



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

April 24, 2013

Re: Belmont County
Bethesda WWTP
Compliance Evaluation Inspection
Ohio EPA Permit 0PB00001*GD
NPDES Permit OH0021121
Correspondence (PWW)

Mayor and Council
Village of Bethesda
P.O. Box 95
Bethesda, Ohio 43719

Dear Mayor and Council Members:

On April 2, 2013, Tim Campbell and I conducted a Compliance Evaluation Inspection (CEI) at the Village of Bethesda wastewater treatment plant (WWTP). John Bates and Dave Green were present for the inspection. The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of the NPDES permit, federal number OH0021121, state number 0PB00001*GD. Wastewater samples were not taken. A copy of the inspection report form is attached.

Based on the inspection and file review, the following comments/problems were noted as a result of the inspection:

1. A review of the facility's discharge monitoring reports (DMRs) from July 2011 to present shows 4 permit limit effluent violations. These violations occurred in September 2012. Mr. Bates indicated this was the result of a change in flow patterns for maintenance on the clarifiers.
2. Currently the treatment plant does not have any standby power available in the event of a power loss. In accordance with Ten States Standards, Section 56.1, all plants shall be equipped with an alternate source of power to allow continuity of operation during power failures. Submit a plan with a timeframe to address this deficiency.
3. Based on the operator's log book and discussions with Mr. Bates and Mr. Green, the village is not meeting the minimum staffing hours for the WWTP. In accordance with Ohio Administrative Code 3745-7-04 and the Part II, Item A of the NPDES permit, Bethesda WWTP is classified as a Class II facility. A Class II facility is required to be staffed by a Class II operator and physically present at

4. the facility for 5 days a week for a minimum of 20 hours per week. Mr. Bates is classified as a Class II operator and Mr. Green is a Class I operator. According to past log book entries, Mr. Bates is present at the facility 5 days a week for 15 hours. The village shall either apply for a staffing reduction with this agency or a Class II operator must be present at the facility for a minimum of 20 hours per week. I have included a minimum staffing reduction request plan with this letter. If the village chooses to continue to staff the WWTP as it has in the past, this form must be submitted to Ohio EPA at the address on the top of the form. Please provide me an update as to which option the village intends to select to address this staffing deficiency.
5. There is one (1) pump station within the collection system. This pump station currently does not have an operational alarm or indicator to determine high water conditions, pump failure, sanitary sewer overflows, or any other pump station malfunctions. In accordance with Ten States Standards, Item 46, "Alarm systems with a backup power source shall be provided for pumping stations." Submit a plan with a timeframe to address this deficiency at the pump station.
6. The treatment plant is not equipped with a 24-hour recording device. In accordance with Ten States Standards, Item 56.62, "Indicating, totalizing, and recording devices shall be provided for all mechanical plants." Submit a plan with a timeframe to address this deficiency.
7. The two final clarifiers showed a moderate buildup of solids and algae on the weirs and baffles. Cleaning of the weirs and baffles should be done as needed to prevent buildup of algae on the weirs and trough which may lead to solids violations. The operator must document in log book when cleaning occurs.
8. The effluent sampler appears to be flow proportioned; however, no thermometer was present in the refrigerator. The samples are to be kept at 4 degrees Celsius in accordance with regulation 40 CFR 136. A thermometer held in a water bath must be present to verify the effluent sampler refrigerator is maintaining proper temperature.
9. According to Part II, Item Q of the NPDES permit, the village shall post a permanent marker on the stream bank at each outfall. During this inspection, no signage was observed along the stream bank of Bend Fork. In your response to this letter, please indicate when the permanent marker will be installed on the stream bank.
10. At the time of the inspection, it was not known as to when the ultrasonic flow meter was calibrated. Flow meters shall be calibrated annually. Provide the date as to when the flow meter was last calibrated. If the flow meter has not been calibrated within the last year or if it is not known as to when the flow meter was last calibrated, provide a date as to when the flow meter will be calibrated.

Please respond to comments 2 through 9 above within 30 days of the date of this letter. If there are any questions, please contact me at (740) 380-5416 or nick.hammer@epa.ohio.gov.

