



**Environmental
Protection Agency**

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

March 9, 2012

Re: Belmont County
RG Steel Wheeling, LLC
formerly Severstal & Wheeling Pittsburgh Steel
Martins Ferry Plant
Compliance Evaluation Inspection
NPDES Permit OIC00020*DD
Correspondence (IWW)

Mr. Bud Smith
RG Steel Wheeling, LLC
1134 Market Street
Wheeling, WV 26003

Dear Mr. Smith:

On February 28, 2012, I conducted a compliance evaluation inspection (CEI) at the RG Steel Wheeling Martins Ferry plant. Pat Smith represented the RG Steel Wheeling during the inspection.

The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of the NPDES permit, Federal Number OH0011339, State Number OIC00020*CD, and the 2003 Consent Order for Preliminary Injunction (COPI). Samples were taken by both Ohio EPA and the facility for bioassays (toxicity limit compliance). A copy of the inspection report form is attached. Ohio EPA sample results will be forwarded to the company when they are available from the lab.

The following comments/problems were noted as a result of the inspection:

1. The NPDES permit is expired. The facility applied for renewal prior to expiration, and the permit has been transferred from Severstal to RG Steel. The permit is in the process of being drafted.
2. Ohio EPA is currently engaged in enforcement action against the company for outstanding non-compliance issues.
3. Part I, A of the NPDES Permit – Effluent Violations: Since June 2011, the facility has violated the effluent limitations on these occasions at outfall 001:

| Month/Year | Parameter | Type | Limit | Reported | Date |
|---------------|------------------------|---------|-------|----------|------------|
| November 2011 | Zinc, Total (Zn) | 1D Conc | 966 | 910 | 11/17/2011 |
| December 2011 | Acute Toxicity, Ceriod | 1D Conc | 1.41 | 1.0 | 12/1/2011 |

The toxicity violations will be addressed by installation of the diffuser. What steps will be taken to prevent future violations of zinc? Every effort must be made to comply with the effluent limits contained in the NPDES permit.

4. Part III of the NPDES Permit – Unauthorized Discharges

Since the last inspection in May 2011, one unauthorized bypass (outfall 602) occurred from the influent sump on 9/26/2011. Please provide the sample analysis taken during the event.

WPS-MF must make every effort to prevent unauthorized discharges over the influent sump weir wall.

5. Part I, C of the NPDES Permit – Compliance Schedules

- a. The NPDES permit Part 1,C,1 has a schedule to meet Whole Effluent Toxicity (WET) limits by 2/1/07. RG Steel received approval of a Permit to Install for a diffuser in order to resolve the toxicity issues. According to Mr. Smith, construction of the diffuser will occur during this summer when flows on the Ohio River are expected to drop.
- b. The NPDES permit Part I,C,3 and the COPI require the facility after 11/1/2004 to sample the final effluent at a sampling and flow meter station at a location after the WWTP effluent line (outfall 601) and the influent sump bypass (outfall 602) re-combine. Sometime after the floods of the fall of 2004, the facility revised the sampling location for the final discharge to the location of 601 at the clarifier effluent. This is an unauthorized location for the sampling of this outfall. The facility is in violation of both the NPDES permit and the COPI for revising the sampling location. The facility must sample in accordance with the NPDES permit and the COPI until the permit is renewed and the outfall location is re-designated.
- c. The NPDES Permit Part 1,C,2 contains a compliance schedule to eliminate the bypass. It has been agreed that this item is no longer applicable due to capacity improvements made to the wet well which has resulted in the reduction in frequency of bypassing. Any bypasses that occur are unauthorized discharges, are violations of the permit, and must be reported and sampled in accordance with the permit.

Please respond to comments 3 and 4 above, in writing, within 30 days of receipt of this notice. If you have any questions, please contact me at (740) 380-5284 at your convenience.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Abbot Stevenson', with a long horizontal flourish extending to the right.

Ms. Abbot Stevenson
Environmental Engineer
Permits and Enforcement Section
Division of Surface Water

AS/dh

Enclosure

c: Rachel DeMuth, DSW, CO
c: Brian Ball, AGO

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

| Permit No. | NPDES No. | Date | Inspection Type | Inspector | Facility Type |
|-------------|-----------|-------------------|-----------------|-----------|---------------|
| 0IC00020*DD | OH0011339 | February 28, 2012 | S | S | 2 |

B. FACILITY DATA

| Name & Location of Facility Inspected | Entry Time | Permit Effective Date |
|--|------------|------------------------|
| RG Steel Wheeling, LLC Martins Ferry Plant 1001 Main Street Martins Ferry, Ohio | 10:30 a.m. | August 1, 2004 |
| | Exit Time | Permit Expiration Date |
| | 11:45 a.m. | January 31, 2009 |

| Name(s) & Title(s) of On-Site Representative(s) | Phone Number(s) |
|---|-----------------|
| Pat Smith, Environmental Manager | (304) 234-2662 |
| Name, Address, & Title of Responsible Official | Phone Number |
| Bud Smith RG Steel Wheeling, LLC 1134 Market Street Wheeling, WV 26003 | (304) 234-2662 |

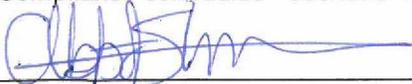
C. AREAS EVALUATED DURING INSPECTION

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

1. Permit - see letter items 1 and 5.
2. Effluent - see letter item 3.
3. Compliance schedules - see letter item 5.


Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

3/9/12
 Date


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

3/9/12
 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 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 type="checkbox"/> | <input checked="" 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:

The facility is operating at 25% of normal production at this time.

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

Comments:

The company has approved plans to install a diffuser to comply with toxicity limits.

G. OPERATION AND MAINTENANCE

| Treatment Facility Properly Operated & Maintained | YES | NO | N/A | N/E |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Standby power available: Generator: <input 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: <u>3</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: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Copy of certificate of Operator of Record displayed on-site | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Minimum operator staffing requirements fulfilled (OAC 3745-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Any plant bypasses since last inspection | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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:

b. The alarm system is manual. It is manned 24/7 when in production
 k. One bypass.

| Record Keeping | YES | NO | N/A | N/E |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Log book provided | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Log book kept on-site | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Log book contains the following: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1. Identification of treatment works | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date/Time of arrival/departure of ORC | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Daily record of operation and maintenance activities | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Lift station alarm systems provided and maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Are lift stations equipped with permanent standby power or equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| j. Any complaints received since last inspection of basement flooding | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k. Are any portions of the sewer system at or near capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

H. SLUDGE MANAGEMENT

| | YES | NO | N/A | N/E |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Sludge adequately disposed. Method: <u>Landfill</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>Short Creek LF in WV</u> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

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 type="checkbox"/> Ultrasonic & parshall flume <input type="checkbox"/> Calculated from influent <input type="checkbox"/> Weir <input checked="" type="checkbox"/> Other <input type="checkbox"/> Ultrasonic & weir specify: <u>Bubbler</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Calibration frequency adequate. Date of last calibration: <u>6/7/11</u> | <input checked="" type="checkbox"/> | <input 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:

The facility has influent and effluent flow monitoring.

| Part 2 - Sampling | YES | NO | N/A | N/E |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Sampling location(s) are as specified by permit | <input type="checkbox"/> | <input checked="" 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:

Sampler is in a different location than identified in the permit.

| Part 3 – Laboratory, General | YES | NO | N/A | N/E |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Written Standard Operating Procedures (SOPs) for all analysis performed on-site | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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>All except pH, flow, rainfall</u> 2. Lab name: <u>Pace</u> | | | | |

Comments:

Green Energy takes the samples and delivers them to Pace.

| Part 3 – Laboratory, Quality Control/Quality Assurance | YES | NO | N/A | N/E |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| a. Quality assurance manual provided and maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Satisfactory calibration and maintenance of instruments and equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Adequate records maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Results of latest U.S. EPA quality assurance performance sampling program: Date: _____ <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 | None | |

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: 250 ml @ 15 for 96 samples
Preservation: NaOH #2504 MNO₃ HCl
- 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: Yes

Comments:

Only a bioassay was conducted - although some permit parameters were sampled.