



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490  
www.epa.state.oh.us

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

July 9, 2009

**Re:** Coshocton County  
Oxford Mining Company, Inc. Barb Tipple  
Ohio EPA Permit No. 0IL00107\*DD  
NPDES Permit No. OH0091073  
Compliance Evaluation Inspection  
Correspondence (IWW)

Mr. Charles Ungurean, President  
Oxford Mining Company, Inc.  
P.O. Box 427  
Coshocton, Ohio 43812

Dear Mr. Ungurean:

On June 16, 2009, Ohio EPA conducted a Compliance Evaluation Inspection at the Oxford Mining Company, Inc. Barb Tipple. The purpose of the inspection was to determine compliance with terms and conditions of National Pollutant Discharge Elimination System (NPDES) permit number 0IL00107\*DD. Mr. Wayne Light was onsite during the inspection.

We have received self-monitoring reports covering the months of June 2006 through May 2009 for the referenced facility. Our review indicated the following numerical violations with respect to the NPDES permit:

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00530	Total Suspended Solids	1D Conc	70	77.	6/26/2008
001	00530	Total Suspended Solids	30D Conc	35	42.75	6/1/2008
001	00530	Total Suspended Solids	30D Conc	35	35.2	3/1/2008

The following list of codes is enclosed for use in reporting laboratory results. Please use accordingly.

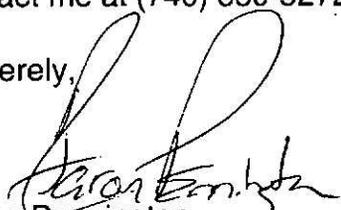
- AA - Below Detectable Limit
- AB - Analytical Data Lost
- AC - Facility Not Discharging (or No Sludge Hauled)
- AD - Automatic Analyzer Out of Service
- AE - Analytical Data Not Valid
- AF - Sample Site Inaccessible Due to Flooding or Freezing
- AH - Sample Not Taken, Explanation Included
- AJ - Above Range of Automatic Analyzer
- AK - Biological Sample Too Numerous to Count
- AL - No Discharge For the Month
- AN - Sample Not Taken, Plant Not Normally Staffed (Saturdays, Sundays, and Holidays)

More information about eDMR is at: <http://www.epa.state.oh.us/dsw/edmr/eDMR.html>

Overall, this facility was being well operated and by visual observations in compliance with the NPDES permit.

A copy of the 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

AMP/dh

Enclosure

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OIL00107*DD	OH0091073	June 16, 2009	C	S	2

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Oxford Mining Company, Inc. - Barb Tipple 48500 Franklin Twp. Road 275 Conesville, Ohio	12:45 p.m.	August 1, 2006
	Exit Time	Permit Expiration Date
	1:30 p.m.	July 31, 2011

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Wayne Light	(740) 622-6302
Name, Address and Title of Responsible Official	Phone Number
Chuck Ungurean, President 544 Chestnut Street, P.O. Box 427 Coshocton, Ohio 43812	

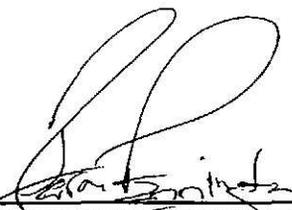
**C. AREAS EVALUATED DURING INSPECTION**

<u>  S  </u> Permit	<u>  S  </u> Flow Measurement	<u>  N/A  </u> Pretreatment
<u>  S  </u> Records/Reports	<u>  N  </u> Laboratory	<u>  N/A  </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/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)

See attached cover letter.

  
\_\_\_\_\_  
Aaron Pennington, Inspector, Ohio EPA, Southeast District Office

7-8-09  
\_\_\_\_\_  
Date

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

7/8/09  
\_\_\_\_\_  
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: _____			X	
e. Permittee is meeting compliance schedule			X	

**G. OPERATION AND MAINTENANCE**

Treatment Facility Properly Operated and Maintained	Yes	No	N/A	N/E
a. Standby power available: Generator: _____ Dual Feed: _____			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: No. of shifts: _____ Days/Week: _____			X	
e. Operator holds unexpired license of class required by permit Class: <u>N/A</u>			X	
f. Routine and preventive maintenance schedule/performed on time	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: _____ on MORS _____ 800 No.			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: <u>0</u> %			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	

## H. SLUDGE MANAGEMENT

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

## 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: _____ ultrasonic & parshall flume      _____ calculated from influent _____ weir <u>X</u> other _____ ultrasonic & weir                      specify: Estimate*	X			
b. Calibration frequency adequate (date of last calibration: _____)			X	
c. Secondary instruments (totalizer) properly operated and maintained			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: <u>X</u> Daily      _____ Weekly _____ Monthly      _____ Other				

Comments: \*Runtime meter on Influent Pumps

<b>Part 2 – Sampling</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/E</b>
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				X
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

**Comments:** \*Calibration logs are needing to be kept.

<b>Part 3 – Laboratory, General</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/E</b>
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>everything minus Flow, Precip.</u>				
2. Lab name: <u>Reaman &amp; Hagar, New Philadelphia, Ohio</u>				
<b>– Laboratory, Quality Control/Quality Assurance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>N/E</b>
f. Quality assurance manual provided and maintained				X
g. Satisfactory calibration and maintenance of instruments and equipment				X
h. Adequate records maintained				X

**J. EFFLUENT/RECEIVING WATER OBSERVATIONS**

<b>Outfall #</b>	<b>Oil Sheen</b>	<b>Grease</b>	<b>Turbidity</b>	<b>Visible Foam</b>	<b>Visible Float Solids</b>	<b>Color</b>	<b>Other</b>
001				No discharge			