



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

November 26, 2012

**Re:** Monroe County  
Village of Beallsville  
0PA00000\*HD  
Correspondence (PWW)

Mr. John Gramlick, Mayor  
Village of Beallsville  
P.O. Drawer E  
Beallsville, Ohio 43716

Dear Mr. Gramlick:

On October 24, 2012, I conducted a compliance evaluation inspection at the Beallsville WWTP located in Beallsville, Ohio. I was accompanied by David Boyce. The purpose of the site visit was to check the compliance of Beallsville with its' NPDES permit number 0PA00000\*HD.

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

PART III, Item (3)(A) of the Permit states, "All wastewater treatment works shall be operated in a manner consistent with the following: At all times, the permittee shall maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee necessary to achieve compliance with the terms and conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with conditions of the permit."

**There continues to be problems in the collection system with inflow/infiltration (I/I). This has been noted on numerous previous inspections. A smoke test was performed and showed problems in the main trunk lines and the laterals. In your follow up letter, provide a time table of when improvements to the collection system will begin and what period of time it will take to complete the project.**

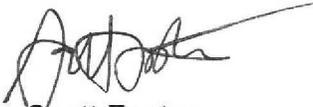
Due to the above comments and remarks in the inspection report, I rated the area of Collection System as ***marginal***.

Please reply to this letter by December 31, 2012.

The Ohio EPA strongly encourages pollution prevention as the preferred approach for waste management. The first priority of pollution prevention is to eliminate the generation of wastes and pollutants at the source (source reduction). For those wastes or pollutants that are generated, the second priority is to recycle or reuse them in an environmentally sound manner. You can benefit economically, help preserve the environment, and improve your public image by implementing pollution prevention programs. For more information about pollution prevention, including fact sheets and U.S. EPA's Facility Pollution Prevention Guide, (EPA/600/R-92/088), you may contact the Ohio EPA Pollution Prevention Section at (614) 644-3469 or me for additional information.

If you have any questions or comments, please feel free to contact me at (740) 380-5227 or email at [scott.foster@epa.ohio.gov](mailto:scott.foster@epa.ohio.gov).

Sincerely,



Scott Foster  
Environmental Specialist 2  
Division of Surface Water

SF/dh

Enclosure

c: David Boyce, Operator



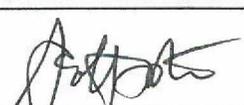
State of Ohio Environmental Protection Agency  
Southeast District Office

Municipal NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES #	Month/Day/Year	Inspection Type	Inspector	Facility Type
OPA00000*HD	OH0020885	October 24, 2012	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Beallsville WWTP State Route 145 Kings Highway Beallsville, Ohio 43716	9:05 a.m.	April 1, 2008
	Exit Time	Permit Expiration Date
	10:25 p.m.	March 31, 2013
Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)	
David Boyce, Operator of Responsible Charge	(740) 926-9181	
Name, Address, and Title of Responsible Official	Phone Number	
Mr. John Gramlick- Mayor Village of Beallsville 43057 Ohio Avenue P.O. Box E Beallsville, Ohio 43716	(740) 926-9177	

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/A	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	N/A	Other
M	Collection System				

Section D: Summary of Findings (attach additional sheets if necessary)			
See attached letter			
Inspector		Reviewer	
 Scott Foster Division of Surface Water Southeast District Office		 Jennifer M. Witte Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office	
Date		Date	
11/26/12		11/26/12	

Sections E through K: Complete on all inspections as appropriate  
Y = Yes; N = No; N/A = Not Applicable; N/E = Not Evaluated

### Section E: Permit Verification

Inspection observations verify the permit

- (a) Correct name and mailing address of permittee..... Y
- (b) Flows and loadings conform with NPDES permit..... Y
- (c) Treatment processes are as described in permit application..... Y
- (d) All discharges are permitted..... Y
- (e) Number and location of discharge points are as described in permit..... Y
- (f) Storm water discharges properly permitted..... N/A

Comments/Status:

### Section F: Compliance

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

Comments/Status:

### Section G: Operation and Maintenance

#### Treatment Works:

Treatment facility properly operated and maintained

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

i. What does the back-up power source operate

All Treatment Processes

ii. How often is the generator tested under load

1/month

- (b) Which components have an alarm system available for power or equipment failures
- (c) All treatment units in service other than backup units ..... Y
- (d) What method is used for scheduling routine and preventative maintenance (calendar, software, etc.)
- (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:**

Air leak in blower line going to plant.

**Record Keeping/Operator of Record:**

- (a) Wastewater Treatment Works classification (OAC 3745-7) ..... II
- (b) Operator of Record holds unexpired license of class required by Permit ..... Y
- (c) Copy of certificate of Operator of Record displayed on-site ..... Y
- (d) Has the Operator of Record submitted an ORC Notification form..... Y
- (e) Minimum operator staffing requirements fulfilled (OAC 3745-7) ..... N/A
- (f) If a Staffing Reduction plan has been approved, are the stipulations of the plan being met ..... N/A
- (g) Operator of Record log book provided..... Y
- (h) Format of log book (e.g. computer log, hard bound book)
- (i) Log book kept onsite (in an area protected from weather) ..... Y
- (j) Log book contains the following:
  - I. Identification of treatment works..... N
  - 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:**

**Collection System:**

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

(g) Need to investigate Rain Derived Inflow and Infiltration (RDIT) from previous smoke tests and establish plan to fix problems in collection system.  
 (i) Should devise a plan for Water in Building (WIB) complaints.

**Section H: Sludge Management**

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

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

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

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

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

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

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

**Comments/Status:**

**Section I: Self-Monitoring Program**

**Flow Measurement:**

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

**Comments/Status:**

**Sampling:**

- (a) Sampling location(s) are as specified by permit ..... Y
- (b) Parameters and sampling frequency agree with permit ..... Y
- (c) Permittee uses required sampling method (see GLC page) ..... Y
- (d) Monitoring records (i.e., flow, pH, DO) maintained for a minimum of three years including all original strip chart recordings (i.e., continuous monitoring instrumentation, calibration and maintenance records) ..... Y

**Comments/Status:**

Need thermometer in sampler fridge.

**Laboratory:**

*General*

- (a) Does the Quality Assurance Manual contain written Standard Operating Procedures (SOP's) for all analysis performed onsite ..... N
- (b) Do SOP's include the following if applicable ..... N

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

Parameters analyzed by commercial lab: **All permit parameters except pH and CL2**

Lab name: **MASI**

*Discharge Monitoring Report Quality Assurance (DMRQA)*

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

**Comments/Status:**

Chain of Custody sheets needed back from lab.

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

Outfall #: **001**

Outfall Description: **Unnamed tributary to East Piney Fork**

Receiving Stream: **East Piney Fork**

Receiving Stream Description: **Small Stream**

Comments/Status:

**Section K: Multimedia Observations**

- (a) Are there indications of sloppy housekeeping or poor maintenance in work & storage areas or laboratories ..... N
- (b) Do you notice staining or discoloration of soils, pavement or floors..... N
- (c) Do you notice distressed (unhealthy, discolored, dead) vegetation ..... N
- (d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks ..... N
- (e) Do you notice any unusual odors or strong chemical smells..... N
- (f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities ..... N

If any of the above are observed, ask the following questions:

- (1) What is the cause of the condition?
- (2) Is the observed condition or source a waste product?
- (3) Where is the suspected contaminant normally disposed?
- (4) Is this disposal permitted?
- (5) How long has the condition existed and when did it begin?

Comments/Status:

# General Lab Criteria

Facility: Beallsville WWTP

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Balance</b>				
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights <sup>1,2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>NR</b>
• Calibration Frequency/ Documentation	• Calibration verification required at least once each day the balance is used <sup>3</sup>	<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 <sup>1</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) <sup>1</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams <sup>4</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained <sup>6</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Drying Oven (Suspended Solids)</b>				
• Temperature Recordkeeping	• Temperature recorded with each use <sup>4</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>NR</b>
		• Log book maintained <sup>6</sup>	<input type="checkbox"/> Yes	
• 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 type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1°C increments <sup>5</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105°F <sup>4</sup>	<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
<b>pH Meter</b>				
• Calibration Frequency/ Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) <sup>3</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>A</b>
		• Log book maintained <sup>9</sup>	<input checked="" type="checkbox"/> Yes	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result <sup>7</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation/ Acceptability	• Slope acceptable range indicated on benchsheet <sup>2</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing <sup>8</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

## General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Dissolved Oxygen Meter</b>		<b>Acceptable?</b>		<b>NR</b>
• Calibration Method	• Air or known DO calibration method <sup>10</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration per manufacturer specification <sup>10</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency/ Documentation	• Logbook maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration verification required at least once each day the meter is used. <sup>3</sup>	<input 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 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
<b>Incubator (CBOD/E-Coli)</b>		<b>Acceptable?</b>		<b>NR</b>
• Temperature Recordkeeping	• Temperature checked/recorded twice daily for each shelf in use <sup>1</sup>	<input type="checkbox"/> Yes	<input 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 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 type="checkbox"/> No	
• Temperature Calibration/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer <sup>1,2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature correction information posted on incubator <sup>1</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 mg), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) <sup>23</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius) <sup>5</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

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 checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius <sup>13</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages <sup>14</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Need thermometer				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Chlorine Meter</b>		<b>Acceptable?</b>		<b>A</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 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 checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained <sup>9</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>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 type="checkbox"/> Yes	<input type="checkbox"/> No	<b>NR</b>
		• Log book being maintained <sup>9</sup>	<input type="checkbox"/> Yes	
• 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. <sup>17</sup>	<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 <sup>18</sup>	<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
<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>A</b>
• Chain of Custody	• Chain of custody (description, date, time, signature) <sup>19</sup>	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained <sup>9</sup>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Need Chain of Custody from lab.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
<b>Desiccator</b>				
• General Criteria	• Properly working seals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>NR</b>
		• Desiccant fresh (blue color)	<input type="checkbox"/> Yes	
• Documentation	• Log book being maintained <sup>9</sup>	<input type="checkbox"/> Yes	<input 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:				

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

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

## General Lab Criteria

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

<b>Number of Criteria Rated:</b>	<b>Acceptable</b>	4
	<b>Marginal</b>	1
	<b>Unacceptable</b>	0
	<b>Total Number of Areas Rated</b>	5

<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