



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

September 29, 2010

Re: Jackson County
Village of Coalton WWTP
Ohio EPA Permit No. 0PA00012*GD
NPDES Permit No. OH0050776
Compliance Evaluation Inspection
Correspondence (PWW)

Mayor Frank Doenges and Council
Village of Coalton
P.O. Box 98
Coalton, Ohio 45621

Dear Mayor Doenges and Council:

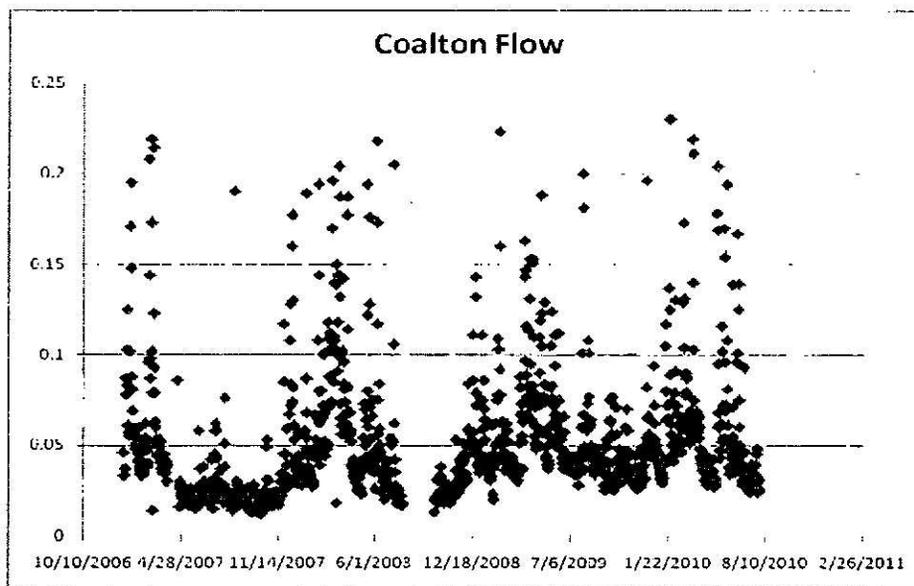
On August 30, 2010, I conducted a Compliance Evaluation Inspection at the village's wastewater treatment plant. The purpose of the inspection was to determine compliance with terms and conditions of National Pollutant Discharge Elimination System (NPDES) permit number 0PA00012*GD and to evaluate the wastewater treatment systems performance. Mr. Dave Carpenter represented the Village of Coalton during the inspection.

We have received self-monitoring reports covering the months of June and July 2010 for the referenced facility. Our review indicated the following violation of the conditions of your NPDES permit.

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00530	Total Suspended Solids	30D Qty	2.27	2.75453	6/1/2010
001	00530	Total Suspended Solids	7D Qty	3.40	5.26115	6/1/2010
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.7	4.045	6/1/2010
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	2.5	7.9	6/1/2010
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.32	2.09146	6/1/2010
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.47	4.15631	6/1/2010
001	80082	CBOD 5 day	7D Qty	2.84	3.37811	6/15/2010

A Lift Station overflow was reported August 11, 2010 as a result of a lightning strike tripping a breaker. Additionally, the variable frequency drives (VFDs) on the blowers are reportedly not starting back up after power failures. The reoccurring VFD issue along with duckweed accumulation/decomposing in the polishing pond are considered to be the primary causes of the non-compliance throughout June.

As seen in the charted data below, I&I is still a relevant issue with a design flow of 0.05MGD.



Some notable ongoing maintenance included:

1. Replacement of clarifier chains drive motor.
2. Radiator needs fixed on the WWTP standby generator. Repair as soon as possible
3. Duckweed accumulations (duckweed accumulations routinely need removed to prevent decay and release of nutrients along with preventing washout).

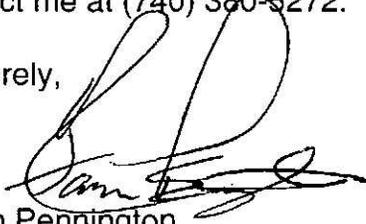
Additional items that need improvement to satisfy compliance with the NPDES permit conditions.

4. Calibrations of laboratory instruments need documented and maintained.
5. An operator log book is required to be maintained onsite.
6. Standard Operating Procedures need developed and maintained for the laboratory testing and equipment used to monitor the plant per NPDES permit.
7. The effluent flow meter must be calibrated at minimum on an annual basis.

Please respond in writing within 30 days with what plans for Inflow and Infiltration are currently scheduled in addition to addressing items 1-7 listed above.

