



State of Ohio Environmental Protection Agency

Southeast District Office

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Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490
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Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

September 29, 2010

Re: Coshocton County
Coshocton Landfill, Inc.
Compliance Evaluation Inspection
Correspondence (IWW)

Mr. Frank Fello, District Manager
3415 Township Road 447
Glenford, Ohio 43739

Dear Mr. Fello:

On September 9, 2010, I conducted a Compliance Evaluation Inspection at the Coshocton Landfill, Inc facility in Coshocton County. The purpose of the inspection was to determine compliance with terms and conditions of National Pollutant Discharge Elimination System (NPDES) permit number 01N00216*BD and evaluate the treatment performance. Jeff McCray, site manager, along with Candy Robinson, District Engineer, accompanied me during the inspection. Also at the meeting was Michael Hisner from US department of Interior Office of Surface Mining Reclamation and Gerald Young, from ODNR.

Based on review of monitoring records since May 2008, the Coshocton Landfill, Inc. experienced one permit limit violations. We received non-compliance notification.

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
004	00400	pH	1D Conc	9.0	9.39	6/2/2009

The facility appeared to be operating in compliance with the NPDES permit tables and conditions during the inspection. We were made aware of some contact stormwater with low pH, high TDS, and high iron that appears to be generated from the spoil site on the Solid waste permit. A sizeable portion of the spoil site does not appear to be substantially vegetated. The spoil most likely is too toxic for vegetative cover, thus we recommend that the site be stabilized with sufficient clean cover (approximately 12+ inches) to provide for vegetation. A sedimentation pond is also recommended to be located in the drainage course below the toe of the fill. To provide resolve for permitting this identified contact stormwater, we are considering adding the following Part II condition to your NPDES permit (similar to other permits):

STORM WATER FROM INDUSTRIAL ACTIVITY

During the period beginning on the effective date of this permit and lasting until the expiration date, the permittee is authorized to discharge storm water from industrial activity at outfalls _____ including discharges from fire fighting activities; fire hydrant flushings; potable water sources including waterline flushings; irrigation drainage; lawn watering; routine external building washdown which does not use detergents; pavement wash waters where spills or leaks of toxic or hazardous materials have not occurred and where detergents are not used; air conditioning condensate; boiler condensate; springs; groundwater; and foundation or footing drains from various outfalls.

Permit requirements:

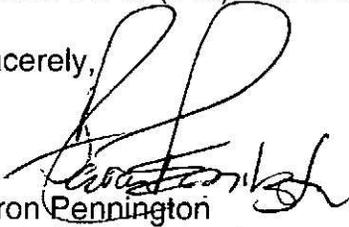
- A. The permittee shall prepare, or update as appropriate, a storm water pollution prevention plan (SWPPP) in accordance with USEPA Guidance "Developing Your Stormwater Pollution Prevention Plan: A Guide for Industrial Operators, February 2009". A copy is at http://www.epa.gov/npdes/pubs/industrial_swppp_guide.pdf*
- B. The plan shall describe and ensure the implementation of practices which are to be used to reduce the pollutants in storm water discharges associated with industrial activity at the facility and to assure compliance with the terms and conditions of this permit. The permittee shall implement the provisions of the storm water pollution prevention plan required under this part as a condition of this permit.*
- C. The permittee shall conduct an annual inspection of the facility site to identify areas contributing to a storm water discharges associated with industrial activity and evaluate whether measures to reduce pollutant loadings identified in the SWPPP are adequate and properly implemented in accordance with the SWPPP and whether additional control measures are needed.*
- D. The permittee shall maintain for a period of three years a record summarizing the results of the inspection and a certification that the facility is in compliance with the plan and the permit, and identifying any incidents of non-compliance.*
- E. The report and certification shall be signed in accordance with 40 CFR Section 122.22.*

The condition above is the minimum requirements for stormwater discharge associated with industrial activities to obtain federal EPA authorization.

Please, provide comment in a follow up letter outlining Coshocton Landfill's willingness to accept such a condition and/or alternate resolve to the contact storm water's toxic characteristics.

A copy of our inspection report is enclosed. The assistance and cooperation received during the inspection was appreciated. If you have any questions, please feel free to contact me at (740) 380-5272.

Sincerely,



Aaron Pennington
District Representative
Division of Surface Water

AP/dh

Enclosure

- c: Jeff McCray, Site Manager, Coshocton Landfill, Inc.
- c: Gerald Young, Mineral Resource Inspector, ODNR
- c: Dale Warner, Inspector, SEDO, DSIWM

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
01N00216*BD	OH0120677	September 9, 2010	C	S	2

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Coshocton Landfill, Inc. 19469 County Road 7 Coshocton, Ohio 43812	10:00 a.m.	August 1, 2007
	Exit Time	Permit Expiration Date
	12:05 p.m.	July 31, 2012

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Jeff McCray, Site Manager Candy Robinson, District Engineer	(740) 622-5590
Name, Address, & Title of Responsible Official	Phone Number
Frank Fello, District Manager 3415 Township Road 447 Glenford, Ohio 43739	(740) 787-1126

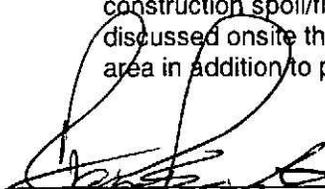
C. AREAS EVALUATED DURING INSPECTION

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

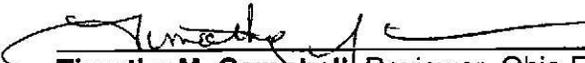
(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

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

Treatment system and ponds appear to be in good working condition. During the inspection, we met with Gerald Young, ODNR and Michael Hiscar, US Department of Interior/Surface Mining Reclamation to discuss the landfill construction spoil/fill area. Drainage from this area has been tested with low pH, high Iron, and high TDS. We discussed onsite the additional need for a settling pond to treat the contact stormwater associated to the spoil area in addition to providing a clean cover to the spoil.


Aaron Pennington, Inspector, Ohio EPA, Southeast District Office

9-29-10
Date


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

9/29/10
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All discharges are permitted	<input type="checkbox"/>	<input checked="" 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:

Contact stormwater from the spoil area is not currently accounted for in the NPDES permit.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

One high pH in June 2009

G. OPERATION AND MAINTENANCE

Treatment Facility Properly Operated & Maintained	YES	NO	N/A	N/E
a. Standby power available: Generator: <input type="checkbox"/> Dual Feed: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate alarm system available for power or equipment failures	<input checked="" type="checkbox"/>	<input 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: _____ Days/Week: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Copy of certificate of Operator of Record displayed on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Minimum operator staffing requirements fulfilled (OAC 3745-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Any plant bypasses since last inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Record Keeping	YES	NO	N/A	N/E
a. Log book provided	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Log book contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Identification of treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Date/time of arrival/departure of ORC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Daily record of operation and maintenance activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Laboratory results (unless documented on bench sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Collection System	YES	NO	N/A	N/E
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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. CSOs 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Are any portions of the sewer system at or near capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Has amount of sludge generated changed significantly since last inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Adequate sludge storage provided at facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Records kept in accordance with state rules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Any complaints received in last year regarding sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

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

Comments:

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001	Not discharging						
002	None	None	Clear	None	None	Clear	
004	Not discharging						

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do you notice staining or discoloration of soils, pavement, or floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Do you notice distressed (unhealthy, discolored, dead) vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Do you see unidentified dark smoke or dustclouds coming from sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Do you notice any unusual odors or strong chemical smells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: