



State of Ohio Environmental Protection Agency

**Southeast District Office**

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

July 11, 2008

**Re:** Coshocton County  
AK Steel Corporation  
Coshocton Works  
NPDES No. 01D00014\*MD  
Correspondence (IWW)

Mr. Cory Levensgood, Manager, Env. Affairs  
AK Steel Corporation  
Coshocton Works  
17400 State Route 16  
Coshocton, Ohio 43812

Dear Mr. Levensgood:

On July 2, 2007, Tim Campbell and I conducted a compliance evaluation inspection (CEI) at AK Steel Corporation, Coshocton Works. You represented AK Steel during the inspection. The purpose of the inspection was to determine AK Steel's compliance with the terms and conditions of its NPDES permit. AK Steel appeared to be in compliance with its NPDES permit at the time of the inspection.

AK Steel has reported the following exceedance of NPDES effluent limits since the previous inspection:

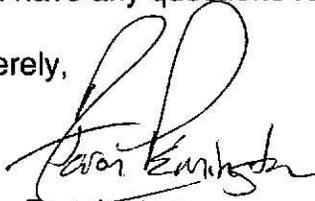
Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
October 2007	001	61941	pH, Maximum	1D Conc	9.0	10.	10/17/07

Recent acute toxicity testing for Ceriodaphnia dubia has been reported higher than the future limit of 1.7 TUa. The facility is investigating a potential link of high toxicity to the use of a Nalco polymer used with the process treatment system. Please follow-up with a letter disclosing the evaluation of the Nalco product including the history in rate of use over the past couple years.

Additionally, you have until September 30, 2008 to post an outfall sign at 001.

Thank you for the assistance during the inspection. You may call me at (740) 380-5272 if you have any questions regarding permitting and compliance.

Sincerely,

A handwritten signature in black ink, appearing to read "Aaron Pennington". The signature is written in a cursive style with a large, looped initial "A".

Aaron Pennington  
District Representative  
Division of Surface Water

AMP/dh

Enclosure

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
01D00014*MD	OH0004260	July 2, 2008	C	S	2

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
AK Steel Corporation Coshocton Works 17400 State Route 16 Coshocton, Ohio 43812	9:45 A.M.	June 1, 2008
	Exit Time	Permit Expiration Date
	11:00 A.M.	July 31, 2012

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Cory Levengood, Environmental Affairs Manager	(740) 829-2341 Ext. 4279
Name, Address and Title of Responsible Official	Phone Number
Mark Gordon, General Manager	(740) 829-4331

**C. AREAS EVALUATED DURING INSPECTION**

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment
<u>S</u> Records/Reports	<u>S</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>N</u> Collection System		

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

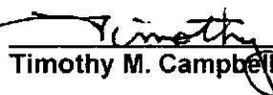
**D. SUMMARY OF FINDINGS/COMMENTS** (attach additional sheets if necessary)

See attached cover letter.



Aaron Pennington, Inspector, Ohio EPA, Southeast District Office

7-7-08  
Date



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

7/11/08  
Date

**E. PERMIT VERIFICATION**

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

**F. COMPLIANCE SCHEDULES/VIOLATIONS**

	Yes	No	N/A	N/E
a. Any significant violations since the last inspection		X		
b. Permittee is taking actions to resolve violations			X	
c. Permittee has compliance schedule	X			
d. Compliance schedule contained in: Permit Part I, C.	X			
e. Permittee is meeting compliance schedule: evaluating toxicity	X			

**G. OPERATION AND MAINTENANCE**

Treatment Facility Properly Operated and Maintained	Yes	No	N/A	N/E
a. Standby power available: <u>Close proximity to local Power plant</u>		X		
b. Adequate alarm system available for power or equipment failures	X			
c. All treatment units in service other than backup units	X			
d. Sufficient operating staff provided: # of shifts <u>3</u> Days/Week <u>7</u>	X			
e. Operator holds unexpired license of class required by permit Class:			X	
f. Routine and preventive maintenance schedule/performed on time: <u>TEAMS software</u>	X			
g. Any major equipment breakdown since last inspection		X		
h. Operation and maintenance manual provided and maintained	X			
i. Any plant bypasses since last inspection		X		
j. Regulatory agency notified of bypasses:			X	
k. Any hydraulic and/or organic overloads experienced since last inspection		X		

Collection System	Yes	No	N/A	N/E
a. Percent combined system: 0%			X	
b. Any collection system overflows since last inspection (CSO ____ SSO ____ )			X	
c. Regulatory agency notified of overflow (SSOs)			X	
d. CSO O and M plan provided and implemented			X	
e. CSOs monitored and reported in accordance with permit			X	
f. Portable pumps used to relieve system			X	
g. Lift station alarm systems provided and maintained			X	
h. Are lift stations equipped with permanent standby power or equivalent			X	
i. Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection			X	
j. Any complaints received since last inspection of basement flooding			X	
k. Are any portions of the sewer system at or near capacity			X	

## II. SLUDGE MANAGEMENT

a. Sludge Management Plan (SMP): \_\_\_\_\_ Submitted Date  
 \_\_\_\_\_ Approval Number  
 \_\_\_\_\_ Not submitted  
 \_\_\_\_\_ X N/A  
 \_\_\_\_\_

	Yes	No	N/A	N/E
b. Sludge Management Plan current			X	
c. Sludge adequately disposed - Non hazardous waste to Coshocton Landfill (process)	X <sup>1</sup>			
d. If sludge is incinerated, where is ash disposed of?			X	
e. Is sludge disposal contracted?				X
f. Has amount of sludge generated changed significantly since last inspection		X		
g. Adequate sludge storage provided at plant	X			
h. Land application sites monitored and inspected per SMP			X	
i. Records kept in accordance with state and federal law	X			
j. Any complaints received in last year regarding sludge		X		
k. Is sludge adequately processed (digestion, dewatering, pathogen control)	X			

<sup>1</sup> Sewage sludge is hauled to Coshocton POTW.

I. SELF-MONITORING PROGRAM

Part 1 - Flow Measurement		Yes	No	N/A	N/E
a.	Primary flow measuring device properly operated & maintained. Type of device: <input checked="" type="checkbox"/> ultrasonic & parshall flume _____ calculated from influent _____ weir _____ Other _____ ultrasonic & weir _____ Specify: _____	X			
b.	Calibration frequency adequate (date of last calibration: <u>Monthly</u> )	X			
c.	Secondary instruments ( <b>totalizers</b> , recorders etc.) properly operated and	X			
d.	Flow measurement equipment adequate to handle expected ranges of flows	X			
e.	Actual flow discharged is measured	X			
f.	Flow measuring equipment inspection frequency: <input checked="" type="checkbox"/> Daily _____ Weekly _____ Monthly _____ Other				

Part 2 - Sampling		Yes	No	N/A	N/E
a.	Sampling location(s) are as specified by permit	X			
b.	Parameters and sampling frequency agree with permit	X			
c.	Permittee uses required sampling method	X			
d.	Sample collection procedures are adequate	X			
i.	Samples refrigerated during compositing	X			
ii.	Proper preservation techniques used	X			
	Conform with 40 CFR 136.3				
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)	X			
f.	Adequate records maintained of sampling date, time, exact location, etc.	X			

Part 3, Laboratory - General		Yes	No	N/A	N/E
a.	EPA approved analytical testing procedures used (40 CFR 136.3)	X			
b.	If alternate analytical procedures are used, proper approval has been obtained			X	
c.	Analyses being performed more frequently than required by permit		X		
d.	If (c) is yes, are results reported in permittee's self-monitoring report			X	
e.	Commercial laboratory used	X			
	1. Parameters analyzed by commercial lab: <u>all but temp, pH, and visual parameters</u>				
	2. Lab name: <u>CET for the routine sampling and SGS for toxicity</u>				

