



John T. Kasich, Governor
Mike Taylor, Lt. Governor
Scott L. Valley, Director

March 11, 2013

Michael B. Nixon, Superintendent
Lancaster WPCF
140 East Main St
Lancaster, OH 43130

**Re: Lancaster WPCF (Lawrence St.)
NPDES Permit 4PD00001/ OH0026026
Compliance Evaluation Inspection
Fairfield County**

Dear Mr. Nixon:

On March 6, 2013, a Compliance Evaluation Inspection was conducted at the Lancaster WPCF. Present for the inspection were Paul Menz and Brian McFarland representing the City of Lancaster and myself of the Ohio EPA, Central District Office, Division of Surface Water.

The purpose of the inspection was to evaluate compliance with the terms and conditions of your NPDES permit and to evaluate the operation and maintenance of the plant and the functioning of the WWTP laboratory. Please see the attached inspection report and general lab criteria forms for details of the inspection. If you have any questions or comments concerning the enclosed inspection report, please contact me at (614) 728-3854 or e-mail at paul.vandermeer@epa.ohio.gov.

Sincerely,

Paul L. Vandermeer
Environmental Specialist II
Compliance and Enforcement Unit
Division of Surface Water
Central District Office

ec: Paul L. Vandermeer

PLV/nsm Lancaster Lawrence 2013

NPDES Compliance Inspection Report

SECTION A: NATIONAL DATA SYSTEM CODING

Permit #	NPDES #	Inspection Type	Inspector	Facility Type
4PD00001	OH0026026	CEI	S	1
Inspection Date	Entry Time	Exit Time	Notice of Violation	Significant Non-Compliance
3/6/2013	8:30 am	11:35 am	No	No

SECTION B: FACILITY DATA

Name and Location of Facility Inspected	Permit Effective Date
Lancaster WPCF 800 Lawrence Street Lancaster, OH 43130	8/1/2012
	Permit Expiration Date
	7/31/2017
Name(s) and Title(s) of On-Site Representatives	Phone Numbers
Paul Menz, WWTP Manager	(740) 687-6664
Brian McFarland, Chemist	(740) 687-6664
Name and Title of Responsible Official	Phone Number
Michael B. Nixon, Superintendent	(740) 687-6600

SECTION C: AREAS EVALUATED DURING INSPECTION

Key: S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated

S	NPDES Compliance	Only 2 <u>minor</u> effluent limit violations over the last year.
S	Operations & Maintenance	2 of 4 primary settling tanks under maintenance.
S	Facility Site Review	
S	Collection System	LTCP on or ahead of schedule.
S	Flow Measurement	
S	Receiving Waters	
S	Laboratory	See general lab criteria form attached for details.

Comments:

Signatures			
	3/11/13		3/11/13
Paul L. Vandermeer, Inspector Compliance & Enforcement Division of Surface Water Central District Office	Date	Erin Sherer, Reviewer Compliance & Enforcement Supervisor Division of Surface Water Central District Office	Date

Compliance Data for Lancaster WPCF between 3/1/2012 to 2/28/2013

Summary

Permit Effluent Limit Violations: 2
 Permit Effluent Code Violations: 0
 Permit Effluent Frequency Violations: 0

Permit Violations						
Month	Code	Parameter	Limit	Value	Violation Date	Resolution Date
March 2012	001	Nitrogen, Ammonia (NH3)	7D Conc	5.0	5.488	3/8/2012
August 2012	001	Chlorine, Total Residu	1D Conc	0.021	.085	8/10/2012

Flow Data for Lancaster WPCF between 3/1/2012 and 2/28/2013

	Date	Flows (MGD)
Ten Highest Flows	9/2/2012	51.100
	5/9/2012	10.800
	5/2/2012	10.700
	5/8/2012	10.500
	3/19/2012	9.900
	1/31/2013	9.900
	3/9/2012	9.800
	3/16/2012	9.500
	5/5/2012	9.500
	10/29/2012	9.400
Average Flow Rate		5.522

SECTION D: PERMIT VERIFICATION

- (a) Correct name and mailing address of permittee Y
- (b) Correct name and location of receiving waters Y
- (c) Products and production rates conform with permit application..... Y
- (d) Flows and loadings conform with NPDES permit..... Y
- (e) Treatment processes are as described in permit application Y
- (f) New treatment process added since last inspection N
- (g) Notification given to State of new, different or increased discharges NA
- (h) All discharges are permitted..... Y
- (i) Number and location of discharge points are as described in permit..... Y

Comments:

SECTION E: COMPLIANCE

- (a) Any significant violations since the last inspection N*
- (b) Permittee is taking actions to resolve violations..... Y*
- (c) Permittee has a compliance schedule Y
- (d) Permittee is meeting compliance schedule..... Y

Comments: Only 2 very minor effluent violations were noted. The facility notified me and instituted appropriate corrective measures to mitigate violations. 51.1 MGD flow value (see high flow table) is spurious and will be corrected in eDMR.

