  
Explain any unresolved actions:

### FACILITY OPERATIONAL CHARACTERISTICS

5. Number of Employees: 245
6. Shifts/Day: 3 Shifts
7. Production Days/Year: 315
8. Hours/shift: 8 Hour
9. Any production changes since the last inspection? Y  
If yes, explain:  
Installed HSH-4. New T8 high speed horizontal production starting second quarter.
10. General facility description and operations:  
Light Making
11. Any change in materials used in production since the last inspection? N  
If yes, explain:
12. Any expansion or production increase expected within the next year? Y  
If yes, explain:  
See 9. Will start 1 shift in second quarter and hope to be continuous operation by fourth quarter.

## WASTEWATER TREATMENT

13. Provide a schematic diagram and description of the wastewater treatment system:
14. Was a PTI issued for the treatment system? NA
15. Were there any modifications to the treatment system since the previous inspection? NA
- If yes, was a PTI obtained? NA
- PTI Number: \_\_\_\_\_ Date: \_\_\_\_\_
16. What is the treatment mode of operation? NA
- If batch, list the frequency and duration:
17. Who is responsible for operating the treatment system?  
Jeremy Breitner
18. How often is the treatment system checked?  
Once per month
19. Is there an alarm system for the system? Y
- Explain:  
Conductivity at the manhole an pH on the line.
20. Is there an operations and maintenance manual? N
21. Is an inventory of critical spare parts maintained? N
- If yes, list:
22. Are there any bypasses in the system? N
- If yes, describe the location:
- Have bypasses occurred since the last inspection? N
- Was the POTW notified? NA

**WASTEWATER TREATMENT CONTINUED**

23. Are residuals or sludges generated? Tin Chloride from air scrubber Y

Method of disposal: Hauled off site to Conversion in Macedonia, Ohio

Frequency and amount of disposal: 10,000 lb per quarter

Name of hauler/landfill/disposal facility: GE hauls it to Conversion

Is any sludge generated subject to RCRA regulations? N

If land applying sludge, is there a sludge management plan? NA

**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. Process Water			35,000		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>Total Regulated Process Flow</b>					
<b>Non-contact Cooling</b>					
<b>Blowdown</b>					
<b>Reverse Osmosis Condensate</b>					
<b>Demineralizer Regeneration</b>					
<b>Filter Backwash</b>					
<b>Compressor Condensate</b>					
<b>Storm Water</b>					
<b>Other Dilute Flows</b>					
<b>Unregulated Flows (provide list)</b>					
<b>Sanitary</b>					
<b>TOTAL FLOW</b>		14 k			

25. For the above flows not discharged to the POTW, list point of discharge and permit (if any).  
After a 0.54 inch rain 003 has 68,000 gpd and 004 has not been sampled yet.

**SELF MONITORING**

26. Sample location(s) described in the facility's permit:  
Outfall 005 – manhole inside building
27. Is the facility sampling at the location(s) described in the permit? Y  
If no, describe the actual location:
28. Is the location(s) where the facility is sampling representative? Y  
If no, indicate a representative location:
29. Is the flow measured or estimated? Estimated  
If measured, how often is the meter calibrated?  
  
If estimated, describe method of estimation: Based on water meter
30. Is pH monitored continuously? Y  
If yes, how often is the meter calibrated? Once per month
31. Does the facility collect its own samples? Y  
If no, specify the sample collector:
32. Are appropriate sampling procedures followed? Y  
Monitoring frequencies Y  
Sample collection (grab for pH, O&G, CN, phenols, VOCs, hexavalent chromium) Y  
Flow proportioned samples NA  
Proper preservation techniques Y  
Sample holding times Y  
Chain-of-custody forms Y
33. Are samples analyzed in accordance with 40 CFR 136? Y
34. Laboratory conducting analyses: Test America in Dayton, Ohio

**TOXICS MANAGEMENT**

- |  |          |
|--|----------|
| 35. Are any listed toxic organics used in the facility?<br>If yes, identify organics:  | N        |
| 36. Does the facility have a current toxic organic management plan(TOMP)?<br>If yes, is it being implemented?                        | NA<br>NA |
| 37. Has the facility had any uncontrolled releases or spills to the POTW since<br>the previous inspection? If yes, please explain:   | N        |
| 38. Does the facility need a spill prevention plan or slug discharge control plan?<br>If yes, does the facility have a written plan? | N<br>NA  |
| 39. Identify any potential slug load or spill areas:   |          |

