



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

October 5, 2012

Mr. Anthony Sansalone
MHP Holdings – Flora LLC
P.O. Box 960
Milford, Ohio 45150

RE: Hamilton County, New Horizon MHP, Compliance Evaluation Inspection

Dear Mr. Sansalone:

On September 28, 2012, I conducted a Compliance Evaluation Inspection at this facility (NPDES Permit No. OH0132004; OEPA Permit No. 1PV00116*BD). The inspection was also conducted as part of the NPDES permit renewal for the facility. Greg Ross and Eric Lynch were representing this facility. A copy of my inspection report is enclosed.

The inspection report contains one marginal area. The Effluent/Receiving Waters section was rated marginal as a result of the NPDES permit violations.

The corrosion of the metal package plant was also noted in the inspection report. The WWTP will most likely need to be completely replaced sooner than later. The facility should start preparing for the eventual replacement of this treatment system.

The areas noted in the report summary are currently being addressed. Therefore, a response is not required at this time.

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

Sincerely,

Ned Sarle
Environmental Specialist
Division of Surface Water
Permits Section

NS/xf

Enclosure

cc: Eric Lynch, Winelco, Inc.



State of Ohio Environmental Protection Agency
Southwest District Office

NPDES Compliance Inspection Report
Semi-Public Sewage Disposal Inspection Form

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PV00116*BD	OH0132004	9/28/2012	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
New Horizon MHP 11007 Flora Road Harrison, Ohio 45030	11:50 A.M.	11/1/2007
	Exit Time	Permit Expiration Date
	12:50 P.M.	10/31/2012
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Eric Lynch, Winelco, Inc. Greg Ross, Winelco, Inc.	(513) 222-8845 (513) 439-0145	
Name, Address and Title of Responsible Official	Phone Number	
Anthony Sansalone MHP Holdings - Flora LLC P.O. Box 960 Milford, Ohio 45150	(513) 722-2441	

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

Section D: Summary of Findings (Attach additional sheets if necessary)
See Attached Summary of Findings / Comments.

Inspector	Reviewer
 Date: 10/5/12	 Date: 10/5/12
Ned Sarle Permit Section Division of Surface Water Southwest District Office	Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office

Permit #: 1PV000116*BD
 NPDES #: OH0132004

Average Daily Design Flow:	15,600 Gallons/Day
Plant Serves:	41 Mobile Homes
Average Daily Flow: (Period of Review):	4400 Gallons/Day (November 2007 through July 2012)
Method of flow monitoring:	dosing pump elapse time meters
Type of alarms for plant:	High water alarms for dosing tank

Pretreatment

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

Comments/Status:

No pretreatment system is provided.

**Secondary Treatment
(Aeration)**

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

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

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

Comments/Status:

Blowers are on a timer. For the Summer, they are on for 45 minutes and off for 15 minutes. For the Winter, they are on for 30 minutes and off for 30 minutes.

**Secondary Treatment
(Settling)**

Clarity: **Clear**
 Condition of Weir: **Excessive Algae/Solids Build Up**
 Weir is level: **Yes**
 Effluent in weir: **Light Solids**

Permit #: 1PV000116*BD

NPDES #: OH0132004

Clarifier walls need scraped: **No**

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

Comments/Status:

None.

Tertiary Treatment

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

Overall maintenance of components is: **Good**

Comments/Status:

None.

Sludge Handling/Storage Disposal

Hauler name: **Winelco, Inc.**
 Disposal Site: **MSD Mill Creek WWTP**
 Sludge wasted from: **Sludge holding tank**
 How often is sludge wasted: **Weekly**
 Sludge drying beds: **No** Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

Comments/Status:

None.

Plant Discharge

Discharge point is a: **Ditch**
 Name of discharge point: **unnamed tributary of Kolb Creek**
 Discharge is visible: **Yes** Quality of Effluent: **Clear**

Comments/Status:

None.

Permit #: 1PV000116*BD
NPDES #: OH0132004

Summary of Findings / Comments

A review of the Discharge Monitoring Reports for November 2007 through July 2012 indicated several NPDES permit violations. These violations are listed on Attachment I. These violations have been addressed as required by the permit. Future violations must continue to be reported as required by the NPDES permit as detailed in Part III.12 titled "Noncompliance Notification."

The WWTP is designed for an average daily flow rate of 15,600 gpd. For the noted period, the average daily flow rate was 4,400 gpd, and the peak daily flow rate was 62,100 gpd.

For 2011, 6,000 gallons of sludge were hauled from the WWTP. The sludge was hauled by Winelco, Inc. and was taken to the MSD Mill Creek WWTP.

The WWTP is approximately 40 years old and has metal tanks. The metal tanks are starting to have excessive corrosion. The facility is looking at replacing several metal cross beams for this WWTP. Treatment systems such as this one typically are expected to last between 20 to 30 years. This WWTP will most likely need to be completely replaced sooner than later. The facility should continue to monitor the WWTP condition and replace it in a timely manner.

Winelco tests the wastewater samples on site for temperature, DO and pH. The grab samples for TSS, NH₃, fecal coliform and CBOD₅ are placed on ice and taken back to Winelco's facility where they are tested. The attached General Lab Criteria checklist was used to evaluate some of these test procedures. The procedures used by the facility appear to be adequate.

Permit #: 1PV000116*BD
NPDES #: OH0132004

Attachment I

Effluent Limit Violations for November 2007 through July 2012

Reporting Period	Parameter	Limit Type	Units	Permit Limit	Reported Value
May 2008	DO	Daily	mg/l	6.0	4.8
July 2009	DO	Daily	mg/l	6.0	4.5
November 2009	TSS	Monthly	mg/l	12	25
November 2009	TSS	Daily	mg/l	18	25
June 2010	Fecal Coliform	Monthly	#/100 ml	1000	1200
June 2010	Fecal Coliform	Daily	#/100 ml	2000	7200
December 2011	TSS	Monthly	kg/day	0.71	0.85
January 2012	Ammonia	Monthly	mg/l	3.0	4.0

General Lab Criteria – New Horizon MHP

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

Comments: :

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

Comments: :

General Lab Criteria – New Horizon MHP

Criteria	Standard Methods Requirement		Acceptable?	Rating
pH Meter				
<ul style="list-style-type: none"> • Calibration Frequency / Documentation 	<ul style="list-style-type: none"> • Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples)³ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	<ul style="list-style-type: none"> • Logbook maintained² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Minimum of 2 point calibration 	<ul style="list-style-type: none"> • Calibration per manufacturer specification and calibration buffers must bracket anticipated result⁷ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Slope Documentation / Acceptability 	<ul style="list-style-type: none"> • Slope acceptable range indicated on benchsheet² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Buffer Expiration Date 	<ul style="list-style-type: none"> • Buffers must not be expired 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Instrument manual available 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Teflon covered magnetic stirrer or equivalent for mixing⁸ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: : None.				

Criteria	Standard Methods Requirement		Acceptable?	Rating
Dissolved Oxygen Meter				
<ul style="list-style-type: none"> • Calibration Method 	<ul style="list-style-type: none"> • Air or known DO calibration method¹⁰ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	<ul style="list-style-type: none"> • Calibration per manufacturer specification¹⁰ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Calibration Frequency / Documentation 	<ul style="list-style-type: none"> • Logbook maintained² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Calibration verification required at least once each day the meter is used.³ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil)¹¹ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Instrument manual available 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: None.				

General Lab Criteria – New Horizon MHP

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

Comments :

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

Comments:

General Lab Criteria – New Horizon MHP

Criteria	Standard Methods Requirement		Rating
Chlorine Meter		Acceptable?	
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters or calibration per manufacturer specification ¹⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Slope Documentation / Acceptability	• Calibration curve (acceptable slope)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Log book being maintained. ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: :			

Criteria	Standard Methods Requirement		Rating
Ammonia Meter		Acceptable?	
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Calibration Method	• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec. ¹⁷	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: :			

General Lab Criteria – New Horizon MHP

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

Comments:

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

Comments:

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

Comments:

General Lab Criteria – New Horizon MHP

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

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Autoclaves/Steam Sterilizers				
• All apparatus utilized is adequately sterilized before use	• Sterilizing temperature 121° C ²⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 10 to 30 minutes time based on material being sterilized ²⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Documentation	• Verify the autoclave temperature weekly by using a maximum registering thermometer (MRT) to confirm that 121°C has been reached as measured in the exhaust. ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Performance Checks	• Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

General Lab Criteria – New Horizon MHP

Criteria	Standard Methods Requirement			Rating
Final Effluent Temperature Monitoring		Acceptable?		
<ul style="list-style-type: none"> • General Criteria 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer ^{1,2} 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Thermometer accurate to 0.1° Celsius⁵ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained ² 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				
Number of Criteria Rated:				2
				Marginal
				Unacceptable
			Total Number of Areas Rated	2
<p>Acceptable Ratings – No action required (recommend SOP’s written or updated, perform DMRQA’s for all onsite analysis, recommend voluntary lab analyst certification, written response not required).</p>				
<p>Marginal Ratings – Improvements required, written response required (recommend SOP’s be written or updated, recommend they perform DMRQA’s for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response).</p>				
<p>Unsatisfactory Rating - Improvements required, written response required, NOV issued (recommend SOP’s be written or updated, recommend they perform DMRQA’s for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response to NOV).</p>				
<p>Consider recommending PAI Audit from DES when:</p>		<p>>60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable</p>		

Notation of Referenced Method

- | | |
|--|--|
| <ul style="list-style-type: none"> 1 Method 9020-B, Item 3 2 Method 1020-A, Item 1 3 Method 1020-B, Item 10 4 Method 2540-B, Item 2 5 Method 2550-B, Item 1 6 Method 1020-A, Item 1 7 Method 4500-H B, Item 4 8 Method 4500-H B, Item 2 9 Method 1020-B, Item 2 10 Method 4500-O B, Item 3 11 Method 4500-O G, Item 3 12 Method 5210-B, Item 5 13 CFR 136.3, Table II | <ul style="list-style-type: none"> 14 Method 1060A, Item 1 15 Method 4500-CI I, Item 2 16 Method 4500-CI I, Item 4 17 Method 4500-NH3 D, Item 4 18 Method 4500-NH3 D, Item 2 19 Method 1060-B, Item 2 20 Method 1060-B, Item 1 21 Method 9222D, Item 1 22 Method 9223 B, Item 2 23 Method 9223 B, Item 3 24 Method 1603, Item 2 25 Method 9030-B, Item 3 26 Method 9020 B, Table IV |
|--|--|

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

General Lab Criteria – New Horizon MHP

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

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