Sincerely,



Nicholas G. Hammer
Environmental Specialist
Division of Surface Water

NH/dh

Enclosure

c: Jeremy Campbell, Administrator, Village of Bethesda
c: John Bates, Operator of Record



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
0PB00001*GD	OH0021121	April 2, 2013	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Bethesda WWTP 63451 Waterworks Road Bethesda, Ohio 43719	10:00 a.m.	December 1, 2012
	Exit Time	Permit Expiration Date
	12:15 p.m.	November 30, 2017
Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)	
John Bates, Operator of Record Dave Green, Operator	(740) 581-0253 (740) 391-3182	
Name, Address, and Title of Responsible Official	Phone Number	
Village of Bethesda P.O. Box 95 Bethesda, Ohio 43719		

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

Section D: Summary of Findings (attach additional sheets if necessary)			
See attached letter			
Inspector		Reviewer	
Date		Date	
4-24-13		4/25/13	
Nicholas G. Hammer Division of Surface Water Southeast District Office		Jennifer M. Witte Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office	

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..... 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..... Y
- (f) Permittee is in compliance with schedule..... Y
- (g) Has biomonitoring shown toxicity in discharge since last inspection..... N/A

Comments/Status:

Compliance schedule contained in current NPDES permit for Infiltration/Inflow (I/I) control.

Section G: Operation and Maintenance

Treatment Works:

Treatment facility properly operated and maintained

- (a) Standby power available generator or dual feed N
 - i. What does the back-up power source operate

N/A
 - ii. How often is the generator tested under load

N/A

- (b) Which components have an alarm system available for power or equipment failures
Clarifiers and Chlorine Contact Chamber Y
- (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.)
Calendar Y
- (e) Any major equipment breakdown since last inspection Y
- (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:

All three RAS pumps have been replaced.

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) 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)
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 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:

Need to submit staffing reduction plan if Class II Operator is present only 15 hours per week.

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..... 0
- (b) Any chronic collection system overflows since last inspection N
- (c) Regulatory agency notified of all overflows Y
- (d) Are there CSOs in the collection system N
 If so, what is the LTCP status

N/A
- (e) How are CSOs monitored (chalk, block, level sensor, etc.)

N/A
- (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:

There is one lift station in the collection system. The lift station must be equipped with an operable alarm and standby power (permanent or generator) shall be provided to run lift station when power is not available.

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 checked="" 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 Y
- (f) 5/8" screen at headworks for facilities that land apply sludge Y
- (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:

Screen is located at headworks and before clarifier.

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
 Date of last calibration
- (c) 24-hour recording instruments operated and maintained N
- (d) Flow measurement equipment adequate to handle full range of flows Y
- (e) All discharged flow is measured Y

Comments/Status:

Date of calibration unknown during inspection. 24-hour recording instruments are not present.

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:

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 |
| <ul style="list-style-type: none"> • Title • Scope and Application • Summary • Sample Handling & Preservation • Interferences • Apparatus and Materials • Reagents | <ul style="list-style-type: none"> • Procedure • Calculations • Quality Control • Maintenance • Corrective Action • Reference (Parent Method) |

Note: Standard Methods 1020A establishes that "Quality assurance (QA) is the definitive program for laboratory operation that specifies the measure required to produce defensible data of known precision and accuracy. Standard operating procedures are to be used in the laboratory in sufficient detail that a competent analyst unfamiliar with the method can conduct a reliable review and/or obtain acceptable results." SOPs should be developed for each analytical procedure.

- | | |
|---|-----|
| (c) EPA approved analytical testing procedures used (40 CFR 136.3)..... | Y |
| (d) If alternate analytical procedures are used, proper approval has been obtained | N/A |
| (e) Analyses being performed more frequently than required by permit..... | N |
| (f) If (e) is yes, are results in permittee's self-monitoring report..... | N/A |
| (g) Satisfactory calibration and maintenance of instruments/equipment (see score from GLC page) | N |
| (h) Commercial laboratory used..... | Y |
- Parameters analyzed by commercial lab: **All but BOD, TSS, pH, DO, Chlorine, & Temperature**
 Lab name: **TCCI**

Discharge Monitoring Report Quality Assurance (DMRQA)

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

N/A

Comments/Status:

<p>Further review of the lab procedures will be conducted during future inspection. Calibration logs need to be kept for all equipment. A copy of the general lab checklist was left with Mr. Bates. Please review and verify all procedures are being followed.</p>
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Section J: Effluent/Receiving Water Observations

