



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

October 5, 2012

**Re:** Gallia County  
City of Gallipolis  
Compliance Evaluation Inspection  
NPDES Permit OPD00001\*ND  
Correspondence (PWW)

Mr. Randall J. Finney, City Manager  
City of Gallipolis  
P.O. Box 339  
Gallipolis, Ohio 45631

Dear Mr. Finney:

On August 31, 2012, I conducted a Compliance Evaluation Inspection of the City of Gallipolis wastewater treatment facility. Brian Lane represented the City of Gallipolis and accompanied me during the inspection. The purpose of the inspection was to determine Gallipolis' compliance with NPDES Permit Number OPD00001\*ND and the Ohio Water Pollution Control Act, Revised Code Chapter 6111. I also spoke with John Westfall, Plant Superintendent, and Dave Walters, Collections Supervisor, by phone, to discuss plant operations and collections.

As a result of the inspection and review of our files, I have the following comments:

- The city intends to upgrade the influent (headworks), providing improved fine screening. We concur with this decision.
- All plant units were observed. Three of the five primary settling tanks were in use; two being kept off-line due to excess capacity.
- The E.Q. basin was empty and clean.
- Both trickling filters were operating and appeared to have good growth. Both trickling filter systems have a few missing splash plates on the arms. Both trickling filters exhibit some leakage around the center posts of the distribution arms. You must monitor this, and determine whether maintenance repair is necessary.
- Both clarifiers were operating and appeared to be in good condition, with water surfaces clear, and weirs having been recently cleaned.

- Regarding the chlorine feed room, it was noticed that the potable water feed to the chlorinator is located upstream of the potable water back-flow prevention device. This is something that you should discuss with our Division of Drinking Water.
- The final plant effluent at the weir appeared to be clear and of good quality.

A review of the discharge monitoring reports (DMR's) for the period of July 2010 through June 2012, revealed one effluent limitation violation, as follows:

Permit #	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
OPD00001*MD	August 2010	001	31616	Fecal Coliform	7D Conc	400	1128.27	8/22/2010

Attached is a copy of the inspection report and General Lab Criteria Report. The facility was found to be in compliance with the NPDES permit on the date of the inspection.

The Lab Criteria Report indicates a number of Marginal ratings which are due mostly to a lack of lab instrument log books for noting calibration/maintenance. The City of Gallipolis should take the appropriate actions to receive Acceptable ratings in this area.

Also, the City has reportedly not eliminated the discharge of sewage from a few homes from the storm sewer along the river bank near the final plant effluent discharge point. You must eliminate these unpermitted discharges. Please provide an update on this project.

Please respond to this letter by October 1, 2012.

Sincerely,



Dan Messerly  
District Staff Engineer  
Division of Surface Water

DM/dh

Enclosure

c: John Westfall, City of Gallipolis  
c: SEDO, DDAGW



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
OPD00001*ND	OH0020478	August 31, 2012	C	S	1

Section B: Facility Data			
Name and Location of Facility Inspected		Entry Time	Permit Effective Date
City of Gallipolis Water Pollution Control Facility 1547 Chatham Avenue Gallipolis, Ohio		12:50 p.m.	August 1, 2012
		Exit Time	Permit Expiration Date
		4:00 p.m.	January 31, 2017
Name(s) and Title(s) of On-Site Representative(s)		Phone Number(s)	
Brian Lane, Assistant Operator, Lab Analyst John Westfall, Supt., WWTP Dave Walters, Supervisor, Collections		(740) 446-1690	
Name, Address, and Title of Responsible Official		Phone Number	
Randall Finney, City Manager P.O. Box 339 Gallipolis, Ohio 45631		(740) 446-1789	

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

Section D: Summary of Findings (attach additional sheets if necessary)			
See cover letter.			
Plant staff is: John Westfall, Class III WW, Class II Lab; Brian Lane, Class II WW, Class I Lab; Paul Moss, Class I WW; John Wetherell, Class I (OIT)			
Collections staff: Dave Walters, Ralph Taylor, Adam Denney			
Inspector		Reviewer	
<i>Dan Messerly</i> 10/5/12		<i>Jennifer M. Witte</i> 10/5/12	
<b>Dan Messerly</b> Division of Surface Water Southeast District Office	Date	<b>Jennifer M. Witte</b> Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office	Date

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 ..... N
- (e) Number and location of discharge points are as described in permit..... Y
- (f) Storm water discharges properly permitted..... N/A

**Comments/Status:**

(d) There is a discharge of sewage from a storm drain at the Ohio River near the final plant outfall. The discharge is from a home or a few homes along Riverview Place. The city must eliminate this discharge of pollutants.

**Section F: Compliance**

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

**Comments/Status:**

(e) NPDES, Part 1,C (submittal of O/M Manual by August 1, 2013)  
(g) Biomonitoring performed April 12-13, 2010; no toxicity. Gallipolis doing toxicity testing September 13, 2012.

**Section G: Operation and Maintenance**

**Treatment Works:**

Treatment facility properly operated and maintained

- (a) Standby power available generator  or dual feed  .....
  - i. What does the back-up power source operate  
**WW pump control, comminutor; E.Q. pumps 2, 3; grit blower; primary collector drives; clarifier drives 1, 2; does not run trickling filter pumps.**
  - ii. How often is the generator tested under load  
**1 x/2 weeks, for 1 hour, under load.**

- (b) Which components have an alarm system available for power or equipment failures  
**Status lights for many things; dialer for high influent, chlorine alarm, generator start, heat exchanger malfunction, T.F. bypass**
- (c) All treatment units in service other than backup units (3 of 5 primary tanks in use) ..... Y
- (d) What method is used for scheduling routine and preventative maintenance (calendar, software, etc.)  
**Anterio Software**
- (e) Any major equipment breakdown since last inspection..... N
- (f) Operation and maintenance manual provided and maintained..... Y
- (g) Any plant bypasses since last inspection ..... N
- (h) Any plant upsets since last inspection ..... N

**Comments/Status:**

(e) Last 2 years: Influent pump work (2 check valves); bisulfite feed pump; chlorine regulator; 2 VFD drives for influent pumps; comminutor meter; primary collector shoes, digester gas regulator.  
 (g) Were able to keep filter growth during a power outage; would be good to have back-up power for filters though. Nitronox is fed at influent for odor control.

**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 ..... N
- (d) Has the Operator of Record submitted an ORC Notification form..... Y
- (e) Minimum operator staffing requirements fulfilled (OAC 3745-7) ..... Y
- (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..... N
- (h) Format of log book (e.g. computer log, hard bound book)  
**daily sheet for all activity**
- (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 ..... Y
  - 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) ..... N
  - 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:**

(c) in file cabinet  
 (g) use daily plant log sheet rather than book  
 (i) log sheets  
 (j) (IV) bench sheets used  
 (k) Operator is aware of website reporting form(s).

**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 2
  - II. How many pump stations have telemetered alarms..... 3
  - III. How many pump stations have operable alarms..... All (II)
- (b) Any chronic collection system overflows since last inspection ..... N
- (c) Regulatory agency notified of all overflows ..... N/A
- (d) Are there CSOs in the collection system ..... N  
 If so, what is the LTCP status
- (e) How are CSOs monitored (chalk, block, level sensor, etc.)
- (f) Portable pumps available for collection system maintenance ..... Y
- (g) RDII Program established and active ..... N
- (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) There has been an issue with a sanitary sewer break at 23 Chillicothe Road since May 2, 2011. A land slip caused the gravity line to break, but sewage continues to flow through it; no significant discharge to ground surface; city is repairing by installing pressure sewer. There was also a line break near the Allen Drive pump station due to land slide on the same date; repaired.

(f) Vac truck (1500 gal.), 2" trash pump; sump pumps.

(g) There have been separation projects in past few years; since east end separation project they can reportedly handle 2"-3" rainfall much better, and utilize EQ basin less.

**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 checked="" 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 checked="" 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 checked="" 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  

6 months typically kept; could potentially store 1-2 years on site.
- (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
- (g) Are sludge application sites inspected to verify compliance with NPDES permit ..... Y
- (h) Is a contractor used for sludge disposal ..... N  
 If so, what is the name of the contractor  

City of Gallipolis has land application truck.

**Comments/Status:**

(b) 2011, 78 dry tons - 2010, 102 d.t. - 2009, 120 d.t. - 2008, 96 d.t.  
 (f) City is studying headworks improvements  
 (g) CO staff have inspected in past.

**Section I: Self-Monitoring Program**

**Flow Measurement:**

- (a) Primary/Secondary flow measuring devices (e.g. weir with ultrasonic level sensor)  

Influent magmeter (which controls trickling filter pumps which goes to effluent)/Effluent ultra sonic/weir
- (b) Flow meter calibrated annually ..... Y  
 Date of last calibration  

Effluent ultra sonic/weir and influent magmeter calibrated 4/25/12 (C.I. Thornburg)
- (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:**

Influent magmeter has totalizer and chart recorder, and 0-6 MGD range.  
 Effluent ultrasonic flow meter has totalizer which gets read/recorded every day.  
 Effluent ultrasonic flow meter correlates well (agrees with) influent magmeter both on totalizer and gpm.  
 Effluent ultrasonic flow meter is used to pace chlorinator; dechlorination just set to stroke and speed.

**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:**

Influent composite sampler: pulls 150 ml/half hour; not flow paced.  
 Effluent composite sampler: 200 ml/pull; 24 pulls per 800,000 gals.

**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 (most) .....

- 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) ..... M
- (h) Commercial laboratory used..... Y

Parameters analyzed by commercial lab: **cyanide, metals, O&G, sludge parameters (TKN, NO2TNO3, Amm., %T.S., %V.S., metals)**

Lab name: **American Analytical, Columbus, Ohio**

*Discharge Monitoring Report Quality Assurance (DMRQA)*

- (a) Participation in latest USEPA quality assurance performance sampling ..... Y  
Date: **7/27/12**
- (b) Were any parameters "Unsatisfactory" ..... Y
- (c) Reasons for "Unsatisfactory" parameters

**TKN, Arsenic**

**Comments/Status:**

- (a) have procedures outline book
- (b) contains all except: scope and application, summary, sample handling and preservation, interferences, corrective action, reference. Calculations on bench sheets for QC, do duplicates 10% of time.

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

Outfall #: **OPD00001\*001**  
Outfall Description: **Final effluent**

Receiving Stream: **Ohio River**  
Receiving Stream Description: **did not view**

**Comments/Status:**

Final effluent at plant weir was clear, with no oil sheen/grease/turbidity/visible foam/visible float solids/color. Flow was .684 mgd at effluent.

**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: City of Gallipolis WWTP 8-31-12 CEI

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Balance</b>				<b>M</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	
• Calibration Frequency/ Documentation	• Calibration verification required at least once each day the balance is used <sup>3</sup>	<input checked="" 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 <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>6</sup>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Comments: calibrated 7-23-12				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Drying Oven (Suspended Solids)</b>				<b>M</b>
• Temperature Recordkeeping	• Temperature recorded with each use <sup>4</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained <sup>6</sup>	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: log sheet is used to record temp. with each use for drying oven, water bath, incubator.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>pH Meter</b>				<b>M</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	
	• Log book maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input checked="" 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 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 <sup>8</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Orion Thermo Dual Star				

## General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Dissolved Oxygen Meter</b>		<b>Acceptable?</b>		<b>M</b>
• Calibration Method	• Air or known DO calibration method <sup>10</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 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 type="checkbox"/> Yes	<input checked="" 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: air method; YSI 5100				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Incubator (CBOD/E-Coli)</b>		<b>Acceptable?</b>		<b>M</b>
• Temperature Recordkeeping	• Temperature checked/recorded twice daily for each shelf in use <sup>1</sup>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Temperature checked/recorded daily <sup>2</sup> (CBOD)	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Temperature correction information posted on incubator <sup>1</sup>	<input checked="" 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: checked once daily; log sheet maintained				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Refrigerator</b>		<b>Acceptable?</b>		<b>M</b>
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius) <sup>5</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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Other	• Thermometer held in water bath <sup>1</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Refrigerator temperature <sup>6</sup>° 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: No thermometer; door mounted thermometer quit working; believed to maintain proper temp.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Chlorine Meter</b>		<b>Acceptable?</b>		<b>M</b>
• Calibration Frequency/ Documentation	• pH/millivolt meter read to 0.1 mV <sup>15</sup>	<input checked="" 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) <sup>3</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## General Lab Criteria

	or calibration per manufacturer specification <sup>16</sup>			
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• Slope Documentation/ Acceptability	• Calibration curve (acceptable slope)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: calibrate daily; clean meter daily; no log book, log sheets maintained; standard expired 7/29/12, opened 12/14/11.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Ammonia 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>M</b>
		• Log book being maintained <sup>9</sup>	<input type="checkbox"/> Yes	
• Slope Acceptability	• Verify calibration slope is acceptable (per mfg. spec.)	<input checked="" 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. <sup>17</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing <sup>18</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: log sheet maintained; do 10mg/l & 1 mg/l calibr; clean electrode daily w/di water, fully clean 1x/mo., logged on daily sheet; slope recorded on bench sheet daily.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Sample Collection/Handling</b>				
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed) <sup>19</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>M</b>
• Chain of Custody	• Chain of custody (description, date, time, signature) <sup>19</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Composite samples refrigerated during sample collection <sup>14</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized <sup>14</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Log book being maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Comments: American Analytical (Dublin, Oh) does: O & G, Hg (LL), Cu, nitrite + nitrate, sludge analyses				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Desiccator</b>				
• General Criteria	• Properly working seals	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>M</b>
		• Desiccant fresh (blue color)	<input checked="" type="checkbox"/> Yes	
• Documentation	• Log book being maintained <sup>9</sup>	<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>A</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: No calibr. info. recorded on bench sheets; calibr. notes for some items kept elsewhere.			

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>M</b>
		<ul style="list-style-type: none"> <li>• Incubator temperature 44.5° C ±0.2°<sup>21/24</sup></li> </ul>	
<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 checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>• Log book being maintained<sup>9</sup></li> </ul>	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: log sheet maintained			

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>M</b>
		<ul style="list-style-type: none"> <li>• 10 to 30 minutes time based on material being sterilized<sup>26</sup></li> </ul>	
<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 checked="" 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>	
<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 checked="" type="checkbox"/> No	
	<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	
<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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>M</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments:			

<b>Number of Criteria Rated:</b>	<b>Acceptable</b>	1
	<b>Marginal</b>	13
	<b>Unacceptable</b>	0
	<b>Total Number of Areas Rated</b>	14

<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:	<ul style="list-style-type: none"> <li>&gt;60% of ratings are Marginal</li> <li>&gt;45% of ratings are a combination of Marginal or Unacceptable</li> <li>&gt;30% of ratings are Unacceptable</li> </ul>

# 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