



Environmental
Protection Agency

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

March 15, 2012

Re: Belmont County
Fox Shannon WWTP
Compliance Evaluation Inspection
NPDES Permit OPG00063*DD
Correspondence (PWW)

Mark Esposito, Director
Belmont County Sanitary Sewer District
P.O. Box 457
St. Clairsville, Ohio 43956

Dear Mr. Esposito:

On February 23, 2012, I conducted a compliance evaluation inspection of the Fox Shannon Wastewater Treatment Plant. Jennifer Witte and Fred Snell also of Ohio EPA's Division of Surface Water accompanied me on the inspection. Ron Pacifico, Operator of Record, and Rich Maleski, Chief Plant Operator, represented the facility 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 number OPG00063*DD. A copy of the inspection form is attached.

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

1. **NPDES Permit Part I, A – Effluent Limitations:** A review of your self-monitoring reports covering the months of July 2009 through January 2012 indicates violations of the effluent limitations contained in your NPDES permit. The specific instances of noncompliance and/or deficiencies are outlined in the attached table.

There is a chronic pattern of violations of ammonia at this wastewater treatment facility. Looking back over the data, ammonia has been violated every July since 2007, and during other months of each year. This chronic non-compliance must cease. Within 30 days, please submit a compliance plan indicating how this facility will return to consistent compliance with the effluent limitations. Provide a schedule including dates and steps to be taken to return to compliance.

2. **NPDES Permit Part I, A – Monitoring Requirements:** The permittee failed to comply with the monitoring requirements contained in the NPDES permit. Specific instances include: Failure to monitor for turbidity as required by the permit. However, OhioEPA has agreed to modify the permit to delete this requirement because it is believed the new sampling location will ensure representative and accurate samples are being taken.
3. **NPDES Permit Part I, C – Schedule of Compliance:** Your NPDES permit contains a schedule of compliance for installation of a turbidity meter. To date, you have not complied with the compliance schedule. As indicated above, OhioEPA has agreed to modify the permit to delete this requirement because it is believed the new sampling location will ensure representative and accurate samples are being taken.
4. **NPDES Permit Part III, Item 3 – Facility Operation and Quality Control:** All wastewater treatment works shall be operated in a manner consistent with the following: A) At all times, the permittee shall maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee necessary to achieve compliance with the terms and conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with conditions of the permit. B) The permittee shall effectively monitor the operation and efficiency of treatment and control facilities and the quantity and quality of the treated discharge.
 - a. Sludge is not being managed properly. There is a very high sludge inventory in the plant. This affects effluent quality, and is probably contributing to the ammonia violations identified in Item 2 of this letter.
 - b. The influent screening building is being severely damaged by hydrogen sulfide gas. The metal door has desintegrated, and the concrete influent sewage channel is severely eroded. Other items throughout the plant are in need of rust removal and need to be painted.

Submit a compliance plan for sludge management improvements and upgrade/replacement of influent building problems within 30 days.

5. **NPDES Permit Part III, Item 11 – Unauthorized Discharges:** Bypass is prohibited, and the Director may take enforcement action against a permittee for bypass.

In the last year, The Fox Shannon sewer system illegally discharged sewage to the water of the state 11 times, through sewer overflows from the sewer system due to inflow and infiltration. These are violations of the NPDES permit and Ohio Revised Code Chapter 6111, both which prohibit unauthorized discharges (See attached list). Each violation is fineable up to \$10,000 per day.

The BCSSD must provide a plan to eliminate sanitary sewer overflows within 30 days.

Please respond, in writing, within 15/30 days of receipt of this report, to the issues 1, 4, and 5 listed above. If you have any questions, please contact me at (740) 380-5284.

Sincerely,



Abbot Stevenson
Environmental Engineer
Division of Surface Water

AS/dh

Enclosure

c: Belmont County Commissioners

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OPG00063*DD	OH0107956	February 24, 2012	C	S	1

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Fox Shannon WWTP 68750 Hammond Road St. Clairsville, Ohio 43950	1:30 p.m.	September 1, 2008
	Exit Time	Permit Expiration Date
	3:50 p.m.	August 31, 2013

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Ron Pacifico, Operator of Record Rich Maleski, Operator	(740) 695-6669
Name, Address, & Title of Responsible Official	Phone Number
Mark Esposito, Director Belmont County Sanitary Sewer District P.O. Box 457 St. Clairsville, Ohio 43950	(740) 695-3144

C. AREAS EVALUATED DURING INSPECTION

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

- Operations & Maintenance: Maintenance is not being kept up. See letter item 4.
- Collection System: System has significant Inflow & Infiltration (I/I). See letter item 5.
- Sludge: There is too much sludge in the plant. See letter item 4.
- Compliance Schedules: Facility has not met any of the 3 compliance schedule items. See letter items 2&3.


Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

3/14/12
Date


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

3/15/12
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in: <u>Permit</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: * Facility routinely violates ammonia during the summer months.

** Permit contains schedule to install turbidity meter, which has not been done. Ohio EPA agrees to modify NPDES permit to delete requirement due to relocation of effluent sample, solving the problem of accuracy of samples.

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 type="checkbox"/>	<input checked="" 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>2</u> Days/Week: <u>7</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: <u>3</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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> 800 No.: <input checked="" 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. There is no alarm system at the plant (used to have autodialer for high wet well level).

d. Staffing level is not adequate for the size and condition of the collection system.

j. Facility reports collection system bypasses. No plant bypasses have occurred.

k. The collection system and WWTP experience hydraulic overloads on a frequent basis.

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:

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent: <u>0</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: j. There is severe I/I in Morristown, Pine Lake, and Barcamp Lake pump stations.

H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: <u>Land application</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>Synagro</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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Not enough sludge was removed from the plant last fall, causing a buildup of excessive levels of sludge in the plant.

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>mag meter</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: <u>8/8/07</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:

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 type="checkbox"/>	<input checked="" 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:

NPDES permit requires turbidity monitoring. Ohio EPA agrees to modify permit to drop this requirement.

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 checked="" 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>metals, mercury, oil & grease, TKN</u> 2. Lab name: <u>Ream and Hager</u>				

Comments:

a. Facility needs to develop SOPs.

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	Slight green	

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:

FOX SHANNON WWTP BYPASSES AND OVERFLOW OCCURRENCES 2011-2012

Facility	Permit No	Station	Parameter	Units	Date	Reported Value
Fox-Shannon WWTP	0PG00063*DD	300	Overflow Occurrence	No./Month	2/28/2011	2
Fox-Shannon WWTP	0PG00063*DD	300	Overflow Occurrence	No./Month	3/6/2011	1
Fox-Shannon WWTP	0PG00063*DD	300	Overflow Occurrence	No./Month	4/14/2011	1
Fox-Shannon WWTP	0PG00063*DD	300	Overflow Occurrence	No./Month	4/16/2011	2
Fox-Shannon WWTP	0PG00063*DD	300	Overflow Occurrence	No./Month	9/26/2011	1
Fox-Shannon WWTP	0PG00063*DD	300	Overflow Occurrence	No./Month	11/23/2011	1
Fox-Shannon WWTP	0PG00063*DD	300	Overflow Occurrence	No./Month	1/31/2012	1

FOX SHANNON WWTP EFFLUENT VIOLATIONS JULY 2009 – JANUARY 2012

Permit No	Reporting Period	Station	Parameter	Limit Type	Limit	Reported Value	Violation Date
0PG00063*DD	July 2009	001	Nitrogen, Ammonia	30D Conc	1.11	1.19484	7/1/2009
0PG00063*DD	July 2009	001	Nitrogen, Ammonia	7D Conc	1.67	2.00857	7/15/2009
0PG00063*DD	July 2009	001	Nitrogen, Ammonia	7D Conc	1.67	1.81857	7/22/2009
0PG00063*DD	September 2009	001	Chlorine, Total Residual	1D Conc	0.019	.05	9/23/2009
0PG00063*DD	May 2010	001	Nitrogen, Ammonia	30D Conc	1.11	1.39226	5/1/2010
0PG00063*DD	July 2010	001	Nitrogen, Ammonia	30D Conc	1.11	1.13452	7/1/2010
0PG00063*DD	July 2010	001	Chlorine, Total Residual	1D Conc	0.019	.05	7/19/2010
0PG00063*DD	July 2010	001	Chlorine, Total Residual	1D Conc	0.019	.05	7/20/2010
0PG00063*DD	July 2010	001	Chlorine, Total Residual	1D Conc	0.019	.05	7/26/2010
0PG00063*DD	August 2010	001	Nitrogen, Ammonia	30D Conc	1.11	1.4171	8/1/2010
0PG00063*DD	September 2010	001	Nitrogen, Ammonia	30D Conc	1.11	1.17967	9/1/2010
0PG00063*DD	June 2011	001	Nitrogen, Ammonia	30D Conc	1.11	1.24633	6/1/2011
0PG00063*DD	July 2011	001	Nitrogen, Ammonia	30D Conc	1.11	3.57419	7/1/2011
0PG00063*DD	July 2011	001	Nitrogen, Ammonia	30D Qty	3.15	5.29509	7/1/2011
0PG00063*DD	July 2011	001	Nitrogen, Ammonia	7D Conc	1.67	10.3714	7/15/2011
0PG00063*DD	July 2011	001	Nitrogen, Ammonia	7D Qty	4.74	15.3006	7/15/2011
0PG00063*DD	July 2011	001	Nitrogen, Ammonia	7D Conc	1.67	2.78	7/22/2011