



Environmental
Protection Agency

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

Re: Hancock County
City of Findlay
NPDES Permit

April 6, 2011

Mr. Randy Greeno, Superintendent
Water Pollution Control Center
City of Findlay
1201 South River Road
Findlay, Ohio 45840

Dear Mr. Greeno:

On November 9, 2010, a reconnaissance inspection was conducted at the City of Findlay wastewater treatment facility. On March 28, 2011, an NPDES permit compliance sampling inspection was conducted at the City of Findlay Wastewater Treatment Plant.

Reconnaissance Inspection

The inspection consisted of a tour of the facility to see the daily operation of the plant. The oxidation ditches had a healthy brown color and were receiving an adequate amount of air. The clarifiers were in good condition. The UV bulbs had been pulled out since the disinfection season was over. The effluent appeared clear.

Compliance Sampling Inspection

The inspection included a tour of the facility, the completion of a checklist designed to evaluate the major areas of the treatment plant, and the completion of the General Lab Criteria inspection form. Effluent samples were taken as part of this inspection. Results will be forwarded to the plant after they have been completed. Our inspection findings and recommendations are summarized below.

At the time of inspection, all major components of the wastewater treatment system were in service, except for the grinder at the headworks of the plant. The grinder stopped working sometime in January of this year. The plant has received PTI approval for the installation of grinder pumps at the head of the plant to replace the pumps that are currently there. Those pumps are currently onsite, but due to an error in design do not fit properly. They will be installed as soon as the fit is fixed.

The grounds were well maintained. Three of the four oxidation ditches were in operation. It is possible that the fourth ditch will be cleaned out and put into operation, so that one of the other three ditches can be emptied and cleaned out. The color in the ditches was a healthy brown and only a small amount of foam was observed. The clarifiers were in good shape, with just a bit of scum floating on the surface. Effluent from the clarifiers was clear. The effluent from the plant was clear.

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We are in receipt of your self-monitoring reports covering the months of June 2010, through February 2011, for the referenced facility. Our review indicates a violation of the conditions of your NPDES permit. The specific instance of noncompliance is as follows:

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
10/1/2010	001	61426	Chronic Toxicity, Ceri	30D Conc	1.0	1.4

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

- Balance
 - Calibration verification should be documented
 - A log book should be maintained for the balance
- Drying Oven (Suspended Solids)
 - The thermometer should be calibrated annually with an NIST traceable thermometer and if need the correction factor should be posted on the thermometer/equipment
 - The thermometer temperature should read in 0.1°C increments
- pH Meter
 - A log book should be maintained documenting calibrations
 - A slope of acceptable ranges should be indicated on the bench sheet
- Dissolved Oxygen Meter
 - A logbook should be maintained documenting the meter calibration
- Incubator (CBOD/E. Coli)
 - Temperature should be checked/recorded twice daily for each shelf in use
 - A log book should be maintained for the temperature record keeping
 - Thermometer should be calibrated annually with an NIST traceable thermometer
 - If needed, the temperature correction information should be posted on the incubator
 - Thermometer needs to read to 0.1°C
- Refrigerator
 - A thermometer should be placed in the refrigerator and a temperature log should be kept of its readings
 - Thermometer needs to read to 0.1°C
 - The thermometer should be calibrated annually with an NIST traceable thermometer
 - The thermometer should be held in a water bath
- Sample Collecting/Handling
 - A standard operating procedure should be drafted for cleaning sampling equipment.
- Bench Sheets
 - Calibration information should be kept on the bench sheet

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- Autoclaves/Steam Sterilizers
 - 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
 - Date, contents, sterilization time, and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used
 - The thermometer should be calibrated annually with an NIST traceable thermometer
 - A log book should be maintained
 - Test monthly for efficacy using a biological such as commercially available *Geobacillus stearothermophilus* in spore strips, suspensions, or capsules

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 you review. If you have any questions, please contact me at 419-373-3019.

