



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.state.oh.us

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

Re: Lucas County
Toledo Edison/Bayshore Station
NPDES Permit

April 1, 2009

Mr. Steven M. Smith, Director
Toledo Edison
300 Madison Avenue
Toledo, Ohio 43652-0001

Dear Mr. Smith:

On March 11, 2009, Naajy Abdullah conducted an inspection of the Toledo Edison/Bayshore Station to determine compliance with the facility's NPDES permit. Mr. Robert Hocks was present and provided information on the operation and maintenance of the wastewater systems.

Outfalls 001 and 003 were discharging and the discharge was typical. Outfall 002 was also discharging due to excessive wastewater runoff from the coal stockpile area. The discharged wastewater appeared typical and an automatic sampler was set up for sample collection.

An oil/water separator unit was installed along a road side drainage ditch within your facility. Our office has received as built plans and a permit application for this unit. Please note that any wastewater or storm water runoff treatment systems require an approval by our agency prior to installation.

The completed inspection checklist is enclosed. Please call Naajy Abdullah at (419) 373-3017 with any questions.

Yours truly,

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

/llr

Enclosure

pc: Robert Hocks, Toledo Edison
DSW-NWDO File

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
<u>21B00000</u>	<u>OH0002925</u>	<u>09/03/11</u>	<u>C</u>	<u>S</u>	<u>2</u>

Section B: Facility Data

Name and Location of Facility Inspected First Energy Bayshore Plant 4701 Bayshore Road Oregon, Ohio 43616	Entry Time	Permit Effective Date
	11:00 a.m.	8-1-07
	Exit Time	Permit Expiration Date
	12:00 p.m.	1-13-09

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Robert J. Hocks, P.E. Advanced Engineer	(419) 249-5787

Name, Address and Title of Responsible Official	Phone Number
Steven M. Smith	(419) 249-5882

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>N</u> Sludge Storage/Disposal	<u>N</u> Other
<u>N</u> Collection System		

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

- * At the time of inspection, outfall 002 was discharging and sampled.
- ** Outfalls 001 and 003 were discharging normal.


 Naajiy S. Abdullah, P.E. _____, Ohio EPA, _____ Northwest
 Name(s) and Signature(s) of Inspector(s) Date District Office


 Elizabeth A. Wick, P.E. _____, Ohio EPA, _____ Northwest
 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:

(f) Company installed an oil/water separator in stormwater drainage ditch alongside east side of property.

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 NPDES permit	___	___	___	
(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>			
(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 ___ DAYS/WEEK ___			<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 <u>0</u> %				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO_ SSO <u>X</u>)				
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)				
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED				
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT				
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM				
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED				
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT				
(i) IS THERE AN INFLOW INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION				
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING				
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY				

COMMENTS/STATUS:

Section H: Sludge Management

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

	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: Mid Ohio)	___	___	___	___
(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:
Lagoon System

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>	___	___	___
TYPE OF DEVICE: ___ ULTRASONIC & PARSHALL FLUME <u>X</u> ULTRASONIC & WEIR ___ WEIR ___ CALCULATED FROM INFLUENT <u>X</u> OTHER (Specify <u>parshall flume with bubbler</u>)				
(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: ___ DAILY ___ WEEKLY ___ MONTHLY ___ OTHER				

(a) For discharge at outfall 003 (Bottom Ash Pond)

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:

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 <u>Mercury / Dissolved Oxygen</u>				
(2) LAB NAME <u>First Energy, Beta Lab/ Jones & Henry Labs</u>				
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 : <u>10/22/2007</u> <u>X</u> SATISFACTORY <u>___</u> MARGINAL UNSATISFACTORY				

COMMENTS/STATUS:

Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	None	None	Typ.	None	None	None	
002	None	None	None	None	None	Clear	
003	None	None	None	None	None	Clear	

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 FLOORS	___	<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: