



**Environmental
Protection Agency**

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

June 8, 2012

Re: Athens County
The Plains SD WWTP
NPDES Permit 0PJ00005*HD
Compliance Evaluation Inspection
Correspondence (PWW)

Athens County Board of Commissioners
15 South Court Street
Athens, Ohio 45701

Dear Ladies and Gentlemen:

On May 31, 2012, I conducted a compliance evaluation inspection of The Plains Wastewater Treatment Plant. Rich Kasler, Plant Superintendent, accompanied me on the inspection. The purpose of the inspection was to determine compliance with terms and conditions set forth in the National Pollutant Discharge Elimination System (NPDES) Permit 0PJ00005*HD. A copy of the inspection report form is attached. No wastewater samples were taken.

As a result of the inspection and a 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 September 2010, when the last inspection occurred, through April 2012, indicates violations of the effluent limitations contained in your NPDES permit. The specific instances of noncompliance and/or deficiencies are as follows:

Reporting Period	Station	Parameter	Limit Type	Limit	Reported Value	Violation Date
May 2011	001	Fecal Coliform			AK	5/5/2011
May 2011	001	Fecal Coliform			AK	5/12/2011
June 2011	001	Fecal Coliform			AK	6/9/2011
October 2011	001	Fecal Coliform			AK	10/27/2011
December 2011	001	Total Suspended Solids	7D Conc**	45	56	12/1/2011

* AK = Too numerous to count

** 7 day average concentration limit

We received your report addressing these violations. No additional information is required at this time.

2. **NPDES Permit Part III, Item 3 - Plant Operation and Maintenance:** The permittee is required to maintain in good working order and operate as efficiently as possible the “treatment works” and “sewerage system” as defined in ORC 6111.01 to achieve compliance with the terms and conditions of this permit and to prevent discharges to the waters of the state, surface of the ground, etc.

- a. The plant has a high sludge/solids inventory. It is recommended that sludge be removed from the plant so that sludge doesn't get washed out of the plant when high flows hit due to rainfall.
 - b. Algae and sludge have built up on the clarifier weirs. This also results in the discharge of solids during high flow events at the plant. It is recommended that the weirs be hosed off more frequently to minimize the discharge of solids.
 - c. The new composite sampler has not been installed. This should be done as soon as possible.
 - d. The flow meter should be calibrated annually. It has been several years since this has been done. Provide a date when this will be accomplished.
 - e. The sewer system experiences excessive inflow and infiltration (I/I). This is clean water that enters the sanitary sewers through cracks and joints in the sewer pipe, illegal connection of clean water sources such as roof downspouts and foundation drains, or cross connection between storm sewers and sanitary sewers. All of these conditions lead to problems such as basement flooding, manholes discharging and high flows at the wastewater plant that result in operational problems, including washing solids into the river. The facility should continue to look for and remove sources of I/I on a regular basis. As a reminder, a plan for I/I control is required by the NPDES permit to be submitted by December 1, 2012.
3. **NPDES Permit Part III, Item 6 – Recording of Results:** For each measurement or sample taken pursuant to the requirements of the NPDES permit, the permittee shall record the following information:
- A. The exact place and date of sampling;
 - B. The person(s) who performed the sampling or measurements;
 - C. The date the analyses were performed on those samples;
 - D. The person(s) who performed the analyses;
 - E. The analytical techniques or methods used; and
 - F. The results of all analyses and measurements.

Not all of this information is currently being recorded. Revise your procedures to comply with this requirement.

3. **NPDES Permit Part III, Item 5 – Sampling and Analytical Method:** Samples and measurements taken as required by the NPDES permit are required to be representative of the volume and nature of the monitored flow. Test procedures for the analysis of pollutants shall conform to regulation 40 CFR 136, "Test Procedures for the Analysis of Pollutants" unless other test procedures have been specified in

this permit. The permittee shall periodically calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals to insure accuracy of measurements.

- a. This facility is currently not following Chain of Custody procedures for the samples that are sent to the laboratory. Implement a Chain of Custody procedure immediately.
- b. For the tests that are performed by staff. Standard Operating Procedures (SOPs) should be developed so that the tests are performed uniformly by all test performers.
- c. As part of the SOPs, quality control/quality assurance (QA/QC) procedures should be developed for each of these tests. This information is probably contained in the instrument manuals.

Provide documentation that the SOPs and QA/QC procedures have been developed within 30 days of receipt of this report.

5. **NPDES Permit Part II, Item (B)(7) – Operator Staffing Requirements:** The NPDES permit and Ohio Administrative Code 3745-7-04 (C)(1) require by December 1, 2012 the Operator of Record must spend 20 hours over 5 days working in the wastewater treatment plant. This time does not include time spent repairing collection system problems or checking pump stations. Since your staff perform other functions including drinking water operator duties and meter reading, this requirement may be difficult to comply with unless more staff is hired to perform other non-Operator of Record duties.

Please respond to Items 2-5 above within thirty (30) days of receipt of this letter. If you have any questions, please contact me at your convenience at (740) 380-5284.

Sincerely,



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

AS/dh

Enclosure

c: Rich Kasler, Supt., The Plains Water and Sewer District

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PJ00005*GD	OH0050580	May 31, 2012	C	S	1

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
The Plains Wastewater Treatment Plant 11308 Jackson Drive The Plains, Ohio 45780	7:30 a.m.	December 1, 2011
	Exit Time	Permit Expiration Date
	10:30 a.m.	November 30, 2016

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Rich Kasler, Supt.	(740) 593-7146
Name, Address, & Title of Responsible Official	Phone Number
Athens County Commissioners 15 S. Court Street Athens, Ohio 45701	(740) 592-3292

C. AREAS EVALUATED DURING INSPECTION

<u> </u> S Permit	<u> </u> M Flow Measurement	<u> </u> N/A Pretreatment
<u> </u> U Records/Reports	<u> </u> M Laboratory	<u> </u> S Compliance Schedules
<u> </u> U Operations & Maintenance	<u> </u> S Effluent/Receiving Waters	<u> </u> M Self-Monitoring Program
<u> </u> S Facility Site Review	<u> </u> M Sludge Storage/Disposal	<u> </u> Other
<u> </u> M 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. Records - See letter Item 3.
2. Operations & Maintenance - see letter Item 2.
3. Collection System - See letter Item 2e.
4. Flow Measurement - See letter Item 2d.
5. Laboratory - See letter Item 4.
6. Sludge storage/disposal - See letter Item 2a.
7. Self-monitoring - See letter Item 2c.


 Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

6/8/12
 Date


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

6/8/12
 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:

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>Permit</u>	<input checked="" 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:

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>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:

Autodialer - pager service
plant & lift stations (II) +2 hr Sat/Sun

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date/Time of arrival/departure of ORC	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input type="checkbox"/>	<input checked="" 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:

c.4. Lab results are on bench sheets.

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

k. Only during rainfall events.

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>Brooks Farm</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 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:

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 type="checkbox"/> Other <input checked="" 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. Meter 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

d. Install new sampler.

f. Provide chain of custody documentation.

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>Everything but pH, DO, Temperature</u> 2. Lab name: <u>MASI</u>				

Comments:

Part 3 – Laboratory, Quality Control/Quality Assurance	YES	NO	N/A	N/E
a. Quality assurance manual provided and maintained	<input type="checkbox"/>	<input checked="" 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	Light brown	

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