



**Environmental  
Protection Agency**

John R. Kasich, Governor

Mary Taylor, Lt. Governor

Scott J. Nally, Director

August 8, 2012

**Re:** Tuscarawas County  
Gnadenhutten WWTP  
Notice of Violation  
OPB00017, OH0020869  
Correspondence (PWW)

Mayor and Council  
Village of Gnadenhutten  
131 S. Walnut Street, P.O. Box 129  
Gnadenhutten, Ohio 44629-0129

Dear Mayor and Council:

On August 2, 2012, I conducted a Compliance Evaluation Inspection (CEI) of the Village of Gnadenhutten wastewater treatment plant. The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of NPDES Permit Number OPB00017\*HD. Myself, Operator Mike Heil and Village Administrator David Birker were present during the inspection.

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

1. A review of the facility's discharge monitoring reports (DMRs) from March 2010 to present shows one violation for fecal coliform being too numerous to count (see attached data). Mr. Heil indicated that this was due to the UV system being unexplainably turned off.
2. The Village of Gnadenhutten operates a membrane bioreactor (MBR) plant. The mixed liquor suspended solids is maintained at approximately 12,000 mg/l. Sludge from the plant is pressed and hauled to the Kimble Clay and Limestone Landfill.
3. All treatment systems were in operation except for one blower unit which is currently being rebuilt.
4. During the inspection the ultraviolet disinfection system was in operation and the final effluent appeared acceptable. The receiving stream did not appear to be affected by the effluent.
5. The final effluent flow meter needs to be calibrated on an annual basis. **Part III, Item 3 (A)** of your permit requires at all times the permittee maintain in good working order and operate as efficiently as possible all treatment or control facilities. Please have the flow meter calibrated and document the date of calibration.

6. A review of the operator's daily log book showed that no arrival or departure times are being logged. **Ohio Administrative Code (OAC) 3745-07-03 (C)** requires an operator of record be onsite for a minimum of 20 hours per week. The operator of record's time on site needs to be documented to verify the minimum staffing requirements are being met.
  
7. **Part III, Item 3 (A)** of your permit indicates proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. A review of the lab was performed during the inspection and the following deficiencies were noted:
  - a. In the laboratory log book, please record when the balance calibration is verified, the incubator temperature and when the desiccant is replaced.
  - b. Whiteout was observed on the lab bench sheets. When a correction needs to be made, place a line through the incorrect value, write in the correct value and initial it.
  - c. The drying oven temperature was observed to be 107° Celsius. The drying oven should be maintained between a temperature of 103° and 105° Celsius.
  - d. The ammonia standards were expired. These standards need to be replaced with unexpired ones.
  - e. The desiccant in the desiccator was pink in color. When the desiccant is no longer blue it indicates that it is saturated with moisture and is no longer minimizing humidity within the desiccator. The desiccant was replaced with fresh desiccant while I was on-site.

Please address and provide a response to items #5, 6 and 7 within thirty (30) days upon receipt of this letter.

The Ohio EPA strongly encourages pollution prevention as the preferred approach for waste management. The first priority of pollution prevention is to eliminate the generation of wastes and pollutants at the source (source reduction). For those wastes or pollutants that are generated, the second priority is to recycle or reuse them in an environmentally sound manner. You can benefit economically, help preserve the environment, and improve your public image by implementing pollution prevention programs. For more information about pollution prevention, including fact sheets or U.S. EPA's "Facility Pollution Prevention Guide" (EPA/600/R-92.008), please contact the Ohio EPA Pollution Prevention Section at (614) 644-3469.

Attached is a copy of the inspection report. If you have any questions about my inspection, please feel free to contact me by phone at (740) 380-5418 or email at [tim.fulks@epa.state.oh.us](mailto:tim.fulks@epa.state.oh.us).

Sincerely,



Tim Fulks  
District Representative  
Division of Surface Water

TF/dh

Enclosure

c: Mr. Mike Heil, Operator, Village of Gnadenhutzen



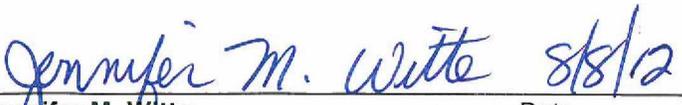
State of Ohio Environmental Protection Agency  
Southeast District Office

Municipal NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES #	Month/Day/Year	Inspection Type	Inspector	Facility Type
0PB00017*HD	OH0020869	8/2/2012	C	S	1

Section B: Facility Data			
Name and Location of Facility Inspected		Entry Time	Permit Effective Date
Gnadenhutzen WWTP 230 West Main Street Gnadenhutzen, Ohio 44629		9:45 a.m.	August 1, 2010
		Exit Time	Permit Expiration Date
		12:00 p.m.	July 31, 2015
Name(s) and Title(s) of On-Site Representative(s)		Phone Number(s)	
John M. Heil, Operator		(330) 795-0068	
Name, Address, and Title of Responsible Official		Phone Number	
Mayor and Council Village of Gnadenhutzen 131 South Walnut Street Gnadenhutzen, Ohio 44629-0129		(740) 254-4307	

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

Section D: Summary of Findings (attach additional sheets if necessary)			
Records/Reports: Operator's log book does not document when operator is onsite Flow measurement: Final effluent flow meter needs calibrated Laboratory: See attached General Lab Criteria review			
Inspector		Reviewer	
			
Date		Date	
8/8/12		8/8/12	
<b>Tim Fulks</b> Division of Surface Water Southeast District Office		<b>Jennifer M. Witte</b> Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office	

Sections E through 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) Flows and loadings conform with NPDES permit..... Y
- (c) Treatment processes are as described in permit application..... Y
- (d) All discharges are permitted..... Y
- (e) Number and location of discharge points are as described in permit..... Y
- (f) Storm water discharges properly permitted..... Y

Comments/Status:

### Section F: Compliance

- (a) Any significant violations since the last inspection..... Y
- (b) Appropriate Non-compliance notification of violations..... Y
- (c) Permittee is taking actions to resolve violations..... Y
- (d) Permittee has a compliance schedule..... N
- (e) Compliance schedule contained in..... N/A
- (f) Permittee is in compliance with schedule..... N/A
- (g) Has biomonitoring shown toxicity in discharge since last inspection..... N/E

Comments/Status:

(a) Fecal Coliform on 6/6/12 - due to UV system inadvertently being turned off

### Section G: Operation and Maintenance

#### Treatment Works:

Treatment facility properly operated and maintained

- (a) Standby power available generator  or dual feed ..... Y

i. What does the back-up power source operate

Whole plant

ii. How often is the generator tested under load

1/month

- (b) Which components have an alarm system available for power or equipment failures  
 Y
- (c) All treatment units in service other than backup units ..... Y
- (d) What method is used for scheduling routine and preventative maintenance (calendar, software, etc.)  
 Y
- (e) Any major equipment breakdown since last inspection ..... Y
- (f) Operation and maintenance manual provided and maintained ..... Y
- (g) Any plant bypasses since last inspection ..... Y
- (h) Any plant upsets since last inspection ..... N

**Comments/Status:**

(e) 1 blower, 1 anoxic pump, membrane acuator  
 (g) The last plant bypass occurred in December 2011

**Record Keeping/Operator of Record:**

- (a) Wastewater Treatment Works classification (OAC 3745-7) ..... II
- (b) Operator of Record holds unexpired license of class required by Permit ..... Y
- (c) Copy of certificate of Operator of Record displayed on-site ..... Y
- (d) Has the Operator of Record submitted an ORC Notification form ..... Y
- (e) Minimum operator staffing requirements fulfilled (OAC 3745-7) ..... N
- (f) If a Staffing Reduction plan has been approved, are the stipulations of the plan being met ..... N/A
- (g) Operator of Record log book provided ..... Y
- (h) Format of log book (e.g. computer log, hard bound book)
- (i) Log book kept onsite (in an area protected from weather) ..... Y
- (j) 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 ..... N
  - III. Daily record of operator and maintenance activities (including preventative maintenance, repairs and request for repairs, process control test results, etc.) ..... Y
  - IV. Laboratory results (unless documented on bench sheets) ..... Y
  - V. Identification of person making entries ..... Y
- (k) Has the Operator of Record submitted written notifications 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

**Comments/Status:**

(e) The operator's log book does not document time onsite so minimum operator staffing requirements could not be verified.

**Collection System:**

- (a) Are there pump stations in the collection system ..... Y
  - I. How many publicly-owned pump stations equipped with permanent standby power or equivalent 0
  - II. How many pump stations have telemetered alarms..... 0
  - III. How many pump stations have operable alarms..... 1
- (b) Any chronic collection system overflows since last inspection ..... Y
- (c) Regulatory agency notified of all overflows ..... Y
- (d) Are there CSOs in the collection system ..... N
 

If so, what is the LTCP status

N/A
- (e) How are CSOs monitored (chalk, block, level sensor, etc.)
 

N/A
- (f) Portable pumps available for collection system maintenance ..... Y
- (g) RDII Program established and active ..... Y
- (h) Any WIB complaint received since last inspection..... N
- (i) Is there a WIB response plan..... N
- (j) Is any portion of the collection system at or near dry weather capacity ..... N

**Comments/Status:**

(b) An SSO occurred on 7/30/12 at the head of the plant as the result of a plugged influent line. Approximately 100 gallons spilled into the Tuscarawas River.

**Section H: Sludge Management**

- (a) Method of Sludge Disposal.....
- Land Application
  - Haul to Another NPDES Permittee
  - Haul to a Mixed Solid Waste Landfill

\*if one of the selected methods is land application, complete applicable charts.

**Class A – Exception Quality Sewage Sludge (monitoring station 584)**

Pathogen Reduction Alternative	84370 Vector Attraction Reduction Options							
	Option 1 – 38% Volatile Solids Reduction	Option 2 – Anaerobic Bench Scale Analysis	Option 3 – Aerobic Bench Scale Analysis	Option 4 – Specific Oxygen Uptake Rate	Option 5 – Aerobic Time and Temperature	Option 6 – Alkali Addition	Option 7 - >75% Solids without Unstabilized Solids	Option 8 - >75% Solids with Unstabilized Solids
Alternative 1 – Time and Temperature Regime (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – High pH and High Temperature (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 3 – Other Processes (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 4 – Unknown Processes (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Composting (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Heat Drying (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Heat Treatment (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Thermophilic Aerobic Digestion (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Beta Ray Irradiation (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Gamma Ray Irradiation (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Pasteurization (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 6 – Approved Equivalent Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Class B – Sewage Sludge (monitoring station 581)**

Pathogen Reduction Alternative	84370 Vector Attraction Reduction Options									
	Option 1 – 38% Volatile Solids Reduction	Option 2 – Anaerobic Bench Scale Analysis	Option 3 – Aerobic Bench Scale Analysis	Option 4 – Specific Oxygen Uptake Rate	Option 5 – Aerobic Time and Temperature	Option 6 – Alkali Addition	Option 7 - >75% Solids without Unstabilized Solids	Option 8 - >75% Solids with Unstabilized Solids	Option 9 – Land Injection	Option 10 – Immediate Incorporation
Alternative 1 – Geometric Mean of Seven Fecal Samples (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Aerobic Digestion (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Air Drying (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Anaerobic Digestion (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Composting (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Lime Treatment (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 3 – Approved Equivalent Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (b) Has amount of sludge generated changed significantly since the last inspection ..... N
- (c) How much sludge storage is provided at the plant
- (d) Records kept in accordance with State and Federal law (5 years according to OAC 3745-40-06) ..... Y
- (e) Any complaints received in last year regarding sludge ..... N
- (f) 5/8" screen at headworks for facilities that land apply sludge ..... N/A
- (g) Are sludge application sites inspected to verify compliance with NPDES permit ..... N/A
- (h) Is a contractor used for sludge disposal ..... N  
 If so, what is the name of the contractor

**Comments/Status:**

**Section I: Self-Monitoring Program**

**Flow Measurement:**

- (a) Primary/Secondary flow measuring devices (e.g. weir with ultrasonic level sensor)
- (b) Flow meter calibrated annually ..... N  
 Date of last calibration
- (c) 24-hour recording instruments operated and maintained ..... Y
- (d) Flow measurement equipment adequate to handle full range of flows ..... Y
- (e) All discharged flow is measured ..... Y

**Comments/Status:**

**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 (see GLC page) ..... Y
- (d) 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

**Comments/Status:**

**Laboratory:**

*General*

- (a) Does the Quality Assurance Manual contain written Standard Operating Procedures (SOP's) for all analysis performed onsite ..... Y
- (b) Do SOP's include the following if applicable ..... Y
- Title
  - Scope and Application
  - Summary
  - Sample Handling & Preservation
  - Interferences
  - Apparatus and Materials
  - Reagents
  - Procedure
  - Calculations
  - Quality Control
  - Maintenance
  - Corrective Action
  - Reference (Parent Method)

*Note: Standard Methods 1020A establishes that "Quality assurance (QA) is the definitive program for laboratory operation that specifies the measure required to produce defensible data of known precision and accuracy. Standard operating procedures are to be used in the laboratory in sufficient detail that a competent analyst unfamiliar with the method can conduct a reliable review and/or obtain acceptable results." SOPs should be developed for each analytical procedure.*

- (c) EPA approved analytical testing procedures used (40 CFR 136.3) ..... Y
- (d) If alternate analytical procedures are used, proper approval has been obtained ..... N/A
- (e) Analyses being performed more frequently than required by permit..... N
- (f) If (e) is yes, are results in permittee's self-monitoring report..... N/A
- (g) Satisfactory calibration and maintenance of instruments/equipment (see score from GLC page) ..... N
- (h) Commercial laboratory used..... Y
- Parameters analyzed by commercial lab: O&G, P, N+N, metals, fecals  
Lab name: Ream and Haager Laboratory

*Discharge Monitoring Report Quality Assurance (DMRQA)*

- (a) Participation in latest USEPA quality assurance performance sampling ..... N/A  
Date:
- (b) Were any parameters "Unsatisfactory" ..... N/A
- (c) Reasons for "Unsatisfactory" parameters

**Comments/Status:**

(g) refer to attached General Lab Criteria review.

**Section J: Effluent/Receiving Water Observations**

Outfall #: 001

Outfall Description: Final Outfall

Receiving Stream: Tuscarawas River

Receiving Stream Description: No observable impact on the receiving stream from the discharge.

Comments/Status:

**Section K: Multimedia Observations**

- (a) Are there indications of sloppy housekeeping or poor maintenance in work & 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

Facility: Village of Gnadenhutten WWTP, 0PB00017

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Balance</b>			
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights <sup>1,2</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>M</b>
• Calibration Frequency/ Documentation	• Calibration verification required at least once each day the balance is used <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" 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 <sup>1</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) <sup>1</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams <sup>4</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Log book maintained <sup>5</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments:			

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

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>pH Meter</b>			
• 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) <sup>3</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
	• Log book maintained <sup>9</sup>	<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 <sup>7</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Slope Documentation/ Acceptability	• Slope acceptable range indicated on benchsheet <sup>2</sup>	<input checked="" type="checkbox"/> Yes <input 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 <sup>8</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

## General Lab Criteria

Criteria	Standard Methods Requirement		Acceptable?	Rating
<b>Dissolved Oxygen Meter</b>				
• Calibration Method	• Air or known DO calibration method <sup>10</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>
	• Calibration per manufacturer specification <sup>10</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency/ Documentation	• Logbook maintained <sup>9</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration verification required at least once each day the meter is used. <sup>3</sup>	<input checked="" 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) <sup>11</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

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

Criteria	Standard Methods Requirement		Acceptable?	Rating
<b>Refrigerator</b>				
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius) <sup>5</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>
• Temperature Calibration/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1,2</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer held in water bath <sup>1</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius <sup>13</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages <sup>14</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement		Acceptable?	Rating
<b>Chlorine Meter</b>				
• Calibration Frequency/ Documentation	• pH/millivolt meter read to 0.1 mV <sup>15</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>NR</b>
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) <sup>3</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## General Lab Criteria

	or calibration per manufacturer specification <sup>16</sup>			
<ul style="list-style-type: none"> <li>• Slope Documentation/ Acceptability</li> </ul>	<ul style="list-style-type: none"> <li>• Standards used for calibration not expired</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Calibration curve (acceptable slope)</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Electrode free of deposits and foreign material</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Instrument manual available</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Ammonia Meter</b>				<b>M</b>
<ul style="list-style-type: none"> <li>• Calibration Frequency/ Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples)<sup>3</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Slope Acceptability</li> </ul>	<ul style="list-style-type: none"> <li>• Verify calibration slope is acceptable (per mfg. spec.)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Calibration Method</li> </ul>	<ul style="list-style-type: none"> <li>• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec.<sup>17</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Standards used for calibration not expired</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Electrode free of deposits and foreign material</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Teflon covered magnetic stirrer or equivalent for mixing<sup>18</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Instrument manual available</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Sample Collection/Handling</b>				<b>A</b>
<ul style="list-style-type: none"> <li>• Sample Labeling</li> </ul>	<ul style="list-style-type: none"> <li>• Samples container labeled (description, date, time, preservative added, initialed)<sup>19</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Chain of Custody</li> </ul>	<ul style="list-style-type: none"> <li>• Chain of custody (description, date, time, signature)<sup>19</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Composite samples refrigerated during sample collection<sup>14</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Equipment blanks utilized<sup>14</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• SOP for cleaning of sampling equipment</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Desiccator</b>				<b>U</b>
<ul style="list-style-type: none"> <li>• General Criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Properly working seals</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Desiccant fresh (blue color)</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Comments:				

## General Lab Criteria

Criteria	Standard Methods Requirement		Acceptable?	Rating
<b>Bench Sheets</b>				
<ul style="list-style-type: none"> <li>General Criteria</li> </ul>	<ul style="list-style-type: none"> <li>Date(s)<sup>2</sup></li> </ul>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>M</b>
	<ul style="list-style-type: none"> <li>Analyst initials<sup>2</sup></li> </ul>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Blue or black ink pen<sup>2</sup></li> </ul>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Calibration information<sup>2</sup></li> </ul>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Equations, calculations, units for all measurements, notations, and results present<sup>2</sup></li> </ul>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Corrections, single line through, initialed and dated<sup>2</sup></li> </ul>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement		Acceptable?	Rating
<b>Hot Water Bath (Fecal Coliform/E. Coli)</b>				
<ul style="list-style-type: none"> <li>Temperature Recordkeeping</li> </ul>	<ul style="list-style-type: none"> <li>Temperature Log (thermometer reads 0.2° C)<sup>21</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NR</b>
	<ul style="list-style-type: none"> <li>Incubator temperature 44.5° C ±0.2°<sup>21/24</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Temperature Calibration/ Documentation</li> </ul>	<ul style="list-style-type: none"> <li>Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Log book being maintained<sup>9</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Water Level</li> </ul>	<ul style="list-style-type: none"> <li>Thermometer total immersion or partial (line on thermometer to ID immersion depth)<sup>1,5</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement		Acceptable?	Rating
<b>Autoclaves/Steam Sterilizers</b>				
<ul style="list-style-type: none"> <li>All apparatus utilized is adequately sterilized before use</li> </ul>	<ul style="list-style-type: none"> <li>Sterilizing temperature 121° C<sup>25</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NR</b>
	<ul style="list-style-type: none"> <li>10 to 30 minutes time based on material being sterilized<sup>26</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Documentation</li> </ul>	<ul style="list-style-type: none"> <li>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<sup>1</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used<sup>1</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Temperature Calibration/ Documentation</li> </ul>	<ul style="list-style-type: none"> <li>Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>Log book being maintained<sup>9</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>Performance Checks</li> </ul>	<ul style="list-style-type: none"> <li>Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules<sup>1</sup></li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:				

## General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?	Rating
<b>Final Effluent Temperature Monitoring</b>			
<ul style="list-style-type: none"> <li>• General Criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Thermometer calibrated annually with NIST traceable thermometer<sup>1,2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A</b>
	<ul style="list-style-type: none"> <li>• Thermometer reads in increments of at least 0.1°C<sup>5</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> <li>• Log book being maintained<sup>2</sup></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

	<b>Acceptable</b>	5
<b>Number of Criteria Rated:</b>	<b>Marginal</b>	5
	<b>Unacceptable</b>	1
	<b>Total Number of Areas Rated</b>	11

<b>Acceptable Ratings</b> – 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).	
<b>Marginal Ratings</b> – 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).	
<b>Unsatisfactory Rating</b> – 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	14	Method 1060A, Item 1
2	Method 1020-A, Item 1	15	Method 4500-CI I, Item 2
3	Method 1020-B, Item 10	16	Method 4500-CI I, Item 4
4	Method 2540-B, Item 2	17	Method 4500-NH3 D, Item 4
5	Method 2550-B, Item 1	18	Method 4500-NH3 D, Item 2
6	Method 1020-B, Item 1	19	Method 1060-B, Item 2
7	Method 4500-H B, Item 4	20	Method 1060-B, Item 1
8	Method 4500-H B, Item 2	21	Method 9222D, Item 1
9	Method 1020-B, Item 2	22	Method 9223 B, Item 2
10	Method 4500-O B, Item 3	23	Method 9223 B, Item 3
11	Method 4500-O G, Item 3	24	Method 1603, Item 2
12	Method 5210-B, Item 5	25	Method 9030-B, Item 3
13	CFR 136.3, Table II	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 $\leq 6^{\circ}\text{C}$	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
NH3-N	P, G	500	G, C	Analyze as soon as possible or add $\text{H}_2\text{SO}_4$ 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 $\text{HNO}_3$ 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	G, C	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 $\text{H}_2\text{SO}_4$ to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

## General Lab Criteria

<b>Approved Standard Methods</b>	
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 Methods 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

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
0PB00017*HD	June 2012	001	31616	Fecal Coliform			AK	6/6/2012