



**Environmental  
Protection Agency**

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

Re: Hancock County  
Hearthside Food Solutions  
IDP Inspection

March 6, 2012

Mr. Michael Hoye, Safety Manager  
Hearthside Food Solutions  
312 Rader Road  
McComb, Ohio 45858

Dear Mr. Hoye:

On February 8, 2012, an inspection was made of the pretreatment facilities serving Hearthsides Food Solutions located in McComb, Hancock County. Ms. Wendy Shepherd, Mr. Santo Atkinson, and you were present and provided information regarding the operation of the treatment facilities. At the time of inspection, operations of the facilities were good.

The DAF unit was being properly operated, with the grease being skimmed off the top to a holding tank and the solids being pulled off the bottom to be dewatered in your sludge press. The aeration tanks had good color and were receiving adequate air. There was some bulking sludge observed in the clarifiers. The effluent observed in the manhole prior to discharge to the Village was clear and had no odor.

We are in receipt of your self-monitoring reports covering the months of January 2010 through July 2011. Our review indicates the following violations of the limits in your Indirect Discharge Permit:

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
9/20/2010	001	00530	Total Suspended Solids	1D Conc	300	363.
10/19/2010	001	00550	Oil and Grease, Total	1D Conc	100	336.
10/19/2010	001	00530	Total Suspended Solids	1D Conc	300	1867.
10/19/2010	001	00310	Biochemical Oxygen Dem	1D Conc	300	1060.
3/9/2011	001	00530	Total Suspended Solids	1D Conc	300	453.
7/12/2011	001	00530	Total Suspended Solids	1D Conc	300	400.
12/27/2011	001	00530	Total Suspended Solids	1D Conc	300	364.

Our completed inspection report is enclosed for your records. If you have any questions, please call me at (419) 373-3019.

Sincerely,

Michelle M. Sharp  
Division of Surface Water

/jlm  
Enclosure

pc: Kevin Siefert, Village of McComb  
Santo Atkinson, Hearthsides Food Solutions  
Wendy Shepherd, Hearthsides Food Solutions

ec: Ryan Laake, DSW, CO  
Inspection Tracking



# PRETREATMENT INSPECTION REPORT

Ohio Environmental Protection Agency

FACILITY NAME <b>Hearthside Food Solutions</b>	PERMIT NUMBER <b>2DP00009</b>	FACILITY NUMBER
INSPECTION TYPE <b>P</b>	INSPECTOR <b>M.Sharp</b>	FACILITY TYPE <b>2</b>
		DATE CONDUCTED <b>February 8, 2012</b>

GENERAL INFORMATION
NAME AND LOCATION OF FACILITY <b>Hearthside Food Solutions</b> <b>312 Rader Road</b> <b>McComb, OH 45858</b>
MAILING ADDRESS OF FACILITY <b>Hearthside Food Solutions</b> <b>312 Rader Road</b> <b>McComb, OH 45858</b>
CONTACT (NAME/TITLE/PHONE) <b>Michael Hoyer/Safety Manager/419-293-4163</b>

FACILITY EVALUATION									
(S = Satisfactory, M = Marginal, U = Unsatisfactory)									
<table border="1"><tr><td>S</td><td>Pretreatment</td></tr><tr><td>S</td><td>Site/Facility Review</td></tr></table>	S	Pretreatment	S	Site/Facility Review	<table border="1"><tr><td>S</td><td>Chemical Storage</td></tr><tr><td>S</td><td>Self Monitoring</td></tr></table>	S	Chemical Storage	S	Self Monitoring
S	Pretreatment								
S	Site/Facility Review								
S	Chemical Storage								
S	Self Monitoring								
* See inspection letter									

Names(s) and Signature(s) of Inspector(s)	Agency / Office / Telephone	Date
Michelle Sharp	Ohio EPA/NWDO/419-373-3019	
		3/5/12
Signature of Reviewer		Date
Thomas Poffenbarger, P.E.	Ohio EPA/NWDO/419-373-3000	
		2/28/12

## INDUSTRIAL USER INSPECTION CHECKLIST

Facility:	Hearthside Food Solutions	Date of inspection: February 8, 2012
OH Number:	OHP000033	IDP Number: 2DP00009
Facility Representative:	Mr. Michael Hoye Ms. Wendy Shepherd Mr. Santo Atkinson	Inspector(s): Michelle Sharp

### COMPLIANCE

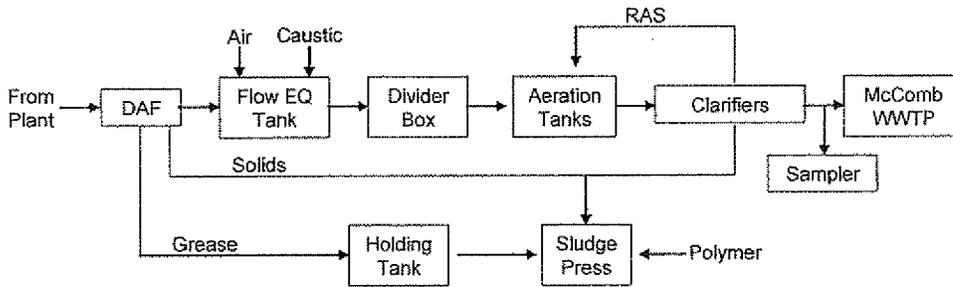
1. Date of last pretreatment inspection: January 25, 2010
  
2. Has the facility been in compliance with its permit limits since the last inspection? Y  
If no, explain:
  
3. Is the facility in compliance with all other requirements? Y
  - Sampling procedures Y
  - Reporting (late reporting, failure to report, etc) Y
  - Compliance schedules NA
  - Submitted BMR and 90 day compliance reports NA
  - Any other requirements NA
  
- If any of the above five answers is no, explain:
  
4. Was the facility required to perform any actions as a result of the last inspection? N  
Explain any unresolved actions:

### FACILITY OPERATIONAL CHARACTERISTICS

5. Number of Employees: 1400
6. Shifts/Day: 3 Shifts
7. Production Days/Year: 250
8. Hours/shift: 8 Hour
  
9. Any production changes since the last inspection? Y  
If yes, explain:  
Reduced water use by removing muffin line
  
10. General facility description and operations: Cookie/Cracker Bakery
  
11. Any change in materials used in production since the last inspection? N  
If yes, explain:
  
12. Any expansion or production increase expected within the next year? N  
If yes, explain:

## WASTEWATER TREATMENT

13. Provide a schematic diagram and description of the wastewater treatment system:



14. Was a PTI issued for the treatment system? Y
15. Were there any modifications to the treatment system since the previous inspection? N
- If yes, was a PTI obtained? NA

PTI Number:

Date:

16. What is the treatment mode of operation? Continuous
- If batch, list the frequency and duration:

17. Who is responsible for operating the treatment system? Michael Hoyer and Chuck Zerbe

18. How often is the treatment system checked? 6 days per week. When operator is not present, security checks.

19. Is there an alarm system for the system? Y  
 Explain: High level and air pressure alarm

20. Is there an operations and maintenance manual? Y

21. Is an inventory of critical spare parts maintained? Y  
 If yes, list:  
 Pumps, switches

22. Are there any bypasses in the system? N  
 If yes, describe the location:

Have bypasses occurred since the last inspection? NA

Was the POTW notified? NA

**WASTEWATER TREATMENT CONTINUED**

23. Are residuals or sludges generated?

Y

Method of disposal: Landfill

Frequency and amount of disposal: Once per week with an average of 7 tons hauled per week.

Name of hauler/landfill/disposal facility: Allied Waste hauls to Wyandot County Landfill

Is any sludge generated subject to RCRA regulations?

N

If land applying sludge, is there a sludge management plan?

NA

**PROCESS AND WASTEWATER INFORMATION**

24. List all processes generating wastewater, current wastewater flows, and where applicable, production rates as well as values on which the permit limits are based:

REGULATED PROCESS	SAMPLE LOCATION	WASTEWATER FLOW (GPD)		PRODUCTION DATA (SPECIFY UNITS)	
		Permit	Current	Permit	Current
1. Process Water		11,000			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>Total Regulated Process Flow</b>		11,000			
Non-contact Cooling					
Blowdown					
Reverse Osmosis Condensate					
Demineralizer Regeneration					
Filter Backwash					
Compressor Condensate					
Storm Water					
Other Dilute Flows					
Unregulated Flows (provide list)					
Sanitary					
<b>TOTAL FLOW</b>		11,000			

25. For the above flows not discharged to the POTW, list point of discharge and permit (if any).

**SELF MONITORING**

26. Sample location(s) described in the facility's permit: East end of plant at the manhole
27. Is the facility sampling at the location(s) described in the permit? Y  
If no, describe the actual location:
28. Is the location(s) where the facility is sampling representative? Y  
If no, indicate a representative location:
29. Is the flow measured or estimated? Measured  
If measured, how often is the meter calibrated? Once per year  
  
If estimated, describe method of estimation:
30. Is pH monitored continuously? Y  
If yes, how often is the meter calibrated? 1/year, but unsure when the last calibration was completed
31. Does the facility collect its own samples? N  
If no, specify the sample collector:  
Industrial Fluid Management, but will start collecting own samples within 3 months of inspection
32. Are appropriate sampling procedures followed? Y  
Monitoring frequencies Y  
Sample collection (grab for pH, O&G, CN, phenols, VOCs, hexavalent chromium) Y  
Flow proportioned samples NA  
Proper preservation techniques Y  
Sample holding times Y  
Chain-of-custody forms Y
33. Are samples analyzed in accordance with 40 CFR 136? Y
34. Laboratory conducting analyses: IFM

**TOXICS MANAGEMENT**

- |  |          |
|--|----------|
| 35. Are any listed toxic organics used in the facility?<br>If yes, identify organics:  | N        |
| 36. Does the facility have a current toxic organic management plan(TOMP)?<br>If yes, is it being implemented?                        | NA<br>NA |
| 37. Has the facility had any uncontrolled releases or spills to the POTW since<br>the previous inspection? If yes, please explain:   | N        |
| 38. Does the facility need a spill prevention plan or slug discharge control plan?<br>If yes, does the facility have a written plan? | N<br>NA  |
| 39. Identify any potential slug load or spill areas:   |          |

**REQUIRED FOLLOW-UP ACTIONS**