



**Environmental  
Protection Agency**

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

May 24, 2012

**Re:** Jefferson County  
Tiltonsville WWTP  
Compliance Evaluation Inspection  
NPDES Permit 0PB00085\*ED  
Correspondence (PWW)

Mayor and Council  
Village of Tiltonsville  
P.O. Box 127  
Tiltonsville, Ohio 43963

Dear Mayor and Council:

On April 25, 2012, I conducted a Compliance Evaluation Inspection at the Village of Tiltonsville Wastewater Treatment Plant (WWTP). The purpose of the inspection was to determine compliance with terms and conditions of National Pollutant Discharge Elimination System (NPDES) permit number 0PB00085\*ED and to evaluate the wastewater treatment systems performance.

I reviewed the self-monitoring data from April 1, 2011 through April 1, 2012. The following numerical limit violations occurred:

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	50060	Chlorine, Total Residual	1D Conc	0.038	.08	2/6/2012
001	00300	Dissolved Oxygen	1D Conc	5.0	4.9	3/22/2012
001	00300	Dissolved Oxygen	1D Conc	5.0	4.7	3/23/2012
001	00300	Dissolved Oxygen	1D Conc	5.0	4.6	3/26/2012
001	00300	Dissolved Oxygen	1D Conc	5.0	4.5	3/27/2012
001	00300	Dissolved Oxygen	1D Conc	5.0	4.4	3/28/2012
001	00300	Dissolved Oxygen	1D Conc	5.0	4.3	3/29/2012
001	00300	Dissolved Oxygen	1D Conc	5.0	4.3	3/30/2012

Multiple blower units were reported out of service during the violation period above.

During the inspection, there was no disinfection in use. The chlorine and dechlorination feeds were not in operation. The water supply well pump for the chlorine system had been pulled and the water line was being replaced from the pitless adapter to the WWTP building. No alternative disinfection was being provided nor were the weirs raised on the lagoon effluent to make use of freeboard in the three lagoon cells. There was evidence of solids pass through post the chlorine contact chamber.



Water Line Replacement



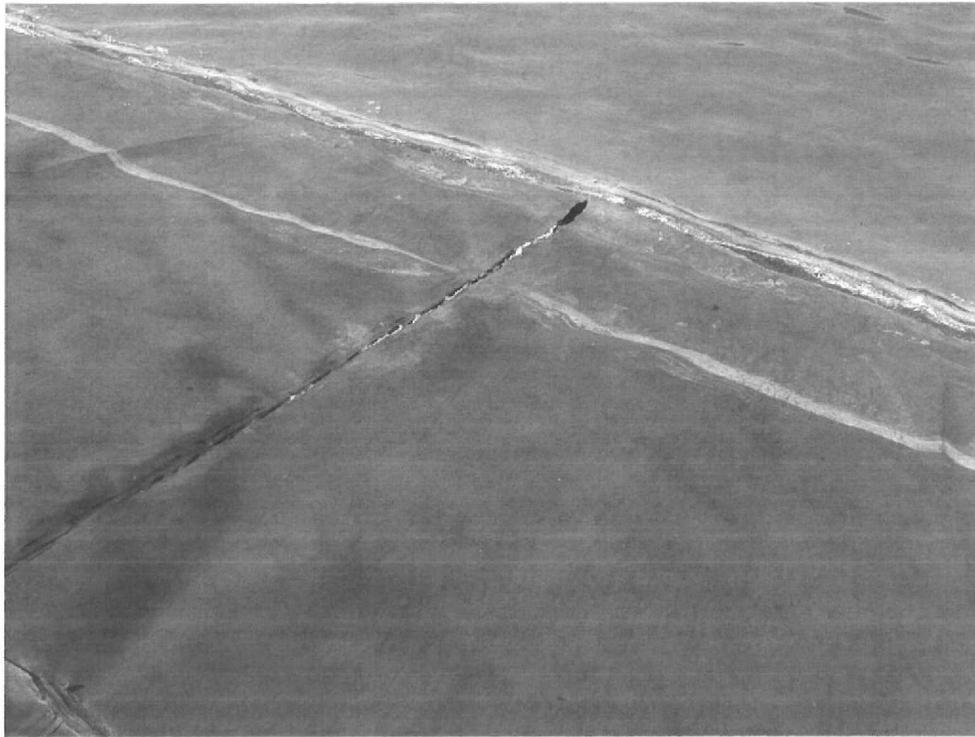
Effluent post chlorine contact chamber with evidence of solids pass through

Three of five blowers were in operation during the inspection. The three blowers in operation, all running to cell one, were close coupled with motor. Each blower was connected to a distribution line containing 8 diffusers. The large volume of air appearing at each of the diffuser locations was showing signs of short-circuiting of the air. Modifications should be made to either increase the number of diffusers dedicated to each blower and/or install Variable Frequency Drives on the blower motor units to draw back on the volume of air which should optimize electric use. The newly installed units are rated with higher amperage use thus would require more electricity to operate. Blower units for cells two and three need immediate attention to restore the plant to compliance.