**REQUIRED FOLLOW-UP ACTIONS**



\*2DP0007820080627\*

CRAWFOR IMASEN BUCYRUS TECHNOLOGY INC 2DP00078 2008/06/27 SHARP, MICHELLE BUCYRUS



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: Crawford County  
IB-Tech.  
IDP Inspection

June 27, 2008

Mr. Joe Downing, Vice President  
IB-Tech  
260 Crossroads Blvd.  
Bucyrus, Ohio 44820

Dear Mr. Downing:

On June 4, 2008, an inspection was completed of your facility's process wastewater treatment system. The inspection included a tour of the plant and treatment system and completion of a form to evaluate the operation of the treatment system.

Your facility produces seat parts for the automotive industry. The manufacturing process includes an e-coat line which is considered a metal finishing activity under Code of Federal Regulations Title 40, Part 433. Currently, the wastewater treatment facilities use pH adjustment, chemical addition, and a settling process to remove the metals from the wastewater before it is discharged to the City of Bucyrus sewer system. During the inspection the facilities and the wastewater treatment units looked good and were operating properly.

We are in receipt of your self-monitoring reports covering the months of January 2007 through December 2007. Our review indicates the following violations of the conditions of your Indirect Discharge permit and is listed below.

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
1/17/2007	001	70301	Solids, Dissolved-Sum	1D Conc	1500	1630.
3/22/2007	001	01077	Silver, Total (Ag)	1D Conc	30	33.

Our completed inspection report is enclosed for your records. If you have any questions, please feel free to call me at (419) 373-3019.

Sincerely,

*Michelle M Sharp*  
Michelle M. Sharp  
Division of Surface Water

Enclosure

pc: NWDO File - w/enclosures  
Julia Zhang, DSW, CO - w/enclosures



# PRETREATMENT INSPECTION REPORT

Ohio Environmental Protection Agency

FACILITY NAME <b>Imasen Bucyrus Tech</b>		PERMIT NUMBER <b>2DP00078</b>	FACILITY NUMBER <b>OHP000219</b>
INSPECTION TYPE <b>P</b>	INSPECTOR <b>M.Sharp</b>	FACILITY TYPE <b>2</b>	DATE CONDUCTED <b>June 4, 2008</b>

<b>GENERAL INFORMATION</b>
NAME AND LOCATION OF FACILITY <b>Imasen Bucyrus Tech 260 Crossroads Boulevard Bucyrus, Ohio 44820</b>
MAILING ADDRESS OF FACILITY <b>Imasen Bucyrus Tech 260 Crossroads Boulevard Bucyrus, Ohio 44820</b>
CONTACT (NAME/TITLE/PHONE) <b>Mr. Steve Crall / Vice President / 419-563-9590</b>

<b>FACILITY EVALUATION</b>													
(S = Satisfactory, M = Marginal, U = Unsatisfactory)													
<table border="1"> <tr><td>S</td><td>Pretreatment</td></tr> <tr><td>S</td><td>Site/Facility Review</td></tr> <tr><td> </td><td> </td></tr> </table>	S	Pretreatment	S	Site/Facility Review			<table border="1"> <tr><td>S</td><td>Chemical Storage</td></tr> <tr><td>S</td><td>Self Monitoring</td></tr> <tr><td> </td><td> </td></tr> </table>	S	Chemical Storage	S	Self Monitoring		
S	Pretreatment												
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S	Chemical Storage												
S	Self Monitoring												
* See inspection letter													

Names(s) and Signature(s) of Inspector(s) <i>Michelle Sharp</i>	Agency / Office / Telephone	Date <i>June 30, 2008</i>
Michelle Sharp	Ohio EPA/NWDO/419-373-3019	
Signature of Reviewer <i>Elizabeth A. Wick</i>	Ohio EPA/NWDO/419-373-3002	Date <i>7/1/08</i>
Elizabeth A. Wick, P.E.		

## INDUSTRIAL USER INSPECTION CHECKLIST

Facility:	IB-Tech	Date of inspection: June 4, 2008
OH Number:	OHP000219	IDP Number: 2DP00078
Facility Representative:	Mr. Steve Crall	Inspector(s): Michelle Sharp

### COMPLIANCE

1. Date of last pretreatment inspection: November 18, 2005
  
2. Has the facility been in compliance with its permit limits since the last inspection? Y  
 If no, explain:
  
3. Is the facility in compliance with all other requirements? Y
  - Sampling procedures Y
  - Reporting (late reporting, failure to report, etc) Y
  - Compliance schedules NA
  - Submitted BMR and 90 day compliance reports NA
  - Any other requirements 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? N  
 Explain any unresolved actions:

### FACILITY OPERATIONAL CHARACTERISTICS

5. Number of Employees: 488
6. Shifts/Day: 3 Shifts
7. Production Days/Year: 250
8. Hours/shift: 8 Hour
9. Any production changes since the last inspection? Y  
 If yes, explain:  
Added 2 lines of assembly and welding
10. General facility description and operations:  
Manufacturer of seating assembly for the auto industry.
11. Any change in materials used in production since the last inspection? N  
 If yes, explain:
12. Any expansion or production increase expected within the next year? Y  
 If yes, explain:  
Addition of one line of assembly and welding (approximately 22 employees).

**WASTEWATER TREATMENT**

13. Provide a schematic diagram and description of the wastewater treatment system:
14. Was a PTI issued for the treatment system? Y
15. Were there any modifications to the treatment system since the previous inspection? N
- If yes, was a PTI obtained? NA
- PTI Number: \_\_\_\_\_ Date: \_\_\_\_\_
16. What is the treatment mode of operation? Continuous
- If batch, list the frequency and duration:
17. Who is responsible for operating the treatment system?  
Michael and 2 Operators
18. How often is the treatment system checked?  
Every 3 hours on first and second shift (there is no painting on third shift). Also has continuous electronic monitoring.
19. Is there an alarm system for the system? Y  
Explain: High level and pH alarm
20. Is there an operations and maintenance manual? Y
21. Is an inventory of critical spare parts maintained? Y  
If yes, list:  
Sludge pumps, pH monitoring ports, and parts for diaphragm pumps.
22. Are there any bypasses in the system? N  
If yes, describe the location:
- Have bypasses occurred since the last inspection? NA
- Was the POTW notified? NA

**WASTEWATER TREATMENT CONTINUED**

23. Are residuals or sludges generated?

Y

Method of disposal: Landfill

Frequency and amount of disposal: Once per 6 weeks with an average of 8 to 9 drums.

Name of hauler/landfill/disposal facility: Enviroclean.

Is any sludge generated subject to RCRA regulations?

N

If land applying sludge, is there a sludge management plan?

NA

**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. Process Water	T5 Effluent		18,720		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>Total Regulated Process Flow</b>			18,720		
Non-contact Cooling					
Blowdown					
Reverse Osmosis Condensate					
Demineralizer Regeneration					
Filter Backwash					
Compressor Condensate					
Storm Water					
Other Dilute Flows					
Unregulated Flows (provide list)					
Sanitary			9,760		
<b>TOTAL FLOW</b>			28,480		

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: T5 Effluent Tank
27. Is the facility sampling at the location(s) described in the permit? Y  
 If no, describe the actual location:
28. Is the location(s) where the facility is sampling representative? Y  
 If no, indicate a representative location:
29. Is the flow measured or estimated? Measured  
 If measured, how often is the meter calibrated? Once per year  
 If estimated, describe method of estimation:
30. Is pH monitored continuously? Y  
 If yes, how often is the meter calibrated? As needed.
31. Does the facility collect its own samples? Y  
 If no, specify the sample collector:
32. Are appropriate sampling procedures followed? Y  
     Monitoring frequencies Y  
     Sample collection (grab for pH, O&G, CN, phenols, VOCs, hexavalent chromium) Y  
     Flow proportioned samples N  
     Proper preservation techniques Y  
     Sample holding times Y  
     Chain-of-custody forms Y
33. Are samples analyzed in accordance with 40 CFR 136? Y
34. Laboratory conducting analyses: Ginosko

.....

**TOXICS MANAGEMENT**

- |  |          |
|--|----------|
| 35. Are any listed toxic organics used in the facility?<br>If yes, identify organics:  | N        |
| 36. Does the facility have a current toxic organic management plan(TOMP)?<br>If yes, is it being implemented?                        | NA<br>NA |
| 37. Has the facility had any uncontrolled releases or spills to the POTW since<br>the previous inspection? If yes, please explain:   | N        |
| 38. Does the facility need a spill prevention plan or slug discharge control plan?<br>If yes, does the facility have a written plan? | N<br>NA  |
| 39. Identify any potential slug load or spill areas:   |          |

**REQUIRED FOLLOW-UP ACTIONS**