



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

November 8, 2012

Mr. Tony Pace
Franklin Area WWTP
201 Baxter Dr.
Franklin, Ohio 45005

**RE: Compliance Evaluation Inspection (CEI)
Franklin Area Wastewater Treatment Plant
NPDES Permit No. 1PD00004**

Dear Mr. Pace:

On October 31, 2012, I conducted a CEI at the Franklin Area Wastewater Treatment Plant. A copy of my Inspection Report is attached for you to review. All areas evaluated received a satisfactory rating. No response to this inspection is necessary. If you have any questions regarding the inspection, please call me at (937) 285-6103.

Sincerely,

A handwritten signature in cursive script, appearing to read "Maureen M. Ware".

Maureen M. Ware
Environmental Specialist 2
Division of Surface Water

MW/tb

Enclosures

ec: Warren County Health Dept.



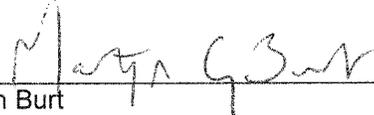
State of Ohio Environmental Protection Agency
Southwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PD00004	OH0025275	10/31/2012	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Franklin Area WWTP 201 Baxter Dr. Franklin, Ohio 45005	12:30PM	08/01/2009
	Exit Time	Permit Expiration Date
	2:30PM	1/31/2014
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Tony Pace, ORC	937-746-1711	
Name, Address and Title of Responsible Official	Phone Number	
Veolia Water North America	937-746-1711	

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

Section D: Summary of Findings (Attach additional sheets if necessary)	
See comments in individual sections.	
Inspector	Reviewer
 Maureen M. Ware Division of Surface Water Southwest District Office	 Martyn Burt Environmental Supervisor Division of Surface Water Southwest District Office
11/3/12 Date	11/3/12 Date

Sections E thru 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..... | N |
| (b) Appropriate Non-compliance notification of violations..... | Y |
| (c) Permittee is taking actions to resolve violations..... | Y |
| (d) Permittee has a compliance schedule..... | Y |
| (e) Compliance schedule contained in.....
NPDES Permit Compliance Schedule | |
| (f) Permittee is in compliance with schedule..... | Y |
| (g) Has biomonitoring shown toxicity in discharge since last inspection | N |

Comments/Status:

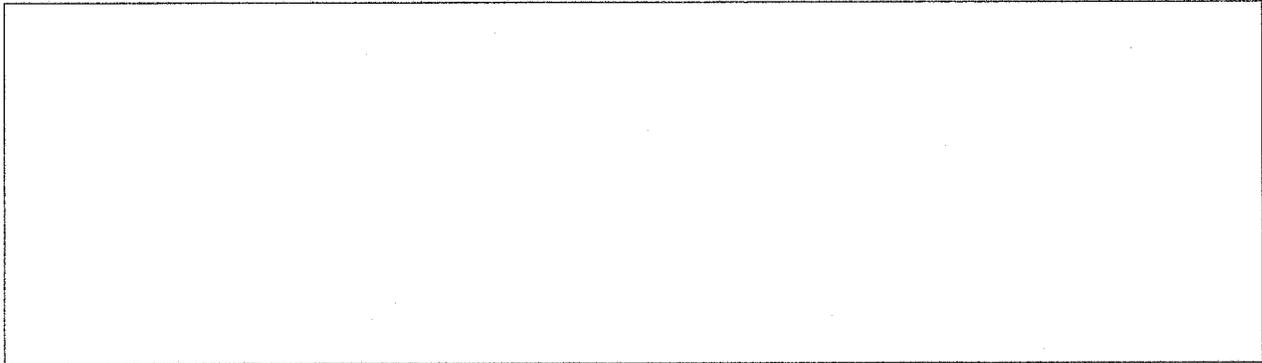
Compliance was checked from July 1, 2011 through September 30, 2012. One violation was reported on 12/1/11 for TSS. Another violation for Copper on 8/1/12 was incorrect as Franklin's permit had been modified to not have a copper limit for that time period.

Section G: Operation & Maintenance

Treatment Works:

- Treatment facility properly operated and maintained..... Y
- (a) Standby power available.....generator or dual feed Y
- i. What does the back-up power source operate.....
- Twin Creek Pump Station, blowers, aeration, final clarifiers, chlorine, and autosampler.
- ii. How often is the generator tested under load.....
- Once per year.
- (b) Which components have an alarm system available for power or equipment failures.....
- Blowers, vfd drives on main pump station, high water alarm on pump station, Twin Creek and Clear Creek Pump Stations, and RAS pump.
- (c) All treatment units in service other than backup units..... Y
- (d) What method is used for scheduling routine & preventative maintenance (calendar, software, etc.).....
- Software (Job Plus)
- (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:



Section G: Operation & Maintenance con't

Record Keeping/Operator of Record:

- (a) Wastewater Treatment Works classification (OAC 3745-7)..... III
- (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).... 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..... Y
- (h) Format of log book (e.g. computer log, hard bound book)

hardbound 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..... 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)... 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:

Lab results are kept on the bench sheets.

Section G: Operation & Maintenance con't

Collection System:

- (a) Are there pump stations in the collection system..... N/E
 - i. How many publicly-owned pump stations equipped with permanent standby power or equivalent..... _____
 - ii. How many pump stations have telemetered alarms..... _____
 - iii. How many pump stations have operable alarms..... _____

- (b) Any chronic collection system overflows since last inspection..... N/E
- (c) Regulatory agency notified of all overflows..... Y
- (d) Are there CSOs in the collection system..... N/E
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..... N/E
- (g) RDII Program established and active..... N/E
- (h) Any WIB complaint received since last inspection..... N/E
- (i) Is there a WIB response plan..... N/E
- (j) Is any portion of the collection system at or near dry weather capacity..... N/E

Comments/Status:

Veolia does not own or operate the collection systems from each municipality. Veolia reported SSO events as required for 7/16/11, 9/26/11, and 12/5/11-12/7/11.

Section H: Sludge Management

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% Percent Solids without Unstabilized	Option 8 - >75% Percent Solids with Unstabilized	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"/>

Class B Sewage Sludge (monitoring station 581)

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

Comments/Status:

Screens will be included in next upgrade.

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 Y
 (Date of last calibration: 7/12)
- (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

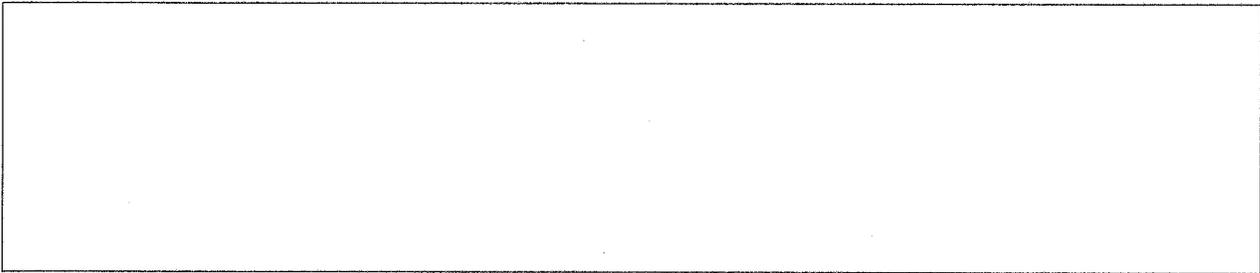
Comments/Status:

Section I: Self-Monitoring Program (con't)

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..... Y
 (see GLC)
- (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:



Section I: Self-Monitoring Program (con't)

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 | • Procedure |
| • Scope and Application | • Calculations |
| • Summary | • Quality Control |
| • Sample Handling and Preservation | • Maintenance |
| • Interferences | • Corrective Action |
| • Apparatus and Materials | • Reference (Parent Method) |
| • Reagents | |

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. Y (see score from GLC)

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

Parameters analyzed by commercial lab: everything except CBOD5, TSS, NH3, pH, Chlorine, bacteria, and hardness.

Lab name: Belmont – O&G, metals, and hexachrome.

Discharge Monitoring Report Quality Assurance (DMRQA)

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

Comments/Status:

Section J: Effluent/Receiving Water Observations

Outfall # 001

Outfall Description: pipe

Receiving Stream: Great Miami River

Receiving Stream Description: turbid

Comments/Status:

Slight foam in river at point of discharge. Effluent was the color of Earl Grey tea that had been brewed for less than a minute and at less than an optimal temperature.

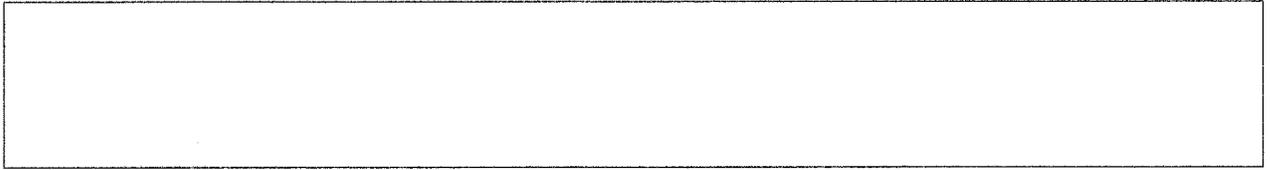
Section K: Multimedia Observations

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

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

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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Logbook maintained² 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Minimum of 2 point calibration 	<ul style="list-style-type: none"> • Calibration per manufacturer specification and calibration buffers must bracket anticipated result⁷ 	<input 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 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Other 	<ul style="list-style-type: none"> • Instrument manual available 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Teflon covered magnetic stirrer or equivalent for mixing⁸ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				
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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Calibration per manufacturer specification¹⁰ 	<input 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 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 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Instrument manual available 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

General Lab Criteria

Criteria	Standard Methods Requirement		Rating
Incubator (CBOD/ E-Coli)		Acceptable?	
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use ¹ (E-Coli)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Temperature checked / recorded daily ² (CBOD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Acceptable temperature range (CBOD) is 20° C ±1.0 ° ¹²	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ° ²²	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Logbook maintained ²	<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
	• Temperature correction information posted on incubator ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• E-Coli can use multiple tubes (five 20 ml or ten 10 ml), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) ²³	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Other	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• 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?	
• Temperature Recordkeeping	• Temperature Log (thermometer accurate to 0.5 Celsius). ⁵	<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
• Other	• Thermometer held in water bath. ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Refrigerator temperature ≤6° Celsius. ¹³	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	• Do not store volatile solvents, food, or beverages. ¹⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

General Lab Criteria

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

Criteria	Standard Methods Requirement	Acceptable?		Rating
Ammonia Meter				
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Log book being maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• 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. ¹⁷	<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 ¹⁸	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: : The pH meter automatically checks the calibration and slope each time it is turned on.				

General Lab Criteria

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

A

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

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

Criteria	Standard Methods Requirement	Acceptable?		Rating	
Final Effluent Temperature Monitoring					
• General Criteria	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Thermometer accurate to 0.1° Celsius ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Log book being maintained ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Comments:					
Number of Criteria Rated:				Acceptable	3
				Marginal	0
				Unacceptable	0
				Total Number of Areas Rated	3
<p>Acceptable Ratings – No action required (recommend SOP's written or updated, perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, written response not required).</p>					
<p>Marginal Ratings – Improvements required, written response required (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response).</p>					
<p>Unsatisfactory Rating - Improvements required, written response required, NOV issued (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response to NOV).</p>					
Consider recommending PAI Audit from DES when:		>60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable			

Notation of Referenced Method

- | | |
|----------------------------|------------------------------|
| 1 Method 9020-B, Item 3 | 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-A, 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.

General Lab Criteria

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