



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: Hancock County
Consolidated Biscuit Co.
IDP Inspection

February 5, 2008

Mr. Jeff Woolley
Compliance Coordinator
312 Rader Road
McComb, Ohio 45858

Dear Mr. Woolley:

On October 16, 2007, an inspection was made of the pretreatment facilities serving Consolidated Biscuit located in McComb, Hancock County. You were present and provided information regarding the operation of the treatment facilities. At the time of inspection, operations of the facilities were good.

The DAF unit was being properly operated, with the grease being skimmed off the top to a holding tank and the solids being pulled off the bottom to be pressed in your sludge press. The aeration tanks had adequate air being supplied to the tanks. The effluent observed in the manhole prior to discharge to the Village was clear and had no odor.

We are in receipt of your self-monitoring reports covering the months of January 2006, through May 2007. Our review indicates one violation of the conditions of your NPDES permit and is listed below.

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
2/22/2007	001	00530	Total Suspended Solids	1D Conc	300	500.

Our completed inspection report is enclosed for your records. We received your Indirect Discharge Permit renewal application and you will be receiving a draft copy of the permit renewal in the near future. You should review it carefully, as there is a 30 day comment period to respond to any permit conditions. If you have any questions, please feel free to call me at (419) 373-3019.

Sincerely,

Michelle M. Sharp
Division of Surface Water

/llr

Enclosure

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



PRETREATMENT INSPECTION REPORT

Ohio Environmental Protection Agency

FACILITY NAME Consolidated Biscuit		PERMIT NUMBER 2DP00009	FACILITY NUMBER
INSPECTION TYPE P	INSPECTOR M. Sharp	FACILITY TYPE 2	DATE CONDUCTED 10/16/2007

GENERAL INFORMATION	
NAME AND LOCATION OF FACILITY Consolidated Biscuit 312 Rader Road McComb, OH 45858	
MAILING ADDRESS OF FACILITY Consolidated Biscuit 312 Rader Road McComb, OH 45858	
CONTACT (NAME/TITLE/PHONE) Mr. Jeff Woolley /Compliance Coordinator	

FACILITY EVALUATION													
(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	
		2-5-2008
Signature of Reviewer		Date
	Ohio EPA/NWDO/419-373-3002	
Elizabeth A. Wick, P.E.		

INDUSTRIAL USER INSPECTION CHECKLIST

Facility: Consolidated Biscuit Company Date of inspection: October 16, 2007
OH Number: OHP000033 IDP Number: 2DP00009
Facility Representative: Mr. Jeff Woolley Inspector(s): Michelle Sharp & Walter Ariss

COMPLIANCE

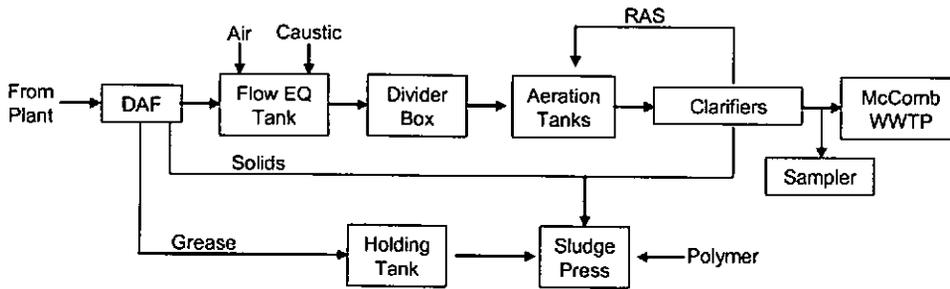
1. Date of last pretreatment inspection: October 12, 2005
2. Has the facility been in compliance with its permit limits since the last inspection?
If no, explain: Y N
3. Is the facility in compliance with all other requirements?
Sampling procedures Y N NA
Reporting (late reporting, failure to report, etc) Y N NA
Compliance schedules Y N NA
Submitted BMR and 90 day compliance reports Y N NA
Any other requirements 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: 1200-1500
6. Shifts/Day: 3 Shifts
7. Production Days/Year: 250
8. Hours/shift: 8 Hour
9. Any production changes since the last inspection?
If yes, explain: Y N
10. General facility description and operations: Cookie/Cracker Bakery
11. Any change in materials used in production since the last inspection?
If yes, explain: Y N
12. Any expansion or production increase expected within the next year?
If yes, explain: Y N

WASTEWATER TREATMENT

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



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:

17. Who is responsible for operating the treatment system? Steve Lucas

18. How often is the treatment system checked? 6 days per week. When operator is not present, security checks.

19. Is there an alarm system for the system?

Y / N

Explain: High level and air pressure alarm

20. Is there an operations and maintenance manual?

Y / N

21. Is an inventory of critical spare parts maintained?

Y / N

If yes, list:

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

WASTEWATER TREATMENT CONTINUED

23. Are residuals or sludges generated?

Y N

Method of disposal: Landfill

Frequency and amount of disposal: Once per week with an average of 7 tons hauled per week.

Name of hauler/landfill/disposal facility: Allied Waste hauls to Wyandot County Lanfill

Is any sludge generated subject to RCRA regulations?

Y N

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

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. Process Water		11,000			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Regulated Process Flow		11,000			
Non-contact Cooling					
Blowdown					
Reverse Osmosis Condensate					
Demineralizer Regeneration					
Filter Backwash					
Compressor Condensate					
Storm Water					
Other Dilute Flows					
Unregulated Flows (provide list)					
Sanitary					
TOTAL FLOW		11,000			

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: East end of plant at the manhole

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:

Y / N

29. Is the flow measured or estimated?

Measured / Estimated

If measured, how often is the meter calibrated? Once per year

If estimated, describe method of estimation:

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

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

Y / N

Sample collection (grab for pH, O&G, CN, phenols, VOCs, hexavalent chromium)

Y / N

Flow proportioned samples

Y / N

Proper preservation techniques

Y / N

Sample holding times

Y / N

Chain-of-custody forms

Y / N

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

Y / N

34. Laboratory conducting analyses: IFM

TOXICS MANAGEMENT

35. Are any listed toxic organics used in the facility?
If yes, identify organics: Y / N
36. Does the facility have a current toxic organic management plan(TOMP)?
If yes, is it being implemented? Y / N
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?
If yes, does the facility have a written plan? Y / N
Y / N
39. Identify any potential slug load or spill areas:

REQUIRED FOLLOW-UP ACTIONS