



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: Hardin County
Triumph Thermal Systems
NPDES Permit

October 16, 2007

Mr. Stanley J. Coughlin
Triumph Thermal Systems, Inc.
200 Railroad Street
Forest, Ohio 45843

Dear Mr. Coughlin:

On September 24, 2007, a National Pollutant Discharge Elimination System (NPDES) permit compliance inspection was conducted at the Triumph Thermal Systems facility. You and Mr. Troy Cramer were present and provided information on operations and maintenance at the facility. The inspection included completion of the enclosed checklist, a tour of the facility, observation of the process wastewater treatment system, and observation of all of the NPDES permitted outfalls.

During our visit, all treatment units were in operation. The discharges from outfalls 002 and 003 were clear. However, no samples were taken to verify compliance with NPDES permit limits. There was no discharge from outfalls 001 and 005.

One NPDES permit violation was reported in April 2007, for dissolved hexavalent chromium. The facility is now in compliance with fluoride limits. We are currently processing your NPDES permit renewal application. Please continue to follow your current permit until the renewal permit becomes effective.

A copy of our completed inspection report is enclosed for your records. If you have any questions, please call me at (419)373-3008.

Sincerely,

Thomas Poffenbarger, P.E.
District Engineer
Division of Surface Water

/l/r

Enclosure

pc: DSW-NWDO-File

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
<u>2IS00001</u>	<u>OH0003701</u>	<u>07/9/24</u>	<u>C</u>	<u>S</u>	<u>2</u>

Section B: Facility Data

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Triumph Thermal Systems, Inc. 200 Railroad Street Forest, Ohio 45843	10:00 A.M.	December 1, 2002
	Exit Time	Permit Expiration Date
	10:50 A.M.	November 30, 2007

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Mr. Stanley J. Coughlin, Manufacturing Team Leader Mr. Troy Cramer, Consultant	419-273-2511 Ext. 210 419-273-2511 Ext. 227

Name, Address and Title of Responsible Official	Phone Number
Mr. Stanley J. Coughlin, Manufacturing Team Leader Triumph Thermal Systems, Inc. 200 Railroad Street Forest, Ohio 45843	419-273-2511

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment
<u>S</u> Records/Reports	<u>N</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u>N</u> Other
<u>S</u> Collection System		

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Discharges to Rickenbach (Shaefer) Ditch were clear.

Thomas Poffenbarger

Thomas Poffenbarger, P.E. 10/5/07
 Name(s) and Signature(s) of Inspector(s) Date, Ohio EPA, Northwest
District Office

Elizabeth A. Wick

Elizabeth A. Wick, P.E. 10/12/07
 Name and Signature of Reviewer Date, Ohio EPA, Northwest
District Office

Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

Section E: Permit Verification

	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<u>X</u>	___	___	___
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<u>X</u>	___	___	___
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	<u>X</u>	___	___	___
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	___
(e) TREAT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	___
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	<u>X</u>	___	___	___
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	___	___	<u>X</u>	___
(h) ALL DISCHARGES ARE PERMITTED	<u>X</u>	___	___	___
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<u>X</u>	___	___	___

COMMENTS/STATUS:

- (c) Production has increased, people now work on 2nd and 3rd shifts
- (f) New tube settler installed.

Section F: Compliance Schedules/Violations

	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION	<u>X</u>	___	___	___
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS	<u>X</u>	___	___	___
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	___	<u>X</u>	___	___
(d) COMPLIANCE SCHEDULE CONTAINED IN _____	___	___	___	___
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	___	___	<u>X</u>	___

COMMENTS/STATUS:

- (a) Dissolved hexavalent chromium - April 2007

Section G: Operation and Maintenance

TREATMENT WORKS:

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED				
(a) STANDBY POWER AVAILABLE GENERATOR <u> </u> DUAL FEED	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>2</u> DAYS/WEEK <u>6</u>	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u> </u>	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u> </u> ON MORS <u> </u> 800 NO.	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u> </u>	<u>X</u>	<u> </u>	<u> </u>

COMMENTS/STATUS:

(h) Facility is developing an Operations and Maintenance Manual

COLLECTION SYSTEM:

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u> </u> %				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u> </u> SSO <u> </u>)	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(i) IS THERE AN INFLOW INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	<u> </u>	<u> </u>	<u>X</u>	<u> </u>

COMMENTS/STATUS:

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP)
SUBMITTED DATE _____ APPROVAL # _____ NOT SUBMITTED _____ N/A X

	Yes	No	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	_____	_____	<u>X</u>	_____
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: <u>hauled off as hazardous waste</u>)	<u>X</u>	_____	_____	_____
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	_____	_____	_____	_____
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: <u>Chem Central</u>)	<u>X</u>	_____	_____	_____
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	_____	<u>X</u>	_____	_____
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<u>X</u>	_____	_____	_____
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	_____	_____	<u>X</u>	_____
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<u>X</u>	_____	_____	_____
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	_____	<u>X</u>	_____	_____
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<u>X</u>	_____	_____	_____

COMMENTS/STATUS:

Section I: Self-Monitoring Program

Part 1. Flow measurement

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED <u>X</u>	<u>X</u>	_____	_____	_____
TYPE OF DEVICE: <u>X</u> ULTRASONIC & PARSHALL FLUME _____ ULTRASONIC & WEIR _____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration _____)	<u>X</u>	_____	_____	_____
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<u>X</u>	_____	_____	_____
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<u>X</u>	_____	_____	_____
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<u>X</u>	_____	_____	_____
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: <u>X</u> DAILY _____ WEEKLY _____ MONTHLY _____ OTHER	_____	_____	_____	_____

COMMENTS/STATUS:

(b) Calibrated regularly (in-house) on instrument calibration cycle.

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<u>X</u>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	___	___	___
(e) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g., continuous monitoring instrumentation, calibration and maintenance records)	<u>X</u>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC.	<u>X</u>	___	___	___

COMMENTS/STATUS:

(f) Chain of custody form is used.

Part 3. Laboratory

	Yes	No	N/A	N/E
GENERAL				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	___	<u>X</u>	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	___	<u>X</u>	___	___
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	<u>X</u>	___	___	___
(e) COMMERCIAL LABORATORY USED	<u>X</u>	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB All except pH	___	___	___	___

(2) LAB NAME: Alloway - Marion

QUALITY CONTROL/QUALITY ASSURANCE

(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : _____	___	___	___	___
___ SATISFACTORY ___ MARGINAL ___ UNSATISFACTORY				

COMMENTS/STATUS:

Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	No Discharge						
002	none	none	none	none	none	clear	
003	none	none	none	none	none	clear	
005	No Discharge						

COMMENTS/STATUS:

Section K: Multimedia Observations

	Yes	No	N/A	N/E
(a) ARE THERE INDICATIONS OF SLOPPY HOUSEKEEPING OR POOR MAINTENANCE IN WORK AND STORAGE AREAS OR LABORATORIES	—	X	—	—
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	—	X	—	—
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	—	X	—	—
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUST CLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	—	X	—	—
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	—	X	—	—
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	—	X	—	—

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: