



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, 2010

**Re:** Muskingum County  
Burnham Foundry, LLC  
2010 CEI  
Correspondence (IWW)

Mr. Jeremiah Clegg, Plant Manager  
Burnham Foundry, LLC  
2345 Licking Road  
P.O. Box 3148  
Zanesville, Ohio 43702

Dear Mr. Clegg:

On June 29, 2010, I conducted a compliance evaluation inspection at your facility. The purpose of the inspection was to determine Burnham's compliance status with its NPDES permit. I was accompanied by Mr. Jim Dingey, Burnham, Environmental Engineer. During the inspection, we discussed:

- Violations.
- Plant Stormwater Improvements.

**Violations:**

We discussed the permit violations for the facility. The violations from January of 2010 were due to cold weather. The Phenol removal system is a biological process and with the tanks frozen, it could not operate efficiently enough to remove the Phenol from the waste stream. Plans are being made to redesign the tanks so that violations are prevented in the future.

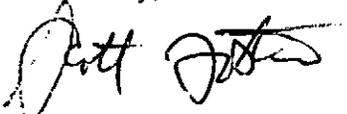
**Plant Storm Water Improvements:**

Burnham has made an effort to minimize storm water pollution with the addition of 9,000 square feet of concrete in areas around the plant perimeter and material handling areas.

Burnham Foundry, LLC  
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Enclosed is a copy of the inspection report. If you have any questions or comments, please feel free to call at (740) 380-5227.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Foster", written over a faint, illegible typed name.

Scott Foster  
Environmental Specialist 2  
Division of Surface Water

SF/dh

Enclosure

c: Jim Dingey, Burnham

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0IS00000*KD	OH0004901	June 29, 2010	C	S	2

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Burnham Foundry LLC 2345 Licking Road, P.O. Box 3148 Zanesville, Ohio 43702	9:53 a.m.	July 1, 2009
	Exit Time	Permit Expiration Date
	11:05 a.m.	October 31, 2013

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Jeremiah Clegg, Plant Manager Jim Dingey, Environmental Engineer	(740) 452-9371 Ext. 274 (740) 452-9371 Ext. 234
Name, Address and Title of Responsible Official	Phone Number
Jeremiah Clegg, Plant Manager Burnham Foundry, LLC 2345 Licking Road, P.O. Box 3148 Zanesville, Ohio 43702	(740) 452-9371 Ext. 274

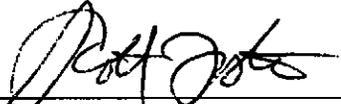
**C. AREAS EVALUATED DURING INSPECTION**

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

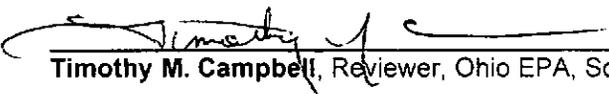
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

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

See attached letter.

  
\_\_\_\_\_  
Scott Foster, Inspector, Ohio EPA, Southeast District Office

7/9/10  
\_\_\_\_\_  
Date

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

7/9/10  
\_\_\_\_\_  
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: # of shifts <u>2</u> Days/Week <u>5</u>	X			
e. Operator holds unexpired license of class required by permit Class: <u>1(3)</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 Number			X	
k. Any hydraulic and/or organic overloads experienced since last inspection	X			

5/15/10- Hydraulic overflow at Outfall 005 due to valve left open on overflow tank.

## H. SLUDGE MANAGEMENT

	Yes	No	N/A	N/E
b. Sludge Management Plan current			X	
c. Sludge adequately disposed (Method: <u>Suburban Landfill</u> )	X			
d. If sludge is incinerated, where is ash disposed of? _____		X		
e. Is sludge disposal contracted (Name: <u>Zemba Brothers-Sanitary</u> )	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			

Comments: 2 Plate frame presses, Industrial

## SELF-MONITORING PROGRAM

Part 1 - Flow Measurement	Yes	No	N/A	N/E
a. Primary flow measuring device properly operated & maintained. Type of device: <u>003</u> ultrasonic & parshall flume _____ calculated from influent _____ weir <u>005</u> Other: Ultrasonic _____ ultrasonic & weir _____ Specify:	X			
b. Calibration frequency adequate (date of last calibration: <u>003-3/25/10 005- 2/22/10</u> )	X			
c. Secondary instruments (totalizers, recorders, etc.) 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:

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	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			