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

c: Dave Carpenter

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PA00012*GD	OH0050776	August 30, 2010	C	S	1

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Village of Coalton WWTP 69 Shook Street Coalton, Ohio 45621	9:30 a.m.	December 1, 2009
	Exit Time	Permit Expiration Date
	12:00 p.m.	August 31, 2011

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Dave Carpenter, Operator	(740) 286-6986
Name, Address, & Title of Responsible Official	Phone Number
Mayor and Council 10 South Second Street Coalton, Ohio 45621	(740) 286-6986

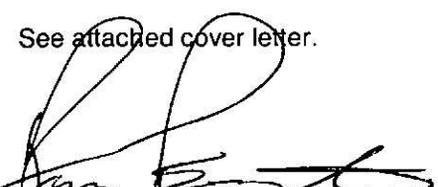
C. AREAS EVALUATED DURING INSPECTION

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

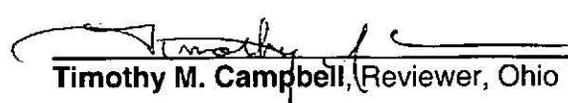
(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

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

See attached cover letter.


 Aaron M. 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 (some I/I exists)	<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"/>

F. COMPLIANCE SCHEDULES/VIOLATIONS

	YES	NO	N/A	N/E
a. Any significant violations since the last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permittee is taking actions to resolve violations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 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: 1 Days/Week: 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: I	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Routine & preventive maintenance schedule/performed on time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any major equipment breakdown since last inspection	<input checked="" type="checkbox"/>	<input 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:

Generator needs repairs. Clarifier rake drive routinely needs repaired. Duckweed accumulations need routinely removed to prevent decay and release of nutrients along with washout.

Record Keeping	YES	NO	N/A	N/E
a. Log book provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site (couldn't locate during the inspection)	<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 checked="" type="checkbox"/>
1. Identification of treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date/time of arrival/departure of ORC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Daily record of operation and maintenance activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

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 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. 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained (visual)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: Haul to Jackson WTP	<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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate records maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: N/A				
Date: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

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

General Lab Criteria

Facility: Coalton WWTP

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

Comments: N/A

Criteria	Standard Methods Requirement	Acceptable?		Rating
Drying Oven (Suspended Solids)				
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency /Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2} . Correction factor posted on thermometer / equipment ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1° C increments ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° F ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: N/A

Criteria	Standard Methods Requirement	Acceptable?		Rating
pH Meter				
• 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) ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M
	• Logbook maintained ⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result ⁷	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ⁸	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

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

General Lab Criteria

/ Documentation	• Calibration verification required at least once each day the meter is used. ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil) ¹¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

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

Comments: N/A

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

Comments: N/A - use cooler prior to contract lab.

Criteria	Standard Methods Requirement	Acceptable?		Rating
Chlorine Meter				
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<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) ³	<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 ¹⁶	<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. ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

	• Instrument manual available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments: Hach Colorimeter					
Criteria	Standard Methods Requirement	Acceptable?		Rating	
Ammonia Meter					
• 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) ³	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	• Log book being maintained ⁹	<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. ¹⁷	<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 ¹⁸	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	• Instrument manual available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments: Uses Nessler's method kit for inhouse monitoring, reported data comes from contract lab.

Criteria	Standard Methods Requirement	Acceptable?		Rating	
Sample Collection/Handling					
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed). ¹⁹	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Chain of Custody	• Chain of custody (description, date, time, signature). ¹⁹	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
• Other	• Composite samples refrigerated during sample collection ¹⁴	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	• Equipment blanks utilized ¹⁴	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	• SOP for cleaning of sampling equipment	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	• Logbook being maintained ⁹	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating	
Desiccator					
• 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 ⁹	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments: N/A

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

Comments: Keeps a daily log/documentation of calibration needs addressed.

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating
Hot Water Bath (Fecal Coliform/E. Coli)			
<ul style="list-style-type: none"> Temperature Recordkeeping 	<ul style="list-style-type: none"> Temperature Log (thermometer reads 0.2° C)²¹ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> Incubator temperature 44.5° C ± 0.2°^{21/24} 		
<ul style="list-style-type: none"> Temperature Calibration / Documentation 	<ul style="list-style-type: none"> Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> Log book being maintained⁹ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Water Level 	<ul style="list-style-type: none"> Thermometer total immersion or partial (line on thermometer to ID immersion depth)^{1,5} 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: N/A

Criteria	Standard Methods Requirement	Acceptable?	Rating
Autoclaves/Steam Sterilizers			
<ul style="list-style-type: none"> All apparatus utilized is adequately sterilized before use 	<ul style="list-style-type: none"> Sterilizing temperature 121° C²⁵ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> 10 to 30 minutes time based on material being sterilized²⁶ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Documentation 	<ul style="list-style-type: none"> 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.¹ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used¹ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Temperature Calibration / Documentation 	<ul style="list-style-type: none"> Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> Log book being maintained⁹ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Performance Checks 	<ul style="list-style-type: none"> Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules¹ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: N/A

Number of Criteria Rated:	Acceptable	1
	Marginal	3
	Unacceptable	
	Total Number of Areas Rated	4

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 H_2SO_4 to 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 HNO_3 to pH <2	6 months	6 months
Purgeables by purge and trap	G (PTFE lined lid)	40 (X2)	G	HCl to 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 H_2SO_4 to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

General Lab Criteria

Approved Standard Methods

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