Large amounts of air that appears to be short circuiting to the surface  
(the diffusers are roughly 4-5 feet long)

As was discussed in the previous inspection report in 2011, the facility's synthetic lagoon liners are tearing at the seams. Numerous tears were noticed just above the water line. I recommend that the tears be inventoried and that the Village contact a contractor to assess what repairs/patches can be made.



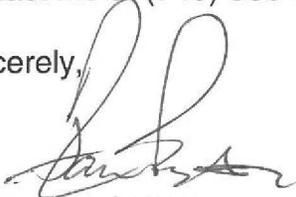
One of the many tears in the liner near the water's surface.

For the past two years, I have conducted inspections in the spring and have not seen any improvement in the liner conditions, many blowers are not operable, the disinfection system has problems and the effluent at the time of the inspection appeared dark with odors releasing, signs of excess corrosion, and signs of solids pass through. There was a significant volume of freeboard that could have been used prior to shutting off disinfection in order to have time to do repairs without releasing effluent that had not been disinfected. Please provide a copy of an operating plan/manual for the Tiltonsville WWTP. The document should contain schedules of Operation & Maintenance items throughout a year. In addition, it should have some scenarios for optimizing plant performance such as when to have all blowers operating, when to drop a blower into standby mode and when to call it up again, what to do in the event of failures such as chlorine regulator issues or well failure. Extended (multiple days) outages of treatment processes should not be acceptable. Please include in the plan a contact list for emergency repairs. Please submit this plan by July 1, 2012. I discussed this request with Operator Carl Sgalla in length during the inspection.

If significant progress is not made by July 1 to address the aforementioned conditions, Ohio EPA will recommend the facility be placed under Director's Final Finding and Orders.

A copy of my inspection report is enclosed. The assistance and cooperation received during the inspection was appreciated. If you have any questions, please feel free to contact me at (740) 380-5272.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aaron Pennington', written over the word 'Sincerely,'.

Aaron Pennington  
District Representative  
Division of Surface Water

AP/dh

Enclosures

# NPDES Compliance Inspection Report

## A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PB00085*ED	OH0090891	April 25, 2012	CEI	S	1

## B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Tiltonsville WWTP Old Route 7 North of Warrenton Terminal Tiltonsville, Ohio	~10:50 a.m.	August 1, 2008
	Exit Time	Permit Expiration Date
	~2:04 p.m.	July 31, 2013

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Carl Sgalla, Operator	(740) 317-1945
Name, Address, & Title of Responsible Official	Phone Number
Mayor and Council P.O. Box 127 Tiltonsville, Ohio 43963	(740) 859-4692

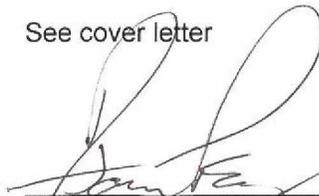
## C. AREAS EVALUATED DURING INSPECTION

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

  
 \_\_\_\_\_  
 Aaron M. Pennington, Inspector, Ohio EPA, Southeast District Office

5-24-12  
 \_\_\_\_\_  
 Date

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

5/24/12  
 \_\_\_\_\_  
 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"/>

**Comments:**

Installing new air distribution and blowers.

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

**Comments:**

**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>1</u> Days/Week: <u>5</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>I</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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Minimum staffing is 1.5 hrs/week :3days/week for Class I. Two of Five blowers were out do to repairs/replacement.

<b>Record Keeping</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

<b>Collection System</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Percent combined system. Percent: _____	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. CSOs monitored and reported in accordance with permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:**

## H. SLUDGE MANAGEMENT

	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Sludge adequately disposed. Method: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Has amount of sludge generated changed significantly since last inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Adequate sludge storage provided at facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

Lagoon ( sludge was pressed in '05 and LA by Synagro). Accumulation was reported as smaller than anticipated.

## 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: <u>annual calibrations</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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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>Low level Hg, O&amp;G, TSS, NH3, Fecals, CBOD5</u> 2. Lab name: <u>MASI, and Mingo Junction WWTP</u>				

Comments:

<b>Part 3 – Laboratory, Quality Control/Quality Assurance</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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**

<b>Outfall #</b>	<b>Oil Sheen</b>	<b>Grease</b>	<b>Turbidity</b>	<b>Visible Foam</b>	<b>Visible Float Solids</b>	<b>Color</b>	<b>Other</b>
001	none	none	dark	none	none	dark	Large paper solids hanging from sluice on gate on back of chlorin contact chamber

Comments:

**K. MULTIMEDIA OBSERVATIONS**

<b>Collection System</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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: