



State of Ohio Environmental Protection Agency

**Southeast District Office**

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

August 4, 2010

**Re:** Belmont County  
Flushing WWTP  
NPDES Permit #0PB00013\*ED  
Compliance Evaluation Inspection  
Correspondence (PWW)

Mayor Barbara Bashline & Village Council  
Village of Flushing  
P.O. Box 66  
Flushing, Ohio 43977

Dear Mayor Bashline and Council Members:

On July 14, 2010, I performed a compliance evaluation inspection (CEI) at the Flushing Wastewater Treatment Plant (WWTP). Rusty Taylor, plant operator and village administrator, and Jeff Vaughn, Operator of Record, represented the village during the inspection.

The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of the NPDES permit, Federal Number OH0025143, State Number 0PB00013\*ED. Wastewater samples were not collected. A copy of the inspection report form is attached.

Based on the evaluation of the facility, the Flushing WWTP was found to be in **non-compliance** with the permit on the day of the inspection due to missed NPDES permit compliance schedule milestones, the condition of the collection system, and sludge storage issues.

The following comments/problems were noted as a result of the inspection and review of the records:

1. **Operation and Maintenance** - required by Part III, Item (3) of the NPDES permit.
  - a. Flushing has failed to maintain the collection system to prevent inflow and infiltration. In addition, the pump stations are old and in need of complete replacement (see below).
  - b. The plant operator must develop Standard Operating Procedures (SOP) and a Quality Assurance/Quality Control Manual for the laboratory. I have attached a laboratory inspection form for the laboratory personnel to review. In the near future I will perform a complete laboratory inspection.

- c. There is currently no sludge being digested or dried on the drying beds. Provide a technical explanation of how this method of sludge management is an efficient method of plant operation. It is strongly recommended that the facility begin sludge processing while the weather is good.

Also according to Jacob Howdyshell, Flushing is required to install a storage pad with a drain back into treatment for any storage of sludge not on the sludge beds. When will this be accomplished?

- d. The WWTP and pump stations must have operating alarm systems. Provide a timetable when this will be done.

## 2. **NPDES Permit Part I,C – Compliance Schedules**

Flushing has failed to meet the milestone deadlines contained in the NPDES permit compliance schedule:

- a. Failure to submit an Inflow/Infiltration (I/I) Control Plan by June 1, 2010;
- b. Failure to submit a list of projects for I/I control by June 1, 2010; and
- c. Failure to submit an update of the Pump Station report and a list of pump station projects by June 1, 2010.

In addition Flushing is in violation of Part III, Item D for failure to report these missed deadlines to Ohio EPA.

## 3. **Certified Operator – Operator of Record**

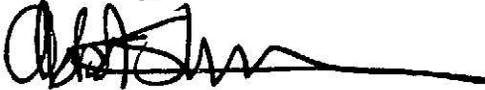
The NPDES permit Part II, Item B addresses new requirements contained in the Operator Certification rules, OAC 3745-07.

- a. Your WWTP is classified as a Class II plant according to the rule. Therefore your Operator of Record must be a Class II wastewater operator. Your Operator of Record is required to be at the WWTP 5 days a week for a total of 20 hours a week minimum. Jeff Vaughn, your current Operator of Record, is not able to spend that amount of time at the plant. A reduction of the required time is possible if you have a class I operator at the plant. However, none of the WWTP staff are certified operators at this time. The village has had a year to address this issue but has not. Provide a plan for how Flushing will provide a class II operator for the required staffing hours. Refer to the attached copy of rule OAC 3745-7-04 for all of your options.

- b. Ohio EPA has no record of receiving an Operator of Record form from the village. Please submit a form within 14 days of the receipt of this report.

Please respond to comments 1 through 3 above, in writing, within 30 days of receipt of this notice. If you have any questions, please contact me at (740) 380-5284.

Sincerely,



Ms. Abbot Stevenson  
Environmental Engineer  
Permits and Enforcement Section  
Division of Surface Water

AS/dh

Enclosures

c: Jeff Vaughn, Vaughn, Coast and Vaughn  
c: Rusty Taylor, Village Administrator

# NPDES Compliance Inspection Report

## A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PB00013*ED	OH0025143	July 14, 2010	C	S	1

## B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Flushing WWTP Mill Street Flushing, Ohio	11:10 a.m.	June 1, 2009
	Exit Time	Permit Expiration Date
	1:45 p.m.	May 31, 2014

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Jeff Vaughn, Operator of Record Rusty (Russel) Taylor, Village Administrator, Plant Operator	(740) 695-7256
Name, Address, & Title of Responsible Official	Phone Number
Mayor Barb Bashline Village of Flushing P.O. Box 66 Flushing, Ohio 43977	(740) 968-3123

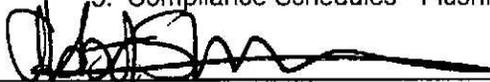
## C. AREAS EVALUATED DURING INSPECTION

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

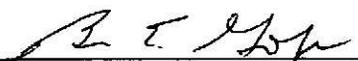
(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

## D. SUMMARY OF FINDINGS/COMMENTS (attach additional sheets if necessary)

- Operations & Maintenance - Operator of Record issues. See letter Item 3.
- Collection System - Flushing has severe I/I. See letter Items 1a and 2.
- Laboratory - The operator needs to develop laboratory standard operating procedures and a QA/QC manual. See letter Item 1b.
- Sludge - Sludge storage and screening is insufficient. See letter Item 1c.
- Compliance Schedules - Flushing has missed several deadlines. See letter Item 2.

  
Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

8/3/10  
Date

  
Timothy M. Campbell, Reviewer, Ohio EPA, Southeast District Office

8/3/10  
Date

**E. PERMIT VERIFICATION**

Inspection Observations Verify the Permit	YES	NO	N/A	N/E
a. Correct name & mailing address of permittee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Correct name & location of receiving waters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Product(s) & production rates conform with permit application (industries)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flows & loadings conform with NPDES permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treatment processes are as described in permit application/briefing memo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. New treatment process(es) added since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notification given to state of new, different, or increased discharges	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. All discharges are permitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Number & location of discharge points are as described in permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**F. COMPLIANCE SCHEDULES/VIOLATIONS**

	YES	NO	N/A	N/E
a. Any significant violations since the last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permittee is taking actions to resolve violations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Permittee has compliance schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in: Permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

See attached letter Item 2.

**G. OPERATION AND MAINTENANCE**

Treatment Facility Properly Operated & Maintained	YES	NO	N/A	N/E
a. Standby power available: Generator: <input checked="" type="checkbox"/> Dual Feed: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate alarm system available for power or equipment failures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All treatment units in service other than backup units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sufficient operating staff provided: # of shifts: 1 Days/Week: 8.5 hrs/5 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Copy of certificate of Operator of Record displayed on-site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Minimum operator staffing requirements fulfilled (OAC 3745-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Routine & preventive maintenance schedule/performed on time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any major equipment breakdown since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Operation & maintenance manual provided & maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Any plant bypasses since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Regulatory agency notified of bypasses: On MORS: <input type="checkbox"/> 800 No.: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Any hydraulic and/or organic overloads experienced since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

- b. No alarm system. Operator lives in town. When power goes out he goes to plant. The plant must have an operable alarm system.
- d. Plant is checked on weekends.
- m. System has inflow/infiltration.

<b>Record Keeping</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Log book provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Log book contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Identification of treatment works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date/time of arrival/departure of ORC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily record of operation and maintenance activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laboratory results (unless documented on bench sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the ORC submitting written notification to Ohio EPA and permittee when a collection system overflow, treatment plant bypass or effluent limit violation has occurred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>Collection System</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Percent combined system. Percent:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Any collection system overflows since last inspection: CSO: <input type="checkbox"/> SSO: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. CSO O&M plan provided and implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. DSOs monitored and reported in accordance with permit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Portable pumps used to relieve system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are any portions of the sewer system at or near capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

## SLUDGE MANAGEMENT

	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Sludge adequately disposed. Method: Land application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If sludge is incinerated, where is ash disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is sludge disposal contracted? Name:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has amount of sludge generated changed significantly since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adequate sludge storage provided at facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Records kept in accordance with state rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Any complaints received in last year regarding sludge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is sludge adequately processed (digestion, dewatering, pathogen control) in accordance with Ohio EPA rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Comments:**

On 3/10/10, Jacob Howdyshell of the Division of Surface Water inspected the WWTP for compliance with Ohio EPA sludge regulations. See his letter dated 4/27/10.



Part 3 – Laboratory, Quality Control/Quality Assurance	YES	NO	N/A	N/E
a. Quality assurance manual provided and maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Satisfactory calibration and maintenance of instruments and equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: Date: N/A <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

**Comments:**

b. Calibration of balance not recent by equipment manufacturer.

