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

Re: **Notice of Violation**
Crawford County
City of Galion WWTP
Pretreatment
NPDES Permit

June 25, 2012

Mr. Gene Toy
City Manager
City of Galion
301 Harding Way East
Galion, Ohio 44833

Dear Mr. Toy:

This letter is to document the pretreatment compliance inspection (PCI) of the City of Galion's approved pretreatment program, the National Pollutant Discharge Elimination System (NPDES) permit compliance inspection of the City of Galion Waste Water Treatment Plant (WWTP), and the lab audit of the Galion WWTP lab that were conducted on May 3, 2012.

Pretreatment Compliance Inspection
The PCI followed a checklist designed to evaluate the major areas of the City's program and included a file review. Mr. Doug Beugly and Mr. Dennis Marino provided information regarding the implementation of the City's pretreatment program. Our inspection findings and recommendations are summarized below.

The WWTP accepts leachate from the Crawford County landfill. This hauled waste is monitored under the landfill's permit. Also, the plant is currently accepting septage from the Westmoor Subdivision as people tie into sewer and abandon their onsite systems.

The file for A & G Plant #2 was reviewed. The file was well maintained, but staff seemed unsure of the contents of the file. It was unclear if all pretreatment standards are defined and applied appropriately.

All inspections and sampling requirements are being carried out; however, your staff seems inexperienced and may have not been fully trained about the details of the program. There are milestones within the City's NPDES permit that require review of your pretreatment program, which have not been completed.

The following items are actions that will improve implementation of the pretreatment program:

- Ensure that there is a process in place to identify new industrial users;
- Familiarize personnel with applicable pretreatment standards and how they apply to each industry;
- Train personnel with the proper procedure of conducting industrial user inspections and familiarize them with the inspection forms;

Northwest District Office
347 North Dunbridge Road
Bowling Green, OH 43402-9398

419 | 352 8461
419 | 352 8468 (fax)
www.epa.ohio.gov

- Make certain that there is an adequate number of staff trained to implement the pretreatment program.
- Review the compliance schedule in your NPDES permit to ensure that all milestones are being met; and
- Utilize an outside training facility to train pretreatment personnel.

Please submit a letter to our office **within 30 days of receipt of this letter** addressing how these issues will be resolved. Please note that continued deficiencies may result in escalated enforcement action.

NPDES Permit Compliance Inspection
The inspection included a tour of the facility, completion of a checklist designed to evaluate the major areas of the treatment plant, and completion of the General Lab Criteria inspection form. Mr. Doug Beugly and Mr. Dennis Marino provided information about the plant, and Mr. David Isley provided information regarding the lab. Our inspection findings and recommendations are summarized below.

At the time of the inspection, all units, except one aeration tank and the sludge processing units, were in service. The aeration tank not in service was in the process of being cleaned. The sludge centrifuge is run three days per week and the dryer is run approximately once every other week. The primary clarifiers were grey in color and contained some floating solids. The mixed liquor in the aeration tanks had a healthy brown color. The secondary clarifiers had a lot of algae and plant growth on the weirs, but were discharging a clear effluent. The plant was discharging a clear final effluent.

We are in receipt of your discharge monitoring reports covering the months of January 2011 through April 2012 for the referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance are enclosed.

The facility's lab had the following areas evaluated:

- Balance
- Drying Oven
- pH Meter
- Dissolved Oxygen Meter
- Incubator (CBOD/E.Coli)
- Refrigerator
- Ammonia Meter
- SampleCollection/Handling
- Desiccator
- Bench Sheets
- Hot Water Bath (Fecal Coliform/E.Coli)
- Autoclave/Steam Sterilizer

All evaluated areas were found to be deficient in at least one way. Please review the enclosed General Lab Criteria form and submit a letter to us **within 30 days of receipt of this letter** detailing how these deficiencies will be corrected.

Operations and Maintenance Manual
We have reviewed your revised Operations and Maintenance Manual submitted by Mr. Richard Greenwood, P.E., of K.E. McCartney & Associates, Inc., on October 24, 2011. We have the following comments:

- On Page 11 of Volume 1, Part 2.2 states that:

  "the City of Galion does not have a sludge management plant because they produce a Class A sludge and dispose of it at the Crawford County Sanitary Landfill"

  This is an inaccurate statement as the City has biosolids tables included in their permit that allow them to land apply both Class A and Class B biosolids. While we understand at this time the City chooses to landfill their biosolids, it should be noted that other methods are acceptable and approved through the Ohio EPA. This part should be changed to address all methods of biosolids disposal that the City is permitted to use. In addition, Volume II should include the procedures that the City of Galion would follow to land apply Class A and Class B biosolids. At a minimum, this should include:

  1. The results of all compliance sampling and analyses required by OAC 3745-40-08(B);
  2. Standard Operating Procedures (SOP) for biosolids operations and sample collection and sample analysis;
  3. Copies of the Notice and Necessary Information sheet that are provided to beneficial user, land owner and farm operator each time biosolids are land applied;
  4. Copies of beneficial use site authorization request application forms and a copy of the beneficial use site authorization letter from Ohio EPA for each beneficial use site used for land application of the facilities biosolids (when applicable); and
  5. Copies of the information that is required to be maintained by the beneficial user (land application contractor) in accordance with OAC 3745-40-09(C)(4). This includes Class B signage posting dates, agronomic rate calculations and certification statements, soil pH and phosphorus testing results that are not more than 3 years old, and forecast/precipitation data for the period when biosolids are beneficially used, the date(s) biosolids were beneficially used and the quantity of biosolids beneficially used and if applicable documentation to show compliance with VAR 9 or VAR 10.

- On Page 11 of Volume 1, Part 2.3 states that:

  "Refer to Appendix A.3 for the current Pretreatment Plan in place for the City of Galion. This ordinance establishes the effluent parameters and limits for pollutant discharges from industrial users prior to discharge into the collection system."

Appendix A.3 contains an expired permit for an entity in the City of Galion. This is not the actual sewer use ordinance that provides the City with the authority to implement the City's pretreatment program. Due to the deficiencies in the City's implementation of their pretreatment program, we ask that this section be modified to more specifically address the day to day operations of implementing the City's program.

- On Page 5 of Appendix A.4 of Volume 1, it states that the Plant is not responsible for an industrial pretreatment program. This is inaccurate. Please change this and update the staff estimate if necessary.

- Appendix A.4 of Volume I indicates that the total staffing estimate for the plant is 8.2 people. On page 12 of Volume 1, current staffing level is shown as 6 people, which indicates that the plant is understaffed. **As we have stated historically, the facility needs to be appropriately staffed to maintain the plant and operations properly.**

Please address our comments and submit a revised manual to us **within 60 days of receipt of this letter.**

Our completed inspection reports are enclosed for your records. If you have any questions, please call Michelle Sharp at (419) 373 -3019.

Sincerely,

Elizabeth Wick, P.E.
Environmental Engineer/Section Manager
Division of Surface Water

MS/jlm

Enclosures

pc: Mr. Doug Beugly, Superintendent, Galion WWTP
Mr. Dennis Marino, Crew Chief, Galion WWTP
Mr. David Isley, Lab Technician, Galion WWTP
Mr. Richard Greenwood, P.E., K.E. McCartney & Associates, Inc.

ec: Mr. Ryan Laake, CO, DSW
Tracking

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
4/1/2011	001	50092	Mercury, Total (Low Le	30D Conc	14	14.1
4/1/2011	001	50092	Mercury, Total (Low Le	30D Qty	0.0001	.00033
6/1/2011	001	00530	Total Suspended Solids	30D Conc	12	16.1642
6/1/2011	001	00610	Nitrogen, Ammonia (NH3	30D Conc	1.3	1.59386
6/1/2011	001	00610	Nitrogen, Ammonia (NH3	7D Conc	2.0	2.331
6/8/2011	001	00610	Nitrogen, Ammonia (NH3	7D Conc	2.0	4.05333
6/22/2011	001	00530	Total Suspended Solids	7D Conc	18	20.4
7/1/2011	001	00530	Total Suspended Solids	30D Conc	12	22.4083
7/1/2011	001	00530	Total Suspended Solids	7D Conc	18	21.4
7/1/2011	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.1
7/1/2011	001	01113	Cadmium, Total Recover	30D Conc	5.3	6.
7/8/2011	001	00530	Total Suspended Solids	7D Conc	18	26.
7/15/2011	001	00530	Total Suspended Solids	7D Conc	18	24.3
8/1/2011	001	00530	Total Suspended Solids	30D Conc	12.0	13.2285
8/1/2011	001	01113	Cadmium, Total Recover	30D Conc	4.9	8.
8/22/2011	001	31648	E. coli	7D Conc	284	444.070
9/1/2011	001	01113	Cadmium, Total Recover	30D Conc	4.9	5.
9/22/2011	001	31648	E. coli	7D Conc	284	418.223
4/8/2012	001	00530	Total Suspended Solids	7D Conc	18.0	20.0666

Form Approved
OMB No. 158-R0035

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

	CONDITION OR APPEARANCE	RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	
	Bypasses	OUT	
	Stormwater Overflows		
	Alternate Power Source	OUT	Generator not running
Preliminary	Maintenance of Collection Systems	S	
	Pump Station	IN	Influent pumps, 2 screw pumps following screening building
	Ventilation	S	
	Bar Screen	IN	2 Mechanical Units
	Disposal of Screenings	S	Landfill
	Comminutor		
	Grit Chamber	IN	Aerated
	Disposal of Grit	S	Landfill
	Preaeration tank	IN	2 Units
Primary	Settling Tanks	IN	Grey, some solids floating
	Scum Removal	IN	
	Sludge Removal	IN	
	Effluent	S	
Sludge Disposal	Digesters	IN	2 anaerobic units
	Temperature and pH	S	
	Gas Production	S	
	Heating Equipment	IN	
	Sludge Pumps	IN	2 WAS, 3 RAS, 2 Raw pumps
	Disposal of Sludge	M	Centrifuge, Dryer, Landfill
	Sludge Holding Tank	OUT	Old aeration tanks used for sludge holding
	Sludge Thickener	IN	1 Unit
	Centrifuge	OUT	2 units, Runs 3 days per week
	Dryer	OUT	1 Unit, Runs when the hopper is full approximately once every other week
Other	Flow Meter and Recorder	IN	
	Records	S	
	Lab Controls	S	
	Chemical Treatment	S	
Secondary-Tertiary List items as	Aeration Tanks	IN	3 of 4 Tanks in service, 1 down for cleaning, good air and color
	Blowers	IN	3 units
	Secondary Clarifiers	IN	2 units, lots of algae and plant grown, effluent clear
	Lagoons	IN	Two lagoons, one for polishing, the other for flow EQ
Disinfection	Effluent	S	
	Disinfection System	IN	Gas chlorine feed
	Effective Dosage	S	
	Contact Time	S	
	Contact Tank	IN	
	Dechlorination	IN	Sodium bisulfite feed

Permit # : OH0025313
NPDES #: 2PD00030

State of Ohio Environmental Protection Agency
Northwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	**NPDES#**	**Month/Day/Year**	**Inspection Type**	**Inspector**	**Facility Type**
OH0025313	2PD00030	5/3/2012	C	Sharp	1

Section B: Facility Data		
Name and Location of Facility Inspected	**Entry Time**	**Permit Effective Date**
City of Galion WWTP 6374 Hosford Rd. Galion, Ohio 44833	1:30 PM	8/1/2011
	Exit Time	**Permit Expiration Date**
	3:30 PM	1/31/2016
Name(s) and Title(s) of On-Site Representatives	**Phone Number(s)**	
Mr. Doug Beugly, Superintendent	419-468-5010	
Name, Address and Title of Responsible Official	**Phone Number**	
Gene Toy, City Manager City of Galion 301 Harding Way East Galion, Ohio 44833	419-468-1680	

Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	S	Flow Measurement	M	Pretreatment
S	Records/Reports	M	Laboratory	M	Compliance Schedule
S	Operations & Maintenance	S	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal	N	Other
S	Collection System				

Section D: Summary of Findings (Attach additional sheets if necessary)

Inspector	Reviewer
Michelle Sharp 6/14/12	Thomas Poffenbarger 6/4/12
Michelle M. Sharp Division of Surface Water Northwest District Office Date	Thomas Poffenbarger, P.E. Water Quality Engineer Division of Surface Water Northwest District Office Date

Permit # : OH0025313
NPDES #: 2PD00030

Sections E thru K: Complete on all inspections as appropriate
Y – Yes, N – No, N/A – Not Applicable, N/E – Not Evaluated

Section E: Permit Verification

Inspection observations verify the permit

(a) Correct name and mailing address of permittee	Y
(b) Correct name and location of receiving waters.....	Y
(c) Product(s) and production rates conform with permit application (Industries).....	N/A
(d) Flows and loadings conform with NPDES permit.....	Y
(e) Treatment processes are as described in permit application...	Y
(f) New treatment process(es) added since last inspection.....	N
(g) Notification given to State of new, different or increased discharges.....	N/A
(h) All discharges are permitted.....	Y
(i) Number and location of discharge points are as described in permit.....	Y

Comments/Status:

(f) Hope to start installation of new bar screens, grit classifier, sluice gates, power control room, and cyclones around August of this year.

Section F: Compliance Schedules/Violations

(a) Any significant violations since the last inspection.....	N
(b) Permittee is taking actions to resolve violations.....	N/A
(c) Permittee has a compliance schedule.....	Y
(d) Compliance schedule contained in NPDES Permit	
(e) Permittee is meeting compliance schedule.....	N

Comments/Status:

(e) Milestones in the pretreatment program evaluation in the compliance schedule have not been met.

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained

(a)	Standby power available.....generator ☒ or dual feed ☐.....	Y
(b)	Adequate alarm system available for power or equipment failures..	Y
(c)	All treatment units in service other than backup units.....	Y
(d)	Wastewater Treatment Works classification (OAC 3745-7).....	III
(e)	Operator of Record holds unexpired license of class required by permit.....	Y
	Class: III	
(f)	Copy of certificate of Operator of Record displayed on-site.....	Y
(g)	Minimum operator staffing requirements fulfilled (OAC 3745-7)...	Y
(h)	Routine and preventative maintenance scheduled/performed...	Y
(i)	Any major equipment breakdown since last inspection.....	Y
(j)	Operation and maintenance manual provided and maintained.....	Y
(k)	Any plant bypasses since last inspection.....	Y
(l)	Regulatory agency notified of bypasses.....	Y
	On MORs ☒ and/or Spill Hotline (1-800-282-9378) ☐	
(m)	Any hydraulic and/or organic overloads since last inspection.....	N

Record Keeping:

(a)	Log book provided.....	Y
(b)	Format of log book (i.e. computer log, hard bound book)	
	3 ring binder/computer log/bench sheets	
(c)	Log book(s) kept onsite (in an area protected from weather).....	Y
(d)	Log book contains the following:	
	I. Identification of treatment works.....	Y
	II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7.....	Y
	III. Daily record of operation and maintenance activities (including preventative maintenance, repairs and request for repairs).....	Y
	IV. Laboratory results (unless documented on bench sheets)...	Y
	V. Identification of person making log entries.....	Y
(d)	Has the operator of record submitted written notification to the permittee, Ohio EPA and (if applicable) any local environmental agencies when a collection system overflow, treatment plant bypass or effluent limit violation has occurred.....	Y

Section G: Operation & Maintenance (con't)

Collection System:

(a)	Percent combined system: 0%	
(b)	Any collection system overflows since last inspection..... (CSO ☐ and/or SSO ☐)	N
(c)	Regulatory agency notified of overflows (SSOs).....	N/A
(d)	CSO O&M plan provided and implemented.....	N/A
(e)	CSOs monitored and reported in accordance with permit.....	N/A
(f)	Portable pumps used to relieve system.....	N
(g)	Lift station alarms provided and maintained.....	Y
(h)	Are lift stations equipped with permanent standby power or equivalent.....	Y
(i)	Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection.....	Y
(j)	Any complaints received since last inspection of basement flooding	N
(k)	Are any portions of the sewer system at or near capacity.....	N

Comments/Status:

Treatment Works
(c) Gravity thickener was out of service between June 2, 2011 and the first week of July 2011.

Collection System
(h) Four lift stations are, but 4 are not.

Section H: Sludge Management

(a) Sludge management plan (SMP)
Submitted date: Approval #: Not submitted ☐ N/A ☒

(b) Sludge management plan current..... Y
(c) Sludge adequately disposed..... Y
(Method: landfill)
(d) If sludge is incinerated, where is ash disposed of
(e) Is sludge disposal contracted..... Y
(Name:Kurtzman)
(f) Has amount of sludge generated changed significantly since last inspection..... N
(g) Adequate sludge storage provided at plant.....Y
(h) Land application sites monitored and inspected per SMP..... N/A
(i) Records kept in accordance with State and Federal law..... Y
(j) Any complaints received in last year regarding sludge..... N
(k) Is sludge adequately processed (digestion, pathogen control)..... Y

Comments/Status:

(e) The sludge is now disposed of in a roll off box that Kurtzman collects and hauls to the landfill. City dump trucks are no longer being used.

Section I: Self-Monitoring Program

Flow Measurement:

(a) Primary flow measuring device operated and maintained..... Y
Type of device: Ultrasonic & Parshall flume ☐ Ultrasonic & Weir ☒ Weir ☐
Calculated from influent ☐ Other ☐(Specify:)

(b) Calibration frequency adequate ..... Y
(Date of last calibration: 9/20/2011)
(c) Secondary instruments operated and maintained.....Y
(d) Flow measurement equipment adequate to handle full range of flows..... Y
(e) Actual flow discharged is measured..... N
(f) Flow measuring equipment inspection frequency
☒Daily ☐Weekly ☐monthly ☐other

Comments/Status:

Section I: Self-Monitoring Program (con't)

Sampling:

(a) Sampling location(s) are as specified by permit..... Y
(b) Parameters and sampling frequency agree with permit..... Y
(c) Permittee uses required sampling method..... Y
(d) Sample collection procedures are adequate..... Y
  (i) Samples refrigerated during compositing..... Y
  (ii) Proper preservation techniques used..... Y
  (iii) Containers and sample holding times prior to analysis conform with 40 CFR 136.3..... Y
(e) Monitoring records (i.e., flow, pH, DO) maintained for a minimum of three years including all original strip chart recordings (i.e, continuous monitoring instrumentation, calibration and maintenance records)..... Y
(f) Adequate records maintained of sampling date, time, location, etc.. Y

Laboratory:

General

(a) EPA approved analytical testing procedures used (40 CFR 136.3).. Y
(b) If alternate analytical procedures are used, proper approval has been obtained..... N/A
(c) Analyses being performed more frequently than required by permit. N
(d) If (c) is yes, are results in permittee's self-monitoring report..... N/A
(e) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: Upstream, Downstream, Metals, Mercury and Sludge

Lab name: Alloway

Quality Control/Quality Assurance

(f) Quality assurance manual provided and maintained..... Y
(g) Satisfactory calibration and maintenance of instruments/equipment. Y
(h) Adequate records maintained..... Y
(i) Results of latest USEPA quality assurance performance sampling program: ☒ Satisfactory ☐ Marginal ☐ Unsatisfactory
Date: 2011

Comments/Status:
Plant tests pH, chlorine, ammonia, CBOD, E.Coli and runs QC samples on phosphorous.

Permit # : OH0025313
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Section J: Effluent/Receiving Water Observations

Outfall Number	Oil sheen	Grease	Turbidity	Visible Foam	Visible Floating Solids	Color	Other
001	None	None	None	None	None	Clear	

Comments/Status:

Section K: Multimedia Observations

(a) Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories..... N
(b) Do you notice staining or discoloration of soils, pavement or floors.. N
(c) Do you notice distressed (unhealthy, discolored, dead) vegetation.. N
(d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks..... N
(e) Do you notice any unusual odors or strong chemical smells..... N
(f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities..... N

If any of the above are observed, ask the following questions:
(1) What is the cause of the condition?
(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/Status:

General Lab Criteria

Criteria	Standard Methods Requirement			Rating
Balance		Acceptable?		
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights [1,2]	☒ Yes	☐ No	M
• Calibration Frequency / Documentation	• Calibration verification required at least once each day the balance is used.[3]	☐ Yes	☒ No	
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum[1]	☒ Yes	☐ No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable)[1]	☒ Yes	☐ No	
	• Must be able to measure to 0.1 grams[4]	☒ Yes	☐ No	
	• Instrument manual available	☒ Yes	☐ No	
	• Log book maintained[6]	☒ Yes	☐ No	
Comments:				

Criteria	Standard Methods Requirement			Rating
Drying Oven (Suspended Solids)		Acceptable?		
• Temperature Recordkeeping	• Temperature recorded with each use[4]	☒ Yes	☐ No	M
	• Log book maintained[6]	☐ Yes	☒ No	
• Calibration Frequency / Documentation	• Thermometer calibrated annually with NIST traceable thermometer[1,2]. Correction factor posted on thermometer / equipment[1]	☐ Yes	☒ No	
• Other	• Thermometer temperature in 0.1° C increments[5]	☒ Yes	☐ No	
	• Acceptable temperature range is 103° – 105° F [4]	☒ Yes	☐ No	
	• Instrument manual available	☒ Yes	☐ No	
Comments:				

Criteria	Standard Methods Requirement			Rating
pH Meter		Acceptable?		
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples)[3]	☒ Yes	☐ No	M
	• Logbook maintained[9]	☒ Yes	☐ No	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result[7]	☒ Yes	☐ No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet[2]	☐ Yes	☒ No	
• Buffer Expiration Date	• Buffers must not be expired	☒ Yes	☐ No	
• Other	• Instrument manual available	☒ Yes	☐ No	
	• Teflon covered magnetic stirrer or equivalent for mixing[8]	☒ Yes	☐ No	

General Lab Criteria

Comments:

Criteria	Standard Methods Requirement			Rating
Dissolved Oxygen Meter		Acceptable?		
• Calibration Method	• Air or known DO calibration method[10]	☒ Yes	☐ No	M
	• Calibration per manufacturer specification[10]	☒ Yes	☐ No	
• Calibration Frequency / Documentation	• Logbook maintained[9]	☐ Yes	☒ No	
	• Calibration verification required at least once each day the meter is used.[3]	☒ Yes	☐ No	
• Other	• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil)[11]	☒ Yes	☐ No	
	• Instrument manual available	☒ Yes	☐ No	

Comments:

Criteria	Standard Methods Requirement			Rating
Incubator (CBOD/ E-Coli)		Acceptable?		
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use[1]	☐ Yes	☒ No	M
	• Acceptable temperature range (CBOD) is 20° C ±1.0 °[12]	☒ Yes	☐ No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 °[22]	☐ Yes	☐ No	
	• Logbook maintained [9]	☒ Yes	☐ No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer[1, 2]	☐ Yes	☒ No	
	• Temperature correction information posted on incubator[1]	☐ Yes	☒ No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 ml), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) [23]	☒ Yes	☐ No	
• Other	• Instrument manual available	☒ Yes	☐ No	
	• Temperature Log (thermometer reads to 0.1 Celsius).[5]	☐ Yes	☒ No	

Comments:

Criteria	Standard Methods Requirement			Rating
Refrigerator		Acceptable?		
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius).[5]	☐ Yes	☒ No	M
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer [1, 2]	☐ Yes	☒ No	
• Other	• Thermometer held in water bath. [1]	☒ Yes	☐ No	
	• Refrigerator temperature ≤6° Celsius.[13]	☒ Yes	☐ No	
	• Do not store volatile solvents, food, or beverages.[14]	☒ Yes	☐ No	

General Lab Criteria

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Chlorine Meter				
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV[15]	☐ Yes	☐ No	NR
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples)[3]	☐ Yes	☐ No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters or calibration per manufacturer specification[16]	☐ Yes	☐ No	
	• Standards used for calibration not expired	☐ Yes	☐ No	
• Slope Documentation / Acceptability	• Calibration curve (acceptable slope)	☐ Yes	☐ No	
• Other	• Electrode free of deposits and foreign material	☐ Yes	☐ No	
	• Log book being maintained.[9]	☐ Yes	☐ No	
	• Instrument manual available	☐ Yes	☐ No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Ammonia Meter				
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples)[3]	☒ Yes	☐ No	M
	• Log book being maintained[9]	☒ Yes	☐ No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	☒ Yes	☐ No	
• Calibration Method	• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec.[17]	☒ Yes	☐ No	
	• Standards used for calibration not expired	☐ Yes	☒ No	
• Other	• Electrode free of deposits and foreign material	☒ Yes	☐ No	
	• Teflon covered magnetic stirrer or equivalent for mixing[18]	☒ Yes	☐ No	
	• Instrument manual available	☒ Yes	☐ No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Sample Collection/Handling				
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed).[19]	☐ Yes	☒ No	M
• Chain of Custody	• Chain of custody (description, date, time,	☐ Yes	☒ No	

General Lab Criteria

	signature).[19]			
• Other	• Composite samples refrigerated during sample collection[14]	☒ Yes	☐ No	
	• Equipment blanks utilized[14]	☒ Yes	☐ No	
	• SOP for cleaning of sampling equipment	☐ Yes	☒ No	
	• Logbook being maintained[9]	☒ Yes	☐ No	

Comments:

Criteria	Standard Methods Requirement			Rating
Desiccator		Acceptable?		
• General criteria	• Properly working seals.	☒ Yes	☐ No	M
	• Desiccant fresh (blue color)	☐ Yes	☒ No	
• Documentation	• Log book being maintained[9]	☐ Yes	☒ No	

Comments:

Criteria	Standard Methods Requirement			Rating
Bench sheets		Acceptable?		
• General criteria	• Date(s)[2]	☒ Yes	☐ No	M
	• Analyst initials[2]	☒ Yes	☐ No	
	• Blue or black ink pen[2]	☒ Yes	☐ No	
	• Calibration information[2]	☒ Yes	☐ No	
	• Equations, calculations, units for all measurements, notations, and results present[2]	☐ Yes	☒ No	
	• Corrections, single line through, initialed and dated[2]	☐ Yes	☒ No	

Comments:

Criteria	Standard Methods Requirement			Rating
Hot Water Bath (Fecal Coliform/E. Coli)		Acceptable?		
• Temperature Recordkeeping	• Temperature Log (thermometer reads 0.2° C)[21]	☒ Yes	☐ No	M
	• Incubator temperature 44.5° C ± 0.2°[21/24]			
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer[1,2]	☒ Yes	☐ No	
	• Log book being maintained[9]	☐ Yes	☒ No	
• Water Level	• Thermometer total immersion or partial (line on thermometer to ID immersion depth)[1,5]	☐ Yes	☒ No	

Comments:

Criteria	Standard Methods Requirement			Rating
Autoclaves/Steam Sterilizers		Acceptable?		
• All apparatus utilized is	• Sterilizing temperature 121° C[25]	☒ Yes	☐ No	M

General Lab Criteria

adequately sterilized before use	• 10 to 30 minutes time based on material being sterilized[26]	☒ Yes	☐ No	
• Documentation	• Verify the autoclave temperature weekly by using a maximum registering thermometer (MRT) to confirm that 121°C has been reached as measured in the exhaust. [1]	☐ Yes	☒ No	
	• Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used [1]	☐ Yes	☒ No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer [1,2]	☐ Yes	☒ No	
	• Log book being maintained [9]	☐ Yes	☒ No	
• Performance Checks	• Test monthly for efficacy using a biological such as commercially available *Geobacillus stearothermophilus* in spore strips, suspensions, or capsules [1]	☐ Yes	☒ No	
Comments:				

Number of Criteria Rated:	Acceptable	0
	Marginal	12
	Unacceptable	0
	Total Number of Areas Rated	12

<u>Acceptable Ratings</u> -- No action required (recommend SOP's written or updated, perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, written response not required).

<u>Marginal Ratings</u> – Improvements required, written response required (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response).

<u>Unsatisfactory Rating</u> - Improvements required, written response required, NOV issued (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response to NOV).

Consider recommending PAI Audit from DES when:	>60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable

General Lab Criteria

Notation of Referenced Method

1 Method 9020-B, Item 4
2 Method 1020-A, Item 1
3 Method 1020-B, Item 10
4 Method 2540-B, Item 2
5 Method 2550-B, Item 1
6 Method 1020-B, Item 1
7 Method 4500-H B, Item 4
8 Method 4500-H B, Item 2
9 Method 1020-B, Item 2
10 Method 4500-O B, Item 3
11 Method 4500-O G, Item 3
12 Method 5210-B, Item 5
13 CFR 136.3, Table II
14 Method 1060A, Item 1
15 Method 4500-Cl I, Item 2
16 Method 4500-Cl I, Item 4
17 Method 4500-NH3 D, Item 4
18 Method 4500-NH3 D, Item 2
19 Method 1060-B, Item 2
20 Method 1060-B, Item 1
21 Method 9222D, Item 1
22 Method 9223 B, Item 2
23 Method 9223 B, Item 3
24 Method 1603, Item 2
25 Method 9030-B, Item 3
26 Method 9020 B, Table IV

Equipment Logbook Content - all maintenance performed on a piece of equipment should be documented in the logbook. This should include parts replacement and routine maintenance activities. Entries should include date, maintenance performed and initials of person making entry.

Preservation and Holding Times

Parameter	Container	Min. Sample Size (mL)	Sample Type	Preservation	Maximum Storage Time	
					Recommended	Regulatory
BOD / CBOD	P, G	1000	G, C	Refrigerate ≤6° C	6h	48h
TSS	P, G	200	G, C	Refrigerate ≤6° C	7 d	7 d
pH	P, G	50	G	Analyze immediately	0.25h	0.25 h
NH3-N	P, G	500	G, C	Analyze as soon as possible or add H_2SO_4 to pH <2, Refrigerate ≤6° C	7 d	28 d
TRC	P, G	500	G	Analyze immediately	0.25h	0.25 h
DO (electrode)	G, BOD Bottle	300	G	Analyze immediately	0.25h	0.25 h
Temperature	P, G	--	G	Analyze immediately	0.25h	0.25 h
Metals, general	P, G	1000	G, C	For dissolved filter immediately and add HNO_3 to pH <2	6 months	6 months
Purgeables by purge and trap	G (PTFE lined lid)	40 (X2)	G	HCl to pH<2, Refrigerate ≤6° C	7 d	14 d
Base/Neutrals and acids	G (solvent rinsed or baked)	1000	C, G	Refrigerate ≤6° C	7 d	7 days until extraction 40 days after extraction
Pesticides	G (PTFE lined lid)	1000	C	Refrigerate ≤6° C	7 d	7 days until extraction 40 days after extraction
Fecal Coliform / E-Coli	G, P (Sterilized)	100	G	Refrigerate ≤10° C If chlorine present, add sodium thiosulfate tablet	6 hrs transport Start analysis within 2 hrs of receipt in lab.	

General Lab Criteria

Oil and Grease	G	1000	G	HCl or H_2SO_4 to pH <2, Refrigerate ≤6°C	28 d	28 d

Approved Standard Methods	
CBOD / BOD 5 Day	Std Methods 5210-B
Ammonia, Selective Electrode Method	Std Methods 4500-NH3 D
Total Residual Chlorine, DPD Colorimetric Method	Std Methods 4500-Cl G
Total Suspended Solids, Dried at 103-105 °C	Std Methods 2540-D
Dissolved Oxygen, Membrane Electrode Method	Std Method 4500-O G
pH, Electrometric Method	Std Methods 4500-H+ B
Fecal Coliform, Membrane Filter Procedure	Std Methods 9222D
Escherichia Coli, Enzyme Substrate Test	Std Method 9223B
Escherichia Coli Membrane Filtration Procedure	EPA Method 1603
Oil and Grease	USEPA 1664A or Std Methods 5520B
Metals, general	USEPA 200, Std Methods 3111B or C, or 3120B
Volatiles (Purgeables by purge and trap)	USEPA 6210, Std Methods 624
Semi-Volatiles (Base/Neutrals and acids)	USEPA 6410, Std Methods 625
Pesticides	USEPA 6410 and 6630, Std Methods 608

PRETREATMENT INSPECTION REPORT

Ohio Environmental Protection Agency

FACILITY NAME	PERMIT NUMBER	FACILITY NUMBER
City of Galion	*2PD00030*	*OH0025313*

INSPECTION TYPE	INSPECTOR	FACILITY TYPE	DATE CONDUCTED
PCI	*S*		*May 3, 2012*

GENERAL INFORMATION

NAME AND LOCATION OF FACILITY
City of Galion WWTP
6374 Hosford Rd
Galion, Ohio 44833

MAILING ADDRESS OF FACILITY
City of Galion
301 Harding Way East
Galion, Ohio 44833

CONTACT (NAME/TITLE/PHONE)
Mr. Doug Beugly/WWTP Superintendent/419-468-5010

FACILITY EVALUATION

(S = Satisfactory, M = Marginal, U = Unsatisfactory)

* See inspection letter

Names(s) and Signature(s) of Inspector(s)	Agency / Office / Telephone	Date
Michelle Sharp		6/22/12
Signature of Reviewer Thomas Pfefflanger		Date 6/22/12

POTW PRETREATMENT COMPLIANCE CHECKLIST

PCI CHECKLIST CONTENTS

Cover Page and Acronym List
Section I — IU File Evaluation
Section II — Supplemental Data Review/Interview
Section III — Evaluation and Summary (Optional)
☐ Attachment A — Pre-Inspection Checklist
☐ Attachment B — Pretreatment Program Profile
Attachment C — Worksheets
☐ WENDB/ RNC Worksheet
☐ IU Site Visit Report Form (Optional)
☐ File Review Worksheets (Optional)
Attachment D — Supporting Documentation

Control Authority (CA) name and address	Date(s) of PCI
City of Galion ***6374 Hosford Rd*** ***Galion, Ohio 44805***	***May 3, 2012***

INSPECTOR(S)

Name	Title/Affiliation	Telephone Number
Michelle Sharp	*ESII/Ohio EPA*	*419-373-3019*

CA REPRESENTATIVE(S)

Name	Title/Affiliation	Telephone Number
Doug Beugly	*Superintendent/Galion WWTP*	*419-468-5010*
Dennis Marino	*Crew Chief/Galion WWTP*	*419-468-5010*

ACRONYM LIST	
Acronym	**Term**
AO	Administrative Order
BMP	Best Management Practices
BMR	Baseline Monitoring Report
CA	Control Authority
CERCLA	Comprehensive Environmental Remediation, Compensation, and Liability Act
CFR	Code of Federal Regulations
CIU	Categorical Industrial User
CSO	Combined Sewer Overflow
CWA	Clean Water Act
CWF	Combined Wastestream Formula
DMR	Discharge Monitoring Report
DSS	Domestic Sewage Study
EP	Extraction Procedure
EPA	U.S. Environmental Protection Agency
ERP	Enforcement Response Plan
FDF	Fundamentally Different Factors
FTE	Full-Time Equivalent
FWA	Flow-Weighted Average
gpd	gallons per day
IU	Industrial User
IWS	Industrial Waste Survey
MGD	Million Gallons Per Day
MSW	Municipal Solid Waste
N/A	Not Applicable
ND	Not Determined
NOV	Notice of Violation
NPDES	National Pollutant Discharge Elimination System
O&G	Oil and Grease
PCI	Pretreatment Compliance Inspection
PCS	Permit Compliance System
PIRT	Pretreatment Implementation Review Task Force
POTW	Publicly Owned Treatment Works
QA/QC	Quality Assurance/Quality Control
RCRA	Resource Conservation and Recovery Act
RNC	Reportable Noncompliance
SIU	Significant Industrial User
SNC	Significant Noncompliance
SUO	Sewer Use Ordinance
TCLP	Toxicity Characteristic Leachate Procedure
TOMP	Toxic Organic Management Plan
TRC	Technical Review Criteria
TRE	Technical Review Evaluation
TRIS	Toxics Release Inventory System
TSDF	Treatment, Storage, and Disposal Facility
TTO	Total Toxic Organics
UST	Underground Storage Tank
WENDB	Water Enforcement National Data Base

INSTRUCTIONS: Select a representative number of SIU files to review. Provide relevant details on each file reviewed. Comment on all problems identified and any other areas of interest. Where possible, all CIUs (and SIUs) added since the last PCI or audit should be evaluated. Make copies of this section to review additional files as necessary.

IU IDENTIFICATION

FILE *1* Industry name and address ***A & G Plant #2*** ***165 Galsanliter*** ***Galion, Ohio 44833***	Type of industry ***Metal Finishing***
IU CLASSIFICATION BY CA: ☒ Categorical SIU - 40 CFR 433 , _____, Category(ies) _____ ■ Non-categorical SIU ■ Non SIU	Average total flow (gpd) / Average process flow (gpd) Industry visited during PCI? Yes ■ No ☒

COMPLIANCE STATUS

■ SNC (period: _____) ■ Noncompliance/corrected ■ Noncompliance/continuing ☒ In compliance

EXPLANATION:

Comments

FILE ____ Industry name and address	Type of industry
IU CLASSIFICATION BY CA: ■ Categorical SIU - 40 CFR _____, _____, Category(ies) _____ ■ Non-categorical SIU ■ Non SIU	Average total flow (gpd) / Average process flow (gpd) Industry visited during PCI? Yes ■ No ■

COMPLIANCE STATUS

■ SNC (period: _____) ■ Noncompliance/corrected ■ Noncompliance/continuing ■ In compliance

EXPLANATION:

Comments

General Comments

SECTION I: IU FILE EVALUATION

Industry Name					
HYDRANAMICS, Inc.					INSTRUCTIONS: Evaluate the contents of IU files. Enumerate problem areas and explain in comments section below. Use NA (not available) where necessary. Use ND (not determined) where there is insufficient information to evaluate/determine implementation status. Use an "x" in the space when a problem is not noted. Comment on each problem identified. Clearly identify the file that each comment pertains to; also indicate where a comment applies to all the files.

File 1	File	File	File	File	IU FILE REVIEW	Reg. Cite
					A. CA NOTIFICATION OF IU	
NA					1. Notified of classification (new IU) or change in classification (existing IU)	403.8(f)(2)(iii)
NA					* BMR/90-day report submitted (for new IU)	403.12(b)&(d)
NA					2. Notified of applicable RCRA standards	403.8(f)(2)(iii)

Comments

SECTION I: IU FILE EVALUATION (Continued)

File 1	File	File	File	File	IU FILE REVIEW	Reg. Cite
					B. ISSUANCE OF IU CONTROL MECHANISM	
x					1. Issuance or reissuance of control mechanism	403.8(f)(1)(iii)
x					2. Control mechanism contents	403.8(f)(1)(iii)
x					a. Statement of duration (<5 years)	
x					b. Statement of nontransferability w/o prior notification	
x					c. Listing of applicable effluent limits (local, categorical standards)	
x					d. Selfmonitoring requirements	
x					i Identification of pollutants to be monitored	
x					ii Sampling frequency	
x					iii Sampling at locations/discharge points adequately defined	
x					iv Appropriate sample types (grab or composite)	
x					v Reporting requirements	
x					vi Record-keeping requirements (3 years minimum)	
x					e. Statement of applicable civil and criminal penalties	
NA					f. Compliance schedules	
x					g. Requirement to notify CA of slug loadings	
x					h. Requirement to notify CA of spills, bypasses, upsets, etc.	
x					i. Requirement to notify CA of significant change in discharge	
x					j. 24-hour notification of violation/resample requirement	

Comments:

SECTION I: IU FILE EVALUATION (Continued)

File 1	File	File	File	File	IU FILE REVIEW	Reg. Cite
					C. CA APPLICATION OF IU PRETREATMENT STANDARDS	
					1. Proper IU categorization (sig. cat., sig. non-cat, non-sig.)	403.8(f)(1)(ii)
x					2. Calculation and application of categorical standards	403.8(f)(1)(ii)
x					a. Proper classification by category/subcategory	
x					b. Proper classification as new/existing source	
x					c. Proper application of limits for all regulated pollutants	
NA					d. Proper calculation and application of production-based standards	403.6(c)
NA					e. Proper calculations and application of CWF or FWA	403.6(d)&(e)
x					3. Application of local limits	
x					4. Application of most stringent limits	403.8(f)(1)(ii)

Comments:

SECTION I: IU FILE EVALUATION (Continued)

File 1	File	File	File	File	IU FILE REVIEW	Reg. Cite
					D. CA COMPLIANCE MONITORING	
					Sampling	403.8(f)(1)(iii)(D)
x					1. Sampled at frequency specified in approved	
x					2. Documentation of sampling activities (especially chain of custody)	3745-3-03(C)(2)(f)
x					3. Sampled all parameters for which local or categorical limits applied	
x					4. Appropriate analytical methods (40 CFR Part 136)	403.8(f)(2)(vi)
					Inspection	403.8(f)(2)(v)
x					1. Inspected at frequency specified in approved program	
x					2. Documentation of inspection activities	403.8(f)(2)(vi)
					3. Evaluated need for slug discharge control plan at least every two years	403.8(f)(2)(v)

Comments:

SECTION I: IU FILE EVALUATION (Continued)

File 1	File	File	File	File	IU FILE REVIEW	Reg. Cite
					E. CA ENFORCEMENT ACTIVITIES	
x					1. Response to violations	403.8(f)(2)(vi)
x					a. Discharge violations	
NA					b. Monitoring/reporting violations	
NA					c. Compliance schedule violations	
NA					2. Proper calculation of SNC	403.8(f)(2)(vii)
NA					a. Chronic	
NA					b. TRC	
NA					c. Pass-through/interference caused by spill or slug discharge	
NA					d. Reporting requirements	
NA					3. Publication for SNC	403.8(f)(2)(vii)
NA					4. Adherence to approved ERP	403.8(f)(5)
NA					a. Proper response to violations	
NA					b. Escalation of enforcement	

Comments:

SECTION I: IU FILE EVALUATION (Continued)

File 1	File	File	File	File	IU FILE REVIEW	Reg. Cite
					F. SELF-MONITORING AND REPORTING	
X					1. Sampled at frequency specified in control mechanism/regulation	403.12(e)&(h)
X					2. TTO Requirements met	
NA					a. TOMP submitted and updated (if applicable)	
X					b. TTO sample results or certification statement submitted as required	
X					3. Timely self-monitoring reports in accordance with control mechanism	403.12(e)&(h)
X					4. Reported for all required pollutants	403.12(g)(1)&(h)
X					5. Signatory/certification of reports in accordance with OAC 3745-3-06 (F)	OAC 3745-3-06 (F)
NA					6. Met compliance schedule milestones by required dates	403.12(c)
NA					7. Immediate notification of slug load discharge or accidental spill to sewer	OAC 3745-3-05
N					8. Notified CA within 24 hours of becoming aware of discharge violations	403.12(g)(2)
x					9. Resampled/reported within 30 days of knowledge of violation	403.12(g)(2)
X					10. Submission/implementation of slug discharge control plan	403.8(f)(2)(v)
X					11. Notified CA of significant changes in operation or discharge	403.12(j)

Comments:

SECTION I: IU FILE EVALUATION (Continued)

File	File	File	File	File	IU FILE REVIEW	Reg. Cite
					G. OTHER	

Comments:

SECTION I COMPLETED BY:	*Michelle Sharp*	DATE:	*May 17, 2012*
TITLE:	*ESII*	TELEPHONE:	*419-373-3019*

SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

INSTRUCTIONS: Complete this section during the onsite visit based on based on CA activities since the last PCI or audit. Attach documentation where appropriate. Specific data may be required in some cases.

A. CA PRETREATMENT PROGRAM MODIFICATION [403.18]

1. Have you made any changes to the approved program since the last inspection? (Local limits, ERP, SUO, control mechanisms, SIU list, etc.)

Yes	No
	x

If yes, discuss.

2. Have you identified any needed changes?
If yes, describe.

Yes	No
	x

B. IU CHARACTERIZATION [403.8(f)(2)(i)&(iii)]

1. How do you identify and characterize new IUs?
(is IWS used?)
Inspection is done at the facility when the facility files applications.

2. How and when do you identify changes in wastewater discharges at existing IUs
(especially to determine if they need to be classified as a SIUs)
Yearly inspections are completed and sampling.

SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

C. CONTROL MECHANISM EVALUATION [403.8(f)(1)(iii)]

1. How many SIUs are not covered by an existing, unexpired permit or other individual control mechanism? [WENB~NOCM][RNC~I]
   If any, explain.

0	%

2. a. How many control mechanisms were allowed to expire prior to reissuance?
   If any explain.

0

   b. How many control mechanisms were not issued within 180 days of the expiration date of the previous control mechanism? [RNC~II]
   If any, explain.

0

   c. Do you use an up-to-date IWS or recent discharge application forms prior to permit reissuance?

Yes	No
x	

SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

D. APPLICATION OF PRETREATMENT STANDARDS AND REQUIREMENTS [403.8(f)(1)(iii)]

1. a. How and when do you evaluate SIUs for the need to develop slug control discharge plans? (check on CA's definition of slug discharge)
   If any, explain.

   b. How many SIUs were evaluated in the past two years? **0**

2. a. Describe any wastes hauled to the POTW.
   Leachate from landfill and septage from Westmoor

   b. If any Ius have their wastewater hauled to the POTW, how do you ensure all applicable standards (local and categorical) are met?
   Samples are pulled quarterly.

   c. List IUs that haul their wastewater to the POTW.
   Santek Environmental

E. COMPLIANCE MONITORING

1. In the past 12 months, how many, and what percentage of, SIUs were the following: [403.8(f)(2)(v)][WENDB~NOIN][RNC'II]
   (Define the 12 month period ***May 2011*** to ***May 2012***.)

a. Not sampled or not inspected at least once [WENB-NOIN]	*0*	%
b. Not sampled at least once	*0*	%
c. Not inspected at least once (all parameters)?	*0*	%

   If any, explain.

2. How many SIUs are in SNC with self-monitoring requirements and were not inspected and/or sampled (in the four most recent full quarters)? [WENB~SNIN] **0**
   If any, explain.

SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

F. ENFORCEMENT

1. Which of the following enforcement actions did you use during the past year?

	Yes	No
a. Notice or letter of violation		x
b. Administrative Order		X
c. Administrative fine		X
d. Show cause hearing		X
e. Compliance schedule		X
f. Permit revocation		X
g. Civil suits		X
h. Criminal suits		X
i. Termination of service		X
j. Other (specify)		X

Explain if appropriate:

2. Did the treatment plant experience any following during the past year?

	Yes	No	Explain
a. Interference		X	
b. Pass through		X	
c. Fire or explosions (flashpoint, etc.)		X	
d. Corrosive structural damage		X	
e. Flow obstructions		X	
f. Excessive flow rates		X	
g. Excessive pollutant concentrations		X	
h. Heat problems		X	
i. Interference due to O & G		X	
j. Toxic fumes		X	
k. Illicit dumping of hauled wastes		X	
l. Worker health and safety concerns		X	
m. Other (specify)		X	

If yes, how did you respond?

SECTION II: SUPPLEMENTAL DATA REVIEW/INTERVIEW

F. ENFORCEMENT (continued)

	Yes	No
3. Were you made aware of any hazardous waste discharges to the POTW? [403.12 (j)&(p)]		x

G. GENERAL OBSERVATIONS/INFORMATIONENFORCEMENT

	Yes	No
Have you had any problems (general or specific) implementing your approved program?		x

Additional Comments/Observations/Information:

SECTION I COMPLETED BY:	*Michelle Sharp*	DATE:	*May 17, 2012*
TITLE:	*ESII*	TELEPHONE:	*419-373-3019*

SECTION III: EVALUATION AND SUMMARY

Description	Recommended Action	Required Action
A. CA PRETREATMENT PROGRAM MODIFICATION		
• Status of program modifications (Ref. 403.18 /Checklist II.A.1)	*None*	*None*
B. LEGAL AUTHORITY		
• Minimum legal authority requirements (Ref. 403.8(f)(1)/Checklist II.B.2)	*None*	*None*
• Adequate multi jurisdictional agreements (Ref. 403.8(f)(1)/Checklist II.B.1)	*None*	*None*

C. IU CHARACTERIZATION		
• Identify and categorize IUs (Ref. 403.8(f)(2)(ii)/Checklist II.C.2)	*None*	*None*
D. CONTROL MECHANISM		
• Issuance of individual control mechanisms to all SIUs (Ref. 403.8(f)(1)(iii)/ Checklist II.D.1)	*None*	*None*
Adequate control mechanisms (Ref. 403.8(f)(1)(iii)/Checklist I.A.4)	*None*	*None*
Adequate control of trucked, railed, and dedicated pipe wastes (Ref. 403.5(b)(8)/ Checklist II.D.3&4)	*None*	*None*

Description	Recommended Action	Required Action
E. APPLICATION OF PRETREATMENT STANDARDS AND REQUIREMENTS		
• Appropriately categorize, notify, and apply all applicable pretreatment standards (Ref. 403.8(f)(1)(ii)&(iii); 403.5 /Checklist I.A)	*None*	*None*
• Basis and adequacy of local limits (Ref. 403.8(f)(4);122.21(j)/Checklist II.E.2&3)	*None*	*None*
F. COMPLIANCE MONITORING		
• Adequate sampling and inspection frequency (Ref. 403.8(f)(2)(ii)&(v)/Checklist I.B.1&2, II.F.1)	*None*	*None*
• Adequate inspections (Ref. 403.8(f)(2)(v)&(vi)/Checklist I.B.1; II.F.1)	*None*	*None*

Description	Recommended Action	Required Action
• Adequate sampling protocols and analysis (Ref. 403.8(f)(2)(vi)/Checklist I.B.2;II.F.2,3&4)	*None*	*None*
• Adequate IU self-monitoring (Ref. 403.8(f)(2)(iv)/Checklist I.C.1.b;I.F)	*None*	*None*
Notification of changed and hazardous waste discharges (Ref. 403.12(j)&(p)/ Checklist I.C.1.b; II.G.1.b)	*None*	*None*
• Evaluate the need for SIUs to develop slug discharge control plans (Ref. 403.8(f)(2)(v)/Checklist I.B.2.d; II.F.8)	*None*	*None*

Description	Recommended Action	Required Action
• Monitor to demonstrate continued compliance and resampling after violation(s) (Ref. 403.12(g)(1)&(2);403.8(f)(2)(vi)/Checklist I.A.4.d, C.1.b)	*None*	*None*
G. ENFORCEMENT		
• Appropriate application of "significant noncompliance" definition (Ref. 403.8(f)(2)(vii) /Checklist I.C.2; II.G.1; Attach B.I.1)	*None*	*None*
Develop and implement an ERP (Ref. 403.8(f)(5)I.C.3;/Checklist II.G.2)	*None*	*None*

Description	Recommended Action	Required Action
• Annually publish a list of IUs in SNC (Ref. 403.8(f)(2)(vii)/Checklist I.C.6; II.G.4)	*None*	*None*
• Effective enforcement (Ref. 403.8(f)(1)(iv)(A)/Checklist I.C.1.c, 4&5;II.G.2.c&d, 5&6)	*None*	*None*
H. DATA MANAGEMENT/PUBLIC PARTICIPATION		
• Effective data management/public participation (Ref. 403.5(c)(3)403.12(o); 403.14/Checklist II.H)	*None*	*None*

Description	Recommended Action	Required Action
I. RESOURCES		
• Adequate resources (Ref. 403.8(f)(3)/Checklist II.I)	*None*	*None*
J. ENVIRONMENTAL EFFECTIVENESS/POLLUTION PREVENTION		
• Understanding of pollutants from all sources (Checklist II.J.1&2)	*None*	*None*

Description	Recommended Action	Required Action
• Documentation of environmental improvements/effectiveness (Checklist II.J.1)	*None*	*None*
• Integration of pollution prevention (Checklist II.J.3,4&5)	*None*	*None*

K. ADDITIONAL EVALUATIONS/INFORMATION

Description	Recommended Action	Required Action

SECTION III COMPLETED BY:	*Michelle Sharp*	DATE:	*May 17, 2012*
TITLE:	*ESII*	TELEPHONE:	*419-373-3019*

WENDB AND RNC WORKSHEET

FACILITY INFORMATION

Name *City of Galion WWTP*	Date of Inspection *May 3, 2012*
OH Number *OH0025313*	NPDES Number *2PD00030*

I. WENDB DATA ENTRY WORKSHEET

INSTRUCTIONS: Enter the data provided by the specific checklist questions that are referenced.

		Checklist Reference		PCS
	Data	PCI	AUDIT	Code
Number of SIUs	*1*	Annual	Annual	SIUS
Number of CIUs	*3*	Annual	Annual	CIUS
Number of SIUs without Control Mechanisms	-	II.C.1	II.D.1.a	NOCM
Number of SIUs not inspected or sampled	-	II.F.1.a	II.F.1.a	NOIN
Number of SIUs in SNC with standards or reporting	-			PSNC
Number of SIUs in SNC with self-monitoring	-			MSNC
Number of SIUs in SNC with self-monitoring and not inspected or sampled	-	II.E.2	II.F.1.d	SNIN
Date NPDES Permit modified to include pretreatment requirements (Audit)	-			
Technical Evaluation of Local Limits (Y/N) (Audit)	-			
Adoption of technically-based limits (Y/N) (Audit)	-			

II. RNC/SNC WORKSHEET

INSTRUCTIONS: Place a check in the appropriate box on the left if the CA is found to be in RNC or SNC

	RNC	Level	Reference	
			PCI	Audit
-	Failure to enforce against pass through and/or interference	I		
-	Failure to submit required reports within 30 days	I		
-	Failure to meet compliance schedule milestone date within 90 days	I		
-	Failure to issue/reissue control mechanisms to 90% of SIUs within 6 months	II	II.C.2.b	II.D.1.b
-	Failure to inspect or sample 80% of SIUs within the last 12 months	II	II.E.1	II.F.1
-	Failure to enforce pretreatment standards and reporting requirements	II		I.C.1
-	Other (specify)	II		
	SNC			
-	Control Authority in SNC for violation of any Level I criterion			
-	Control Authority in SNC for violation of two or more Level II criterion			