



Environmental
Protection Agency

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

July 26, 2012

Mr. Victor Roth
Cocke Finkelstein, Inc.
1801 Peachtree Street, Suite 200
Atlanta, GA 30309

RE: Butler County, Island Lake MHP, Compliance Evaluation Inspection

Dear Mr. Roth:

On July 17, 2012, I conducted a Compliance Evaluation Inspection at this facility (NPDES Permit No. OH0049875; OEPA Permit No. 1PV00021*ED). The inspection was also conducted as part of renewing the NPDES permit. Representing this facility was Tim Poynter. A copy of my inspection report is enclosed.

The inspection report contains one marginal area. The Compliance section was rated marginal as a result of the failure to submit a timely NPDES Permit Renewal Application. The areas noted in the report summary do not require a response at this time.

Finally, the NPDES Permit Renewal Application was required to be submitted by December 30, 2011. The renewal application, along with the transfer form, was not submitted until June 27, 2012. The transfer form was required to be signed by both the previous owner and the new owner. However, the previous owner did not sign this form. As a result, we have determined that the expired NPDES permit should be revoked and a new NPDES permit should be issued for the facility. The NPDES Permit Application submitted by you will be used for the new permit. The new NPDES Permit No. will be OH0141321, and the new OEPA Permit No. will be 1PV00128*AD. Once the new permit is issued, the expired NPDES permit will be revoked.

If you have any questions, please call me at (937) 285-6096.

Sincerely,

Ned Sarle
Environmental Specialist
Division of Surface Water
Permits Section

Enclosure

ec: Tim Poynter, Poynter Waterwaster Services

NS/ca



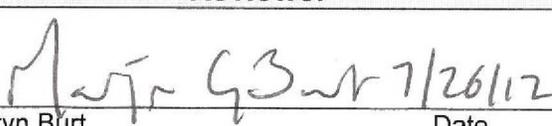
State of Ohio Environmental Protection Agency
Southwest District Office

NPDES Compliance Inspection Report
Semi-Public Sewage Disposal Inspection Form

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PV00021*ED	OH0049875	7/17/2012	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Island Lake MHP 2315 Millville Oxford Road Oxford, Ohio 45013	1:10 P.M.	7/1/2007
	Exit Time	Permit Expiration Date
	2:20 P.M.	6/30/2012
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Tim Poynter, Poynter Waterwaster Services	(513) 831-1165	
Name, Address and Title of Responsible Official	Phone Number	
Victor Roth, Director of MHP Communities Cocke Finkelstein Inc. 1801 Peachtree Street, Suite 200 Atlanta, GA 30309	(609) 841-8241	

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	S	Flow Measurement	N	Pretreatment
S	Records/Reports	S	Laboratory	S	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)	
See Attached Summary of Findings / Comments.	
Inspector	Reviewer
	
Date	Date
7/26/12	7/26/12
Ned Sarle Permit Section Division of Surface Water Southwest District Office	Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office

Permit #: 1PV00021*ED
 NPDES #: OH0049875

Average Daily Design Flow:	40,000 Gallons/Day
Plant Serves:	133 mobile homes
Average Daily Flow: (Period of Review):	28,400 Gallons/Day (July 2010 through May 2012)
Method of flow monitoring:	v-notch weir and ultrasound
Type of alarms for plant:	High water alarms for Pump Station, Flow Equalization Tank and Dosing Tank

Pretreatment

Type of Pretreatment: **Other**
 Does the Trash Trap need pumped: **N/A**
 Maintenance of pretreatment components is: **Good**

Comments/Status:

Influent pumps are grinder pumps.

**Secondary Treatment
(Aeration)**

Color of sludge: **Light Brown**
 Quality of Sludge: **Medium**
 Foam: **None present**
 Odor: **No objectionable odor present**

	Yes	No		Yes	No
Aeration is taking place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blowers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blowers are on a timer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skimmers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is flooded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diffusers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grating is present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sludge return is operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Maintenance of aerating equipment is...**Good**

Comments/Status:

None.

**Secondary Treatment
(Settling)**

Clarity: **Clear**
 Condition of Weir: **Clean**
 Weir is level: **Yes**

Permit #: 1PV00021*ED
NPDES #: OH0049875

Effluent in weir: **Clear**
Clarifier walls need scraped: **No**

Overall maintenance of settling components is: **Good**

Comments/Status:

None.

Tertiary Treatment

	Yes	No		Yes	No
Surface sand filters: Slow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subsurface	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution box operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beds alternated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are filters ponding/flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beds raked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sand filters overgrown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UV present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dechlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall maintenance of components is: **Good**

Comments/Status:

None.

Sludge Handling/Storage Disposal

Hauler name: **Ace Sanitation**
Disposal Site: **MSD Mill Creek WWTP**
Sludge wasted from: **Secondary Clarifier**
How often is sludge wasted: **Once every 2 - 3 Weeks**
Sludge drying beds: **No** Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

Comments/Status:

None.

Plant Discharge

Discharge point is a: **Pond**
Name of discharge point: **Unnamed tributary of Salmon Run**
Discharge is visible: **Yes** Quality of Effluent: **Clear**

Comments/Status:

Pond overflow goes to unnamed tributary.

Permit #: 1PV00021*ED
NPDES #: OH0049875

Summary of Findings / Comments_[n11]

The NPDES Permit renewal application was required to be submitted by December 30, 2011. The renewal application along with the transfer form was not submitted until June 27, 2012.

The WWTP was designed for an average daily flow rate of 40,000 gpd and a peak daily flow rate of 200,000 gpd. The WWTP flow rate is monitored using a v-notch weir and an ultrasonic meter. A review of the Discharge Monitoring Reports (DMRs) for July 2010 through May 2012 indicated that the average daily flow rate was 28,400 gpd and the peak daily flow rate was 121,000 gpd.

A review of the DMRs also did not indicate any NPDES Permit violations. The Island Lake MHP (Island) must report any future violations as required by the NPDES Permit as detailed in Part III.12 titled "Noncompliance Notification."

On February 25, 2011, a sewer lateral overflowed due to a sewage blockage. The sewage blockage was removed in a timely manner. On November 5, 2011, a manhole on Blue Gill Court bypassed due to a failure at the pump station. The pump station failure may have been due to vandalism. In December 2011, the park's sanitary sewers were cleaned. Island must report any future bypasses as required by the NPDES Permit as detailed in Part III.11 titled "Unauthorized Discharges."

The WWTP consists of an influent pump station, flow equalization tank, an aeration tank, a clarifier, a dosing tank, four surface sand filters, a chlorine contact tank and a dechlorination system. Three aerated sludge holding tank are also provided.

The surface sand filters are cleaned as needed. The material removed from these filters is hauled to the Rumpke Landfill.

Sludge is hauled to the MSD Mill Creek WWTP. In 2011, 1.8 dry tons of sludge were hauled from the site.

The contract WWTP operator samples the wastewater by either grab or composite samples. The samples for CBOD₅, fecal coliform and TSS are sent to Quality Labs for testing. The operator conducts the testing for temperature, DO, pH, chlorine, odor, color, turbidity and ammonia. The inspection findings are addressed in the General Lab Criteria. Several items were noted as needing to be addressed.

General Lab Criteria – Island Lake MHP

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

Comments: :

Criteria	Standard Methods Requirement		Rating
Drying Oven (Suspended Solids)	Acceptable?		
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Log book maintained ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2} . Correction factor posted on thermometer / equipment ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Thermometer temperature accurate to 0.5° Celsius ⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° C ⁴	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: :

General Lab Criteria – Island Lake MHP

Criteria	Standard Methods Requirement	Acceptable?		Rating
pH 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Logbook maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result ⁷	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: : Tim Poynter indicated that the acceptable slope range would be indicated in the calibration log book.

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

Comments:

General Lab Criteria – Island Lake MHP

Criteria	Standard Methods Requirement		Rating
Incubator (CBOD/ E-Coli)	Acceptable?		
<ul style="list-style-type: none"> • Temperature Recordkeeping 	<ul style="list-style-type: none"> • Temperature checked / recorded twice daily for each shelf in use¹(E-Coli) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Temperature checked / recorded daily² (CBOD) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Acceptable temperature range (CBOD) is 20° C ±1.0°¹² 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Acceptable temperature range (E-Coli) is 35° C ±0.5°²² 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Logbook maintained² 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Temperature Calibration / Documentation 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Temperature correction information posted on incubator¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • E-Coli can use multiple tubes (five 20 ml or ten 10 ml), or mfg's multi-well tray 	<ul style="list-style-type: none"> • E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb)²³ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Instrument manual available 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Temperature Log (thermometer accurate to 0.5 Celsius).¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: :

Criteria	Standard Methods Requirement		Rating
Refrigerator	Acceptable?		
<ul style="list-style-type: none"> • Temperature Recordkeeping 	<ul style="list-style-type: none"> • Temperature Log (thermometer accurate to 0.5 Celsius).⁵ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Temperature Calibration / Documentation 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Thermometer held in water bath.¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Refrigerator temperature ≤6° Celsius.¹³ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> • Do not store volatile solvents, food, or beverages.¹⁴ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

General Lab Criteria – Island Lake MHP

Criteria	Standard Methods Requirement	Acceptable?		Rating
Chlorine Meter				
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters or calibration per manufacturer specification ¹⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Calibration curve (acceptable slope)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained. ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: :				

General Lab Criteria – Island Lake MHP

Criteria	Standard Methods Requirement	Acceptable?		Rating
Sample Collection/Handling				A
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Chain of Custody	• Chain of custody (description, date, time, signature). ¹⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Other	• Composite samples refrigerated during sample collection ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized ¹⁴	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: Chain of custody forms must be maintained for all samples sent to an outside laboratory.

Criteria	Standard Methods Requirement	Acceptable?		Rating
Desiccator				
• General criteria	• Properly working seals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Desiccant fresh (blue color)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Documentation	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Bench sheets				A
• General criteria	• Date(s) ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Analyst initials ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Blue or black ink pen ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration information ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equations, calculations, units for all measurements, notations, and results present ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Corrections, single line through, initialed and dated ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: None.

General Lab Criteria – Island Lake MHP

Criteria	Standard Methods Requirement	Acceptable?		Rating
Hot Water Bath (Fecal Coliform/E. Coli)				
• Temperature Recordkeeping	• Temperature Log (thermometer accurate to 0.2° C) ²¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Incubator temperature 44.5° C ± 0.2 ^{21/24}			
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Water Level	• Thermometer total immersion or partial (line on thermometer to ID immersion depth) ^{1,5}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Autoclaves/Steam Sterilizers				
• All apparatus utilized is adequately sterilized before use	• Sterilizing temperature 121° C ²⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 10 to 30 minutes time based on material being sterilized ²⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Performance Checks	• Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

General Lab Criteria – Island Lake MHP

Criteria	Standard Methods Requirement	Rating						
Final Effluent Temperature Monitoring		Acceptable?						
<ul style="list-style-type: none"> • General Criteria 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer ^{1,2} 	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<ul style="list-style-type: none"> • Thermometer accurate to 0.1° Celsius⁵ 	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<ul style="list-style-type: none"> • Log book being maintained ² 	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Comments:								
Number of Criteria Rated:		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">Acceptable</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">Marginal</td><td style="text-align: center;"></td></tr> <tr><td style="text-align: center;">Unacceptable</td><td style="text-align: center;"></td></tr> </table>	Acceptable	3	Marginal		Unacceptable	
Acceptable	3							
Marginal								
Unacceptable								
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">Total Number of Areas Rated</td><td style="text-align: center;">3</td></tr> </table>	Total Number of Areas Rated	3				
Total Number of Areas Rated	3							
<p>Acceptable Ratings – 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).</p>								
<p>Marginal Ratings – 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).</p>								
<p>Unsatisfactory Rating - 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).</p>								
Consider recommending PAI Audit from DES when:	<ul style="list-style-type: none"> >60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable 							

Notation of Referenced Method

- | | |
|--|--|
| <ul style="list-style-type: none"> 1 Method 9020-B, Item 3 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-A, 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 | <ul style="list-style-type: none"> 14 Method 1060A, Item 1 15 Method 4500-CI I, Item 2 16 Method 4500-CI 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.

General Lab Criteria – Island Lake MHP

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 $\leq 6^{\circ}\text{C}$	6h	48h
TSS	P, G	200	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 d
pH	P, G	50	G	Analyze immediately	0.25h	0.25 h
NH ₃ -N	P, G	500	G, C	Analyze as soon as possible or add H ₂ SO ₄ to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	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 $\leq 6^{\circ}\text{C}$	7 d	14 d
Base/Neutrals and acids	G (solvent rinsed or baked)	1000	C, G	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Pesticides	G (PTFE lined lid)	1000	C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Fecal Coliform / E-Coli	G, P (Sterilized)	100	G	Refrigerate $\leq 10^{\circ}\text{C}$ If chlorine present, add sodium thiosulfate tablet	6 hrs transport Start analysis within 2 hrs of receipt in lab.	
Oil and Grease	G	1000	G	HCl or H ₂ SO ₄ to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

Approved Standard Methods	
CBOD / BOD 5 Day	Std Methods 5210-B
Ammonia, Selective Electrode Method	Std Methods 4500-NH ₃ 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