



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.ohio.gov

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

Re: Hancock County
Consolidated Biscuit Company
IDP Inspection

June 30, 2010

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

Dear Mr. Woolley:

On January 25, 2010, 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 December 2009. Our review indicates violations of the limits in the Indirect Discharge permit and they are listed below.

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
9/19/2007	001	00530	Total Suspended Solids	1D Conc	300	474.
11/17/2009	001	00530	Total Suspended Solids	1D Conc	300	360.

Our completed inspection report is enclosed for your records. We received a request from Ms. Connie Ericson to transfer the permit to Hearthside Food Solutions, LLC. We are working on this request and it should be completed in the near future.

Mr. Jeff Woolley
June 30, 2010
Page 2

If you have any questions, please call me at (419) 373-3019.

Sincerely,

Michelle M Sharp

Michelle M. Sharp
Division of Surface Water

/llr

Enclosure

pc: DSW-NWDO File w/enclosures
Julia Zhang, DSW-COW/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 Jan 25, 2010

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

FACILITY EVALUATION													
(S = Satisfactory, M = Marginal, U = Unsatisfactory)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">S</td><td>Pretreatment</td></tr> <tr><td style="text-align: center;">S</td><td>Site/Facility Review</td></tr> <tr><td> </td><td> </td></tr> </table>	S	Pretreatment	S	Site/Facility Review			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">S</td><td>Chemical Storage</td></tr> <tr><td style="text-align: center;">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	
<i>Michelle Sharp</i>		6-29-10
Signature of Reviewer		Date
<i>Elizabeth A. Wick</i>	Ohio EPA/NWDO/419-373-3002	6/24/10
Elizabeth A. Wick, P.E.		

INDUSTRIAL USER INSPECTION CHECKLIST

Facility: Consolidated Biscuit Company Date of inspection: January 25, 2010
OH Number: OHP000033 IDP Number: 2DP00009
Facility Representative: Mr. Jeff Woolley Inspector(s): Michelle Sharp & Walter Ariss

COMPLIANCE

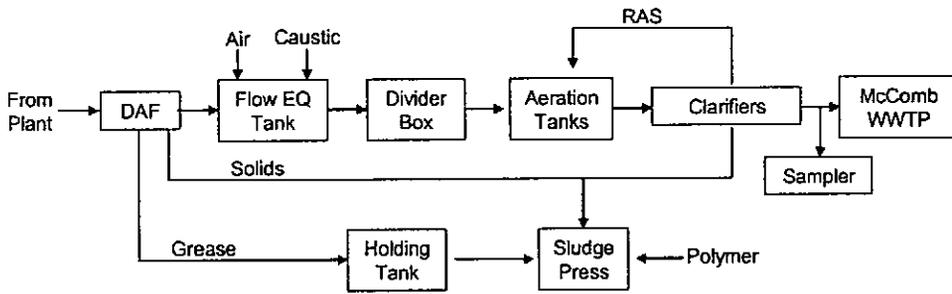
- 1. Date of last pretreatment inspection: October 16, 2007
2. Has the facility been in compliance with its permit limits since the last inspection? Y
3. Is the facility in compliance with all other requirements? Y
4. Was the facility required to perform any actions as a result of the last inspection? N

FACILITY OPERATIONAL CHARACTERISTICS

- 5. Number of Employees: 1000-1200 6. Shifts/Day: 3 Shifts
7. Production Days/Year: 250 8. Hours/shift: 8 Hour
9. Any production changes since the last inspection? N
10. General facility description and operations: Cookie/Cracker Bakery
11. Any change in materials used in production since the last inspection? N
12. Any expansion or production increase expected within the next year? 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
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? Craig Verhoff and Jeff Woolley
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
 Explain: High level and air pressure alarm
20. Is there an operations and maintenance manual? Y
21. Is an inventory of critical spare parts maintained? Y
 If yes, list:
 Pumps, switches
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 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?

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		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? 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? Once per week
31. Does the facility collect its own samples? N
If no, specify the sample collector:
Industrial Fluid Managment
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: IFM

TOXICS MANAGEMENT

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

REQUIRED FOLLOW-UP ACTIONS