

**Environmental
Protection Agency**

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

January 26, 2011

Re: Tuscarawas County
Sugar creek WWTP
Compliance Evaluation Inspection
Correspondence (PWW)

Mayor and Council
Village of Sugar creek
410 South Broadway
Sugar creek, Ohio 44681

Dear Mayor and Council:

On March 30, 2010, I conducted a compliance evaluation inspection at the Sugar creek Wastewater Treatment Plant. The purpose of the inspection was to determine compliance with the terms and conditions of National Pollutant Discharge Elimination System (NPDES) Permit Number 0PB00070*GD and to evaluate wastewater treatment plant performance. Mr. Jim Cappon was present during the evaluation. The final effluent discharging to the South Fork of Sugar Creek was visually clear. No effluent samples were collected.

As a result of the inspection, I have the following comments:

- Since the last inspection, the village has made upgrades to the fine screening equipment and the ventilation equipment in building at the headworks of the plant.
- I understand the Pisto-Grit equipment has been repaired and placed back into operation since the last inspection. However, I understand the village continues to experience problems with system. Currently the village is experiencing problems with the motor and prime bulb. As a result, the village has implemented a pump station maintenance program. I understand every three months each pump station is pumped out and the grit is hauled to a licensed landfill for disposal. It would be acceptable to this office to eliminate the usage of the grit removal equipment at the plant, provided the village continues to implement the grit removal maintenance program at the pump stations on a quarterly basis.
- I understand there is a bad bearing on the drive unit serving one of the oxidation ditches. I understand the village is in the process of replacing the bearings on the unit at a cost of \$12,000. Please keep this office informed on you progress with the repair.
- There are two clarifiers at the wastewater treatment plant. I understand during normal flow conditions only one of the two final clarifiers is operated. However, during higher flows both units may need to be used.

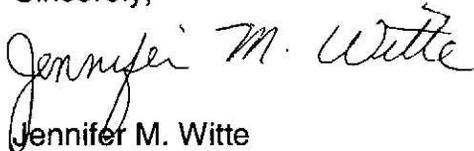
- At the time of my inspection, I was informed the village has purchased all new bulbs for the UV disinfection system. I understand there are two (2) series with thirty two (32) bulbs per series.
- I understand influent samples are collected using a time proportioned sampler. However, effluent samples are collected using a flow paced sampler.
- Four new blowers were purchased and installed for sludge on June 28, 2008.
- At the time of my inspection, we discussed the cost the village is currently spending to haul liquid sludge to another wastewater treatment for disposal. The village should explore other options for sludge handling. Twin City and the Tuscarawas County Water and Sewer Districts are installing rotary fan sludge presses. Other facilities such as Strasburg, Dover and New Philadelphia have installed belt sludge presses.
- I understand the village is in the process of upgrading the SCADA system serving the plant. Please keep this office informed of your progress.
- The NPDES permit for the facility expires on December 31, 2011. A renewal application is due no later than June 30, 2011. The applications will be mailed to you approximately sixty (60) days prior to the due date.
- Your NPDES permit included a permit limit of 1.0 mg/l for phosphorus. This limit became effective on May 1, 2010. Since the limit became effective there has only been one exceedance of the limit. Please be aware the phosphorus limit is only required from May 1 through October 31 of each year. During the winter months (November 1 through April 30) the facility is only required to monitor the phosphorus levels in the effluent. I understand the facility is using aluminum sulfate for treatment at a cost of \$1200 per four (4) months.
- A review of records reveals that the Operator of Record has not been completed for your facility. I have enclosed the form. Please complete the form and return it for processing.
- Ohio Administrative Code (OAC) 3745-7-09 which became effective on December 21, 2006, requires the Operator of Record to keep and maintain a log book for the facility. I have enclosed the requirements for the log book to ensure all portions of the rule are being addressed.
- Flow meters must be calibrated annually. Please contact the manufacturer of the equipment to locate a certified technician.
- Ohio Administrative Code 3745-33-08 (12)(a-d) which became effective on December 1, 2006 requires all permittees to post and maintain permanent signs. Your NPDES permit renewal will include the following requirement:

"Not later than 4 months from the effective date of the permit, the permittee shall post a permanent marker on the stream bank at each outfall that is regulated under this NPDES permit where a marker does not currently exist. This includes final outfalls, bypasses, and combined sewer overflows. The marker shall consist at a minimum of the name of the establishment to which a permit was issued, the Ohio EPA permit number, and the outfall number and a contact telephone number. The information shall be printed in letters not less than two inches in height. The marker shall be a minimum of 2 feet by 2 feet and shall be a minimum of 3 feet above ground level. The sign shall not be obstructed such that persons in boats or persons swimming on the river or someone fishing or walking along the shore cannot read the sign. Vegetation shall be periodically removed to keep the sign visible. If the outfall is normally submerged the sign shall indicate that. When an existing marker is replaced or reset, the new marker shall comply with the requirements of this section."

- Sugarcreek is served by a separate sewer system, however, during periods of rain it is subject to a significant amount of inflow and infiltration (I/I). During rainfall events the flows at the wastewater treatment plant can range between 750,000 and 1,000,000 gallons per day. As a result the village places the plant into storm mode. During storm mode the rotors are turned off to allow the solids to settle out until the flows at the plant subside. During the permit renewal process, we will include a schedule to address the inflow and infiltration problems in the collection system unless the village makes significant progress locating the sources prior to the permit renewal.
- I have enclosed a copy of the "2009 Sewer and Water Rate Survey" which was completed by Ohio EPA for your review.

The facility appeared to be in compliance with their permit the day of the inspection. A copy of our completed inspection report is enclosed. Please submit a written response to the aforementioned comments within **30 days** of receipt of this letter. The assistance and cooperation received during the inspection is appreciated. If you have any questions, please contact me at (740) 380-5206.

Sincerely,



Jennifer M. Witte
Chemical Engineer - Environmental Specialist II
Division of Surface Water

JMW/dh

Enclosure

c: Jim Cappon, Superintendent, Village of Sugarcreek

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PB00070*GD	OH0027618	March 30, 2010	C	S	1

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Sugarcreek WWTP 700 Belden Parkway Sugarcreek, Ohio 44681	2:00 p.m.	January 2, 2007
	Exit Time	Permit Expiration Date
	4:00 p.m.	December 31, 2011

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Jim Cappon, Wastewater Superintendent	(330) 852-4497
Name, Address, & Title of Responsible Official	Phone Number
Mayor and Council Village of Sugarcreek 410 South Broadway Sugarcreek, Ohio 44681	(330) 852-4112

C. AREAS EVALUATED DURING INSPECTION

<u>S</u> Permit	<u>U</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>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 letter.

Jennifer M. Witte
Jennifer M. Witte, Inspector, Ohio EPA, Southeast District Office

1/25/11
Date

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

1/25/11
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Flows & loadings conform with NPDES permit	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notification given to state of new, different, or increased discharges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Comments:

- d. There is significant inflow and infiltration in the collection system.
- f. The village installed a tote and metering pump to meet the phosphorus limit.

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

Comments:

- c. Phosphorus limit became effective May 1, 2010.

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 checked="" type="checkbox"/>	<input 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: <u>1</u> Days/Week: <u>7</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: <u>III</u>	<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 checked="" type="checkbox"/>	<input 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 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 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:

- a. Unit is inspected every April and October. During the inspection the unit is loaded.
- b. Village is upgrading SCADA system.
- m. There is an inflow infiltration problem in the collection system.

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

Comments: I have enclosed the record keeping requirements of the rule for your review.

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent: <u>0</u>	<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: g. Village upgrading SCADA system.
i. Inflow and infiltration is a problem in the collection system.

H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: <u>Hauled to another POTW</u>	<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: <u>Miller Septic</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Comments:
a. Sludge tanks out of service since sludge is hauled to another POTW. Sludge is hauled on Tuesday, Wednesday, and Thursday if there are two full loads.

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 <input type="checkbox"/> Calculated from influent <input type="checkbox"/> Weir <input type="checkbox"/> Other <input type="checkbox"/> Ultrasonic & weir specify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flow measurement equipment adequate to handle expected ranges of flows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Actual flow discharged is measured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Flow measuring equipment inspection frequency: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other				

Comments:

b. Flow meters must be calibrated annually.

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

Comments:

Part 3 – Laboratory, General	YES	NO	N/A	N/E
a. Written Standard Operating Procedures (SOPs) for all analysis performed on-site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. EPA approved analytical testing procedures used (40 CFR 136.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If alternate analytical procedures are used, proper approval has been obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Analysis being performed more frequently than required by permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If (c) is yes, are results reported in permittee's self-monitoring report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Commercial laboratory used: 1. Parameters analyzed by commercial lab: <u>Ammonia and fecal. Phosphorus, metals, oil and grease, nitrate and nitrite</u> 2. Lab name: <u>Ream & Hagger and Coshocton Environmental</u>				

Comments:

Part 3 – Laboratory, Quality Control/Quality Assurance		YES	NO	N/A	N/E
a.	Quality assurance manual provided and maintained	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: Date: <u>N/A</u> <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	None	None	None	None	None	Clear	--

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

L. SAMPLING PROCEDURES (FOR CSI'S)

- Grab samples obtained
- Composite obtained
- Compositing frequency: _____
Preservation: _____
- Flow proportioned sample obtained
- Automatic sampler used
- Sample split with permittee
- Chain of custody employed
- Sample obtained from facility sampling device
- Sample refrigerated during compositing: Yes No
- Sample representative of volume & nature of discharge:

Comments:

No samples collected.