Outfall #: **001**

Outfall Description: **Clear, No odor**

Receiving Stream: **Bend Fork**

Receiving Stream Description: **Algae growth near outfall, small flow in 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:



Environmental
Protection Agency

Division of Surface Water
Operator Certification – Wastewater

Division of Surface Water – OpCert
50 W. Town Street, Suite 700
P.O. Box 1049
Columbus, Ohio 43216-1049
Send To:

Minimum Staffing Hour Reduction Request Plan - WWTP

Applicant			
Facility Name:			
Mailing Address:			
City:	State:	Zip:	
Facility Contact:			
Contact Title:			
Phone:	() -	Fax: () -	E-mail :

Facility Information	
NPDES Permit Number:	
NPDES Permit Renewal Date:	/ /
Facility Classification:	<input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV
Operator of Record(s) (ORC):	Certification #:
	Certification #:
Back-up Operator:	Certification #:
	Certification #:

Note: Please provide updated Operator of Record Form with request.

Staffing Level Reduction Option (Table A: 3745-7-04)				N/A	<input type="checkbox"/>
Classification	5 Hour Reduction	10 Hour Reduction	15 Hour Reduction	20 Hour Reduction	
II	There is a Class I operator onsite at the WWTP 3 hrs/day, 5 days/wk	There is a Class I operator onsite at the WWTP 4 hrs/day, 5 days/wk	Option Not Available	Option Not Available	
	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>			
III	There is another operator certified at a level no more than 2 classes below that of the WWTP 2 hrs/day, 5 days/wk	There is another operator certified at a level no more than 2 classes below that of the WWTP 4 hrs/day, 5 days/wk	There is another operator certified at a level no more than 2 classes below that of the WWTP 6 hrs/day, 5 days/wk	There is another operator certified at a level no more than 2 classes below that of the WWTP 8 hrs/day, 5 days/wk	
	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>			
IV	There is another operator certified at a level no more than 2 classes below that of the WWTP 2 hrs/day, 5 days/wk	There is another operator certified at a level no more than 2 classes below that of the WWTP 4 hrs/day, 5 days/wk	There is another operator certified at a level no more than 2 classes below that of the WWTP 6 hrs/day, 5 days/wk	There is another operator certified at a level no more than 2 classes below that of the WWTP 8 hrs/day, 5 days/wk	
	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>			

Note: Provide list of all certified operators w/ classification # & work schedule with request.

Automation or Continuous Monitoring Level Reduction Option (Table B: 3745-7-04) N/A

Classification	5 Hour Reduction	10 Hour Reduction	15 Hour Reduction	20 Hour Reduction
II	WWTP has SCADA equipment for monitoring permit requirements (pH, flow, chlorine residual, turbidity, DO, and temp)	WWTP is automated with continuous monitoring.	Option Not Available	Option Not Available
	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>		
III	WWTP has SCADA equipment for monitoring permit requirements (pH, flow, chlorine residual, turbidity, DO, and temp)	WWTP is automated with continuous monitoring.	WWTP is automated with continuous monitoring; WWTP must have personnel onsite at facility or electronic notification system that notifies ORC when problems occur at WWTP.	WWTP is automated with continuous monitoring & electronic notification system or certified operators on each shift that will notify the ORC when problems at WWTP occur; WWTP must also have ability to operate remotely or have certified operator respond within 30 min
	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>
IV	WWTP has SCADA equipment for monitoring permit requirements (pH, flow, chlorine residual, turbidity, DO, and temp)	WWTP is automated with continuous monitoring.	WWTP is automated with continuous monitoring; WWTP must have personnel onsite at facility or electronic notification system that notifies ORC when problems occur at WWTP.	WWTP is automated with continuous monitoring & electronic notification system or certified operators on each shift that will notify the ORC when problems at WWTP occur; WWTP must also have ability to operate remotely or have certified operator respond within 30 min
	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>	Option Chosen <input type="checkbox"/>

Automation / Continuous Monitoring (Use additional Sheet if necessary)

Please describe the SOP & calibration frequency for continuous monitoring equipment:

Total Hour Request

Designate what option(s) was used to determine hours and total number of hours requested per option.

<input type="checkbox"/> Staffing Level Hours:	hrs.
<input type="checkbox"/> Automation or Continuous Monitoring Level Hours:	hrs.
Total Hours Requested:	hrs.
Signature:	Date: / /