



State of Ohio Environmental Protection Agency

**Northwest District Office**

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

Re: Lucas County  
BP Oil Toledo Refinery  
Compliance Inspection

July 1, 2008

Mr. Ronald Unnerstall  
Business Unit Manager  
BP Oil Toledo Refinery  
P.O. Box 696  
Toledo, Ohio 43697

Dear Mr. Unnerstall:

On June 12, 2008, Naajy Abdullah conducted a compliance inspection of the wastewater treatment plant (WWTP) serving the Toledo Refinery. Mr. James Nelson was present and provided information about the facilities. During the inspection, all major units of the WWTP were in operation. The WWTP effluent appeared clear.

One API separator was down for repair and one sand filter was down with major component replacements. It was indicated that the company is planning on component replacements for all of the remaining five (5) sand filters. Since the last inspection, the facility had several violations that were not significant but were attributed to an upset condition of the wastewater treatment system that may have been caused by a process wastewater slug load.

The completed inspection checklist is enclosed for your review. If you have any questions, please contact Naajy Abdullah at (419) 373-3017.

Yours truly,

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

/llr

pc: James Nelson, BP Products  
DSW-NWDO File

# NPDES COMPLIANCE INSPECTION REPORT

## Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2IG00007	OH0002461	08/06/12	C	S	2

## Section B: Facility Data

<b>Name and Location of Facility Inspected</b> BP Products North America, Inc. Toledo Refinery 4001 Cedar Point Road Oregon, Ohio 43616	<b>Entry Time</b> 9:30 a.m.	<b>Permit Effective Date</b> 8-1-2004
	<b>Exit Time</b> 12:00 p.m.	<b>Permit Expiration Date</b> 1-3-2009

<b>Name(s) and Title(s) of On-Site Representative(s)</b> Mr. James Nelson, Environmental Specialist	<b>Phone Number(s)</b> (41) 698-6339
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<b>Name, Address and Title of Responsible Official</b> Mr. Ronald Unnerstall	<b>Phone Number</b> (419) 698-6435
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## 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>n</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>N</u> Collection System		

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

- \* All major treatment units were operational and in use.
- \* Two API separators were out for repair and modifications.
- \* One sand filter out for component replacement.
- \* Effluent from process waste water treatment appeared clear.

Naajy Abdullah, P.E.	6-30-08	Ohio EPA, Northwest District Office
Name(s) and Signature(s) of Inspector(s)	Date	District Office

Elizabeth A. Wick, P.E.	4-3-10	Ohio EPA, Northwest District Office
Name and Signature of Reviewer	Date	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:

**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 <u>NPDES permit</u>	___	___	<u>x</u>	
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	___	___	<u>x</u>	

COMMENTS/STATUS:

**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>X</u> DUAL FEED <u>X</u>	<u>X</u>			
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>			
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>			
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>1</u> DAYS/WEEK <u>5</u>	<u>X</u>			
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS _____ REQUIRED BY PERMIT CLASS: <u>III</u>			<u>X</u>	
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>			
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION		<u>X</u>		
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED			<u>X</u>	
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION		<u>X</u>		
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES _____ ON MORS _____ 800 NO.			<u>X</u>	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION		<u>X</u>		

**COLLECTION SYSTEM: N/a**

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

COMMENTS/STATUS:

**Section H: Sludge Management**

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

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

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 <u>X</u> ULTRASONIC & WEIR _____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify <u>parshall flume with bubbler</u> )	_____	_____	_____	_____
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>weekly</u> )	_____	_____	_____	<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: _____ DAILY <u>X</u> WEEKLY _____ MONTHLY _____ OTHER	_____	_____	_____	_____
(a) Effluent	_____	_____	_____	_____
(b) As needed	_____	_____	_____	_____

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<input checked="" type="checkbox"/>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<input checked="" type="checkbox"/>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<input checked="" type="checkbox"/>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<input checked="" type="checkbox"/>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<input checked="" type="checkbox"/>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<input checked="" type="checkbox"/>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<input checked="" type="checkbox"/>	___	___	___
(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)	<input checked="" type="checkbox"/>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC.	<input checked="" type="checkbox"/>	___	___	___

COMMENTS/STATUS:

Part 3. Laboratory

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

(2) LAB NAME:

**QUALITY CONTROL/QUALITY ASSURANCE**

(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	___	___	___	<input checked="" type="checkbox"/>
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	___	___	___	<input checked="" type="checkbox"/>
(h) ADEQUATE RECORDS MAINTAINED	<input checked="" type="checkbox"/>	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : <u>8-24-2006</u> <input checked="" type="checkbox"/> SATISFACTORY    ___ MARGINAL <input checked="" type="checkbox"/> UNSATISFACTORY				

COMMENTS/STATUS:

- (1) pH and BOD not satisfactory
- (2) TSS check for error

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

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
002	None	None	None	None	None	Normal	
601	None	None	None	None	None	Clear	
602	None	None	Moderate	None	None	Normal	

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	___	<u>X</u>	___	___
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOOR	___	<u>X</u>	___	___
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	___	<u>X</u>	___	___
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	___	<u>X</u>	___	___
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	___	<u>X</u>	___	___
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	___	<u>X</u>	___	___

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:

Section L: Complete as appropriate for sampling inspections  
**DO NOT ATTACH THIS PAGE WHEN COMPLETING REPORTS FOR EVALUATION INSPECTIONS**

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**Section L: Sampling Procedures (for CSIs)**

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- GRAB SAMPLES OBTAINED
- COMPOSITE OBTAINED
- COMPOSITING FREQUENCY \_\_\_\_\_ PRESERVATION
- FLOW PROPORTIONED SAMPLE OBTAINED
- AUTOMATIC SAMPLER USED
- SAMPLE SPLIT WITH PERMITTEE
- CHAIN OF CUSTODY EMPLOYED
- SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

SAMPLE REFRIGERATED DURING COMPOSITING:

Yes

No

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE

COMMENTS: