



**Environmental
Protection Agency**

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

Re: Paulding Count
Herbert E Orr Company
Pretreatment Industrial User

April 18, 2012

Mr. Greg Johnson, President
Herbert E Orr Company
P.O. Box 209
Paulding, Ohio 45879

Dear Mr. Johnson:

On April 2, 2012, I conducted a compliance evaluation inspection of your facility. The industrial wastewater treatment system was in operation during the inspection and the discharge appeared clear. You indicated that the facility had no increase in flow of industrial wastewater since the last inspection. The sampling protocol as indicated during the inspection appeared to be adequate.

The completed inspection report form is enclosed. If you have any questions, please contact me at naajy.abdullah@epa.state.oh.us or (419) 373-3017.

Sincerely,


Naajy S. Abdullah, P.E.
Division of Surface Water

/jlm

Enclosure

ec: Ryan Laake, DSW, CO
Inspection Tracking

INDUSTRIAL USER INSPECTION CHECKLIST

Facility: **Herbert E. Orr**
OH Number: **OHP000071**
Facility Representative: **Greg Johnson**

Date of inspection: **April 2, 2012**
IDP Number: **2DP00029*EP**
Inspector(s): **Naaajy Abdullah**

COMPLIANCE

- 1. Date of last pretreatment inspection: **June 17, 2010**

- 2. Has the facility been in compliance with its permit limits since the last inspection? Y
If no, explain:

- 3. Is the facility in compliance with all other requirements? Y
Sampling procedures Y
Reporting (late reporting, failure to report, etc) NA
Compliance schedules NA
Submitted BMR and 90 day compliance reports Y
Any other requirements NA

If any of the above five answers is no, explain:

- 4. Was the facility required to perform any actions as a result of the last inspection? N
Explain any unresolved actions:

FACILITY OPERATIONAL CHARACTERISTICS

- 5. Number of Employees: **53**
- 6. Shifts/Day: **1**
- 7. Production Days/Year: **250**
- 8. Hours/shift: **8**

- 9. Any production changes since the last inspection? N
If yes, explain:

- 10. General facility description and operations:
Manufacturer of wheel wrenches and hood props for the automotive industry.

- 11. Any change in materials used in production since the last inspection? N
If yes, explain:

- 12. Any expansion or production increase expected within the next year? N
If yes, explain:

WASTEWATER TREATMENT

13. Provide a schematic diagram and description of the wastewater treatment system:

On file. No changes since the last inspection.

14. Was a PTI issued for the treatment system? **Y**

15. Were there any modifications to the treatment system since the previous inspection? **N**

If yes, was a PTI obtained? **Y / N**

PTI Number: _____ Date: _____

16. What is the treatment mode of operation? **Continuous**

If batch, list the frequency and duration:

17. Who is responsible for operating the treatment system?

An employee of the company trained to operate the system

18. How often is the treatment system checked?

Several times during the working shift

19. Is there an alarm system for the system? **N**

Explain:

20. Is there an operations and maintenance manual? **N**

21. Is an inventory of critical spare parts maintained? **Y**

If yes, list:

22. Are there any bypasses in the system? **N**

If yes, describe the location:

Have bypasses occurred since the last inspection? **Y / N**

Was the POTW notified? **Y / N**

WASTEWATER TREATMENT CONTINUED

23. Are residuals or sludges generated? Y

Method of disposal: **Licensed Hauler**

Frequency and amount of disposal: **20 yrds every six months**

Name of hauler/landfill/disposal facility: **Cousins Waste Control**

Is any sludge generated subject to RCRA regulations? N

If land applying sludge, is there a sludge management plan? Y / N

PROCESS AND WASTEWATER INFORMATION

24. List all processes generating wastewater, current wastewater flows, and where applicable, production rates as well as values on which the permit limits are based:

REGULATED PROCESS	SAMPLE LOCATION	WASTEWATER FLOW (GPD)		PRODUCTION DATA (SPECIFY UNITS)	
		Permit	Current	Permit	Current
1. De-ionization		1200	1200		
2. Zinc Phosphate		6500	6500		
3. Paint		2	2		
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Regulated Process Flow		7700	7700		
Non-contact Cooling					
Blowdown --		--			
Reverse Osmosis Condensate					
Demineralizer Regeneration					
Filter Backwash					
Compressor Condensate					
Storm Water					
Other Dilute Flows					
Unregulated Flows (provide list)					
Sanitary		2200	2200		
TOTAL FLOW		9900	9900		

25. For the above flows not discharged to the POTW, list point of discharge and permit (if any).

SELF MONITORING

26. Sample location(s) described in the facility's permit:
Outfall 2DP00029001 " After clarifier in wastewater pretreatment building"
27. Is the facility sampling at the location(s) described in the permit? Y
 If no, describe the actual location:
28. Is the location(s) where the facility is sampling representative? Y
 If no, indicate a representative location:
29. Is the flow measured or estimated? Measured
 If measured, how often is the meter calibrated?
When needed
 If estimated, describe method of estimation:
30. Is pH monitored continuously? Y
 If yes, how often is the meter calibrated?
31. Does the facility collect its own samples? Y
 If no, specify the sample collector:
32. Are appropriate sampling procedures followed? Y
 Monitoring frequencies Y
 Sample collection (grab for pH, O&G, CN, phenols, VOCs, hexavalent chromium) Y
 Flow proportioned samples Y
 Proper preservation techniques Y
 Sample holding times Y
 Chain-of-custody forms Y
33. Are samples analyzed in accordance with 40 CFR 136? Y
34. Laboratory conducting analyses:

Belmont Labs, Englewood, OH

TOXICS MANAGEMENT

- | | |
|--|------------|
| 35. Are any listed toxic organics used in the facility?
If yes, identify organics: | N |
| 36. Does the facility have a current toxic organic management plan(TOMP)?
If yes, is it being implemented? | Y
Y |
| 37. Has the facility had any uncontrolled releases or spills to the POTW since
the previous inspection? If yes, please explain: | N |
| 38. Does the facility need a spill prevention plan or slug discharge control plan?
If yes, does the facility have a written plan? | N
Y / N |
| 39. Identify any potential slug load or spill areas: | |

REQUIRED FOLLOW-UP ACTIONS

None