**J. EFFLUENT/RECEIVING WATER OBSERVATIONS**

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001	None	None	None	Slight	None	None	

**Comments:**

**K. MULTIMEDIA OBSERVATIONS**

Collection System	YES	NO	N/A	N/E
a. Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you notice staining or discoloration of soils, pavement, or floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you notice distressed (unhealthy, discolored, dead) vegetation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you see unidentified dark smoke or dustclouds coming from sources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you notice any unusual odors or strong chemical smells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If any of the above are observed, ask the following questions:**

1. What is the cause of the conditions?
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:**

# General Lab Criteria

LVS-010-01-01-17

Facility:

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

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Drying Oven (Suspended Solids)</b>				
• Temperature Recordkeeping	• Temperature recorded with each use <sup>4</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained <sup>6</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1,2</sup> . Correction factor posted on thermometer / equipment <sup>1</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1° C increments <sup>5</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° F <sup>4</sup>	<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
<b>pH Meter</b>				
• 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) <sup>3</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result <sup>7</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing <sup>8</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Dissolved Oxygen Meter</b>				
• Calibration Method	• Air or known DO calibration method <sup>10</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration per manufacturer specification <sup>10</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency	• Logbook maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

# General Lab Criteria

/ Documentation	<ul style="list-style-type: none"> <li>• Calibration verification required at least once each day the meter is used.<sup>3</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	<ul style="list-style-type: none"> <li>• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil)<sup>11</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Instrument manual available</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Incubator (CBOD/ E-Coli)</b>				
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use <sup>1</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (CBOD) is 20° C ±1.0 <sup>o</sup> 12	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 <sup>o</sup> 22	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1, 2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature correction information posted on incubator <sup>1</sup>	<input type="checkbox"/> Yes	<input 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) <sup>23</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius). <sup>5</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Refrigerator</b>				
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius). <sup>5</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1, 2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer held in water bath. <sup>1</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius. <sup>13</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages. <sup>14</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Chlorine Meter</b>				
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV <sup>15</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) <sup>3</sup>	<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 <sup>16</sup>	<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. <sup>9</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

# General Lab Criteria

	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Ammonia Meter</b>		<b>Acceptable?</b>		
• 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) <sup>3</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input 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. <sup>17</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing <sup>18</sup>	<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
<b>Sample Collection/Handling</b>		<b>Acceptable?</b>		
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed). <sup>19</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Chain of Custody	• Chain of custody (description, date, time, signature). <sup>19</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Composite samples refrigerated during sample collection <sup>14</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized <sup>14</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook being maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

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

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Bench sheets</b>		<b>Acceptable?</b>		
• General criteria	• Date(s) <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Analyst initials <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Blue or black ink pen <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration information <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equations, calculations, units for all measurements, notations, and results present <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Corrections, single line through, initialed and dated <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

# General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Hot Water Bath (Fecal Coliform/E. Coli)</b>				
<ul style="list-style-type: none"> <li>Temperature Recordkeeping</li> </ul>	<ul style="list-style-type: none"> <li>Temperature Log (thermometer reads 0.2° C)<sup>21</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Incubator temperature 44.5° C ± 0.2°<sup>21/24</sup></li> </ul>			
<ul style="list-style-type: none"> <li>Temperature Calibration / Documentation</li> </ul>	<ul style="list-style-type: none"> <li>Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Log book being maintained<sup>9</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Water Level</li> </ul>	<ul style="list-style-type: none"> <li>Thermometer total immersion or partial (line on thermometer to ID immersion depth)<sup>1,5</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Autoclaves/Steam Sterilizers</b>				
<ul style="list-style-type: none"> <li>All apparatus utilized is adequately sterilized before use</li> </ul>	<ul style="list-style-type: none"> <li>Sterilizing temperature 121° C<sup>25</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>10 to 30 minutes time based on material being sterilized<sup>26</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Documentation</li> </ul>	<ul style="list-style-type: none"> <li>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.<sup>1</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used<sup>1</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Temperature Calibration / Documentation</li> </ul>	<ul style="list-style-type: none"> <li>Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Log book being maintained<sup>9</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Performance Checks</li> </ul>	<ul style="list-style-type: none"> <li>Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearotherophilus</i> in spore strips, suspensions, or capsules<sup>1</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

<b>Number of Criteria Rated:</b>	<b>Acceptable</b>
	<b>Marginal</b>
	<b>Unacceptable</b>
	<b>Total Number of Areas Rated</b>

**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

# 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 $\text{H}_2\text{SO}_4$ to $\text{pH} < 2$ , 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 $\text{HNO}_3$ to $\text{pH} < 2$	6 months	6 months
Purgeables by purge and trap	G (PTFE lined lid)	40 (X2)	G	HCl to $\text{pH} < 2$ , 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.	
Oil and Grease	G	1000	G	HCl or $\text{H}_2\text{SO}_4$ to $\text{pH} < 2$ , Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

# General Lab Criteria

<b>Approved Standard Methods</b>	
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