SECTION F: OPERATION AND MAINTENANCE

- (a) Standby power available Y
If yes, what type? 800 kW diesel generator
- (b) Adequate alarm system available for power or equipment failures Y*
- (c) All treatment units in service other than backup units N^
- (d) Wastewater Treatment Works classification IV
- (e) Operator of Record holds unexpired license of class required by Permit.. Y
Class held:
- (f) Copy of certificate of Operator of Record displayed on-site Y
- (g) Minimum operator staffing requirements fulfilled..... Y
- (h) Routine and preventative maintenance scheduled and performed Y
- (i) Any major equipment breakdown since last inspection..... Y^
- (j) Operation and maintenance manual provided and maintained Y
- (k) Any plant bypasses since last inspection N
- (l) Regulatory agency notified of bypasses NA
By MOR and/or Spill Hotline (1-800-282-9378)
- (m) Any hydraulic or organic overloads since last inspection N

Comments: *SCADA system. ^One set of primary settling tanks is down for maintenance. The other set of tanks is capable of handling the normal operation of the WWTP. If needed, the EQ basin can be used to buffer flow.

SECTION G: RECORD KEEPING

- a) Log book provided Y
- b) Format of log book..... Computer
- c) Log book(s) kept onsite in an area protected from weather Y
- d) 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 operation and maintenance activities (including preventative maintenance, repairs and request for repairs)..... Y*
 - iv) Laboratory results (unless documented on bench sheets)..... Bench

- v) Identification of person making log entries..... Y
- e) Has the Operator of Record submitted written notification to the permittee, Ohio EPA and any applicable local environmental agencies when a collection system overflow, treatment plant bypass or effluent limit violation has occurred? ... Y

Comments: **Facility uses computerized time card. Operational and maintenance is managed by a computerized work order system.*

SECTION H: COLLECTION SYSTEM

- a) Percent combined system:..... 10%
- b) Any collection system overflows since last inspection Y*
 CSO SSO
- c) Regulatory agency notified of overflows Y
- d) CSO O&M plan provided and implemented. Y
- e) CSOs monitored and reported in accordance with permit..... Y
- f) Portable pumps are used to relieve system N
- g) Lift station alarms provided and maintained..... Y
- h) Lift stations equipped with permanent standby power or equivalent..... Y
- i) Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection. Y*
- j) Any complaints received since last inspection of basement flooding Y^
- k) Are any portions of the sewer system at or near capacity..... N#
- l) Are operations changed during high-flow events? Y**

Comments: **LTCP compliance schedule work is ongoing and done in a timely fashion. ^3 WIB reports over the last year. The annual SSO report submitted to the agency addresses these events. #Sewer System Evaluation report will be submitted to the agency very soon to address this question. **EQ basin fills during rain events.*

SECTION I: SLUDGE MANAGEMENT

- a) Sludge adequately disposed Y
 Method: *Lime stabilized and land applied*
- b) If sludge is incinerated, where is ash disposed of..... NA
- c) Is sludge disposal contracted..... Y
 Name: *Synagro*
- d) Has amount of sludge generated changed significantly..... Y*
- e) Adequate sludge storage provided at plant..... Y
- f) Records kept in accordance with State and Federal law Y
- g) Any complaints received last year regarding sludge N
- h) Is sludge adequately processed (digestion, pathogen control) Y

Comments: **Decreased about 6% due to operations at the new Upper Hocking WWTP.*

SECTION J: SELF-MONITORING PROGRAM

- a) Primary flow measuring device operated and maintained..... Y
 Type of device: *Radar* Device location: *Effluent flume*
- b) Calibration frequency adequate Y
 Date of last calibration: *signal checked weekly*
- c) Secondary instruments operated and maintained..... Y
- d) Flow measurements equipment adequate to handle full range of flows.... Y
- e) Actual flow discharged is measured..... Y
- f) Flow measuring equipment inspection frequency Daily
- g) Sampling location(s) are as specified by permit..... Y
- h) Parameters and sampling frequency agree with permit Y
- i) 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: **Electronic*

SECTION K: Laboratory

- a) EPA applicable analytical testing procedures used (40 CFR 136.3)..... Y
- b) If alternate procedures are used, are they properly approved? NA
- c) Analysis performed more frequency Y
 If yes, are results recorded in permittee's report? Y
- d) Commercial laboratory used:
 Name: *Test America*
 Parameters analyzed: *LL Hg, Cyanide, sludge metals*
- e) Quality assurance manual provided and maintained Y
- f) Calibration and maintenance of instruments is satisfactory? Y*
- g) Results of last U.S. EPA quality assurance NA
 Date:

Comments: **See attached general lab criteria form.*

SECTION L: EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall Number	Outfall sign in place	Oil Sheen	Grease	Turbidity	Foam	Solids	Color	Other
001	Yes	No	No	No	No	No	Clear	
014	NE	No	No	No	No	No	NA	No flow
019	NE	No	No	No	No	No	NA	No flow
026	NE	No	No	No	No	No	NA	No flow

Comments:

SECTION M: 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 NA
- 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:

General Lab Criteria

Criteria	Standard Methods Requirement		Acceptable?	Rating
Balance				
• Standard Weights	• Either NIST Class S or ASTM/ANCI Class 1 weights ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Calibration verification required at least once each day the balance is used. ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) ¹	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments : * ANNUAL CALIBRATION TO BE DONE IN MARCH.				
Criteria	Standard Methods Requirement		Acceptable?	Rating
Drying Oven (Suspended Solids)				
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ²	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature accurate to 0.5° Celsius ⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° C ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments :				

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Calibration verification required at least once each day the balance is used. ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) ¹	<input checked="" type="checkbox"/> Yes [*]	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: :

* ANNUAL CALIBRATION TO BE DONE IN MARCH.

Criteria	Standard Methods Requirement		Acceptable?	Rating
Drying Oven (Suspended Solids)				
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ²	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature accurate to 0.5° Celsius ⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° C ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature checked / recorded daily ² (CBOD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (CBOD) is 20° C ±1.0 ^o 12	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ^o 22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Logbook maintained ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature correction information posted on incubator ¹	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Temperature Log (thermometer accurate to 0.5 Celsius). ¹	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Other	• Thermometer held in water bath. ¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius. ¹³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages. ¹⁴	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

General Lab Criteria

Criteria	Standard Methods Requirement		Acceptable?	Rating
Incubator (CBOD/ E-Coli)				
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use ¹ (E-Coli)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature checked / recorded daily ² (CBOD)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (CBOD) is 20° C ±1.0 ° ¹²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ° ²²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature correction information posted on incubator ¹	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature Log (thermometer accurate to 0.5 Celsius). ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: :

Criteria	Standard Methods Requirement		Acceptable?	Rating
Refrigerator				
• Temperature Recordkeeping	• Temperature Log (thermometer accurate to 0.5 Celsius). ⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer held in water bath. ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius. ¹³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages. ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Sample Collection/Handling				
• 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 type="checkbox"/> Yes ¹⁴	<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 ¹⁴	<input type="checkbox"/> No	

Comments:

* ALL SINKS ARE DEDICATED TO ONE AREA & NOT INTERCHANGEABLE
 ** WORK OF IR COMPUTERIZED MAINTENANCE PROGRAM.

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Documentation	• Log book being maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Bench sheets				
• 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

General Lab Criteria

Criteria	Standard Methods Requirement		Acceptable?	Rating
Sample Collection/Handling				
• 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 type="checkbox"/> Yes ¹⁴	<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 ¹⁴	<input type="checkbox"/> No	

Comments:

* NA SAMPLES ARE EXPECTED TO BE ADDED & NOT INTERCHANGE

** WORK ORDER COMPUTERIZED MAINTENANCE PROGRAM.

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

Comments:

Criteria	Standard Methods Requirement		Acceptable?	Rating
Bench sheets				
• General criteria	• Date(s) ¹	<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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Thermometer scaled to 0.1° Celsius and accurate to 0.5° C ⁵	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Log book being maintained ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
Number of Criteria Rated:			
			Acceptable
			Marginal
			Unacceptable
			Total Number of Areas Rated
<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:	<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

- | | |
|----------------------------|------------------------------|
| 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 |

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
• General Criteria	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Thermometer scaled to 0.1° Celsius and accurate to 0.5° C ⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Number of Criteria Rated:	Acceptable	
	Marginal	
	Unacceptable	
	Total Number of Areas Rated:	

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).

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).

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).

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
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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 |