Yours truly,


Michelle Sharp
Environmental Specialist II
Division of Surface Water

/lr

Enclosure

~~pc: DSW-NWDO File with enclosure~~

Permit #: OH0025135
 NPDES #: 2PD00008



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
OH0025135	2PD00008	3/28/2010	S	Sharp	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Findlay Water Pollution Control Center 1201 South River Road Findlay, Ohio 45840	1:30 PM	12/1/2010
	Exit Time	Permit Expiration Date
	3:15 PM	1/31/2013
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Randy Greeno, Superintendent	419-424-7187	
Name, Address and Title of Responsible Official	Phone Number	
Mr. Randy Greeno, Superintendent	419-424-7187	

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	M	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> 4/6/11 Michelle M. Sharp Division of Surface Water Northwest District Office		<i>Elizabeth A Wick</i> 4/6/11 Elizabeth A. Wick, P.E. Water Quality Engineer Division of Surface Water Northwest District Office	
Date		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..... | Y |
| (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 <input type="text" value="Permit"/> | |
| (e) Permittee is meeting compliance schedule..... | Y |

Comments/Status:

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)..... IV
- (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)... Y
- (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..... 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..... Y
 - 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: 10%
- (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..... Y
- (e) CSOs monitored and reported in accordance with permit..... Y
- (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..... N
- (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:

(g) The City has received approval for reduction of hours, so the Operator of Record has a minimum staffing hour requirement of 10 hours per week. The plant keeps a great log of when the Operator of Record is at the plant.

(i) The grinder at the head of the plant failed around January of this year. They are replacing the pumps at the head of the plant with grinder pumps, which are on site, but are not installed because they do not fit.

(m) The plant was overloaded due to flooding in March 2011.

Collection System:

(a) Will be doing sewer lining projects this year

(b) June of 2009 was the last CSO. During flooding events it is possible that there are overflows from the CSO, but there is no way to tell. An SSO event occurred in VanBuren due to an overflow from a manhole to the Rocky Ford Creek.

Section H: Sludge Management

- (a) Sludge management plan (SMP)
Submitted date: Approval #: Not submitted N/A
- (b) Sludge management plan current..... N/A
(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..... N/A
(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: Magmeter)
- (b) Calibration frequency adequate Twice/Year..... Y
(Date of last calibration: 11/12/2010)
- (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:

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: Metals, Mercury, Bioassay

Lab name: Alloway/Enviroscience

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:

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:

● General Lab Criteria ●

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

Comments: The calibration is not documented and a log book is not maintained.

Criteria	Standard Methods Requirement	Acceptable?		Rating
Drying Oven (Suspended Solids)				
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M
	• Log book maintained ⁶	<input checked="" 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 checked="" type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1° C increments ⁵	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° F ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: The thermometer is not calibrated with an NIST traceable thermometer. The temperature does not go to 0.1 degrees C. The temperature was at 103.

Criteria	Standard Methods Requirement	Acceptable?		Rating
pH 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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

Comments: No logbook is maintained. The slope of acceptable range is not kept on the bench sheet.

Criteria	Standard Methods Requirement	Acceptable?		Rating
Dissolved Oxygen Meter				
• 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil) ¹¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Incubator (CBOD/ E-Coli)				
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use ¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	M
	• Acceptable temperature range (CBOD) is 20° C ±1.0 ^{o12}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ^{o22}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook maintained ⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Temperature correction information posted on incubator ¹	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius). ⁵	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Comments: Currently the lab only checks and records the temperature once per day and there is only a thermometer on one shelf. There currently no log book maintained. The thermometer has not been calibrated with an NIST traceable thermometer.

Criteria	Standard Methods Requirement	Acceptable?		Rating
Refrigerator				
• 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 checked="" type="checkbox"/> Yes	<input 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: The thermometer does not read to 0.1 degrees celsius. The thermometer has not been calibrated to an NIST traceable thermometer. The thermometer used to check temperature is not kept in a water bath.

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Log book being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" 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,	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

	signature). ¹⁹			
• 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Desiccator				
• General criteria	• Properly working seals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	M
	• Desiccant fresh (blue color)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Documentation	• Log book being maintained ⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Bench sheets				
• General criteria	• Date(s) ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M
	• Analyst initials ²	<input checked="" type="checkbox"/> Yes	<input 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 checked="" 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)				
• Temperature Recordkeeping	• Temperature Log (thermometer reads 0.2° C) ²¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
	• 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				
• All apparatus utilized is	• Sterilizing temperature 121° C ²⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M

● General Lab Criteria ●

adequately sterilized before use	<ul style="list-style-type: none"> • 10 to 30 minutes time based on material being sterilized²⁶ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• 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 checked="" 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 checked="" type="checkbox"/> No	
• Temperature Calibration / Documentation	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained⁹ 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• 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 checked="" type="checkbox"/> No	

Comments:

Number of Criteria Rated:	Acceptable	1
	Marginal	10
	Unacceptable	0
Total Number of Areas Rated		11

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:	>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.	

● General Lab Criteria ●

Oil and Grease	G	1000	G	HCl or H ₂ SO ₄ to pH <2, Refrigerate ≤6° C	28 d	28 d
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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