



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

Re: Allen County
Delphos WWTP
NPDES Permit

August 28, 2013

Mr. Todd Teman
WWTP Superintendent
City of Delphos
608 North Canal Street
Delphos, Ohio 45833

Dear Mr. Teman:

On August 13, 2013, a compliance evaluation inspection of the City of Delphos's wastewater treatment plant (WWTP) was conducted. The plant is located at 24793 Pohlman Road, Delphos, Van Wert County. You and Mr. James Kimmett, Jr. were present and provided operation and maintenance information. Mr. Justin Williams from Ohio EPA was present during the inspection. At the time of the inspection, the discharge from the WWTP was clear, colorless, and had no odor.

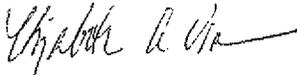
A laboratory review was also conducted. It was noted that the City does not analyze any reported parameters at its laboratory. A contract laboratory is used to analyze all reported parameters. The City's sample collection/handling procedures were reviewed and found to be acceptable.

As noted in our inspection report, the City submitted a compliance schedule report late. We advise the City to review its National Pollutant Discharge Elimination System (NPDES) permit to ensure that all personnel involved are aware of the remaining compliance schedule due dates. We also understand that a significant revenue source for the City will be leaving the area. It has been indicated that the City may have difficulties meeting future compliance schedule milestones. If the City wishes to discuss any issues with the current schedule of compliance, please contact our office as soon as possible.

Mr. Todd Teman
August 28, 2013
Page Two

The detailed inspection reports are enclosed for your review. If there are any questions, please contact Mr. Justin Williams at (419) 373 – 3022. Please direct any sludge specific questions to Mr. Andrew Gall at (419) 373 – 3003.

Sincerely,



Elizabeth A. Wick, P.E.
Environmental Engineer/Section Manager
Division of Surface Water

JAW/jlm

Enclosures

pc: Mayor and Council

ec: Inspection Tracking



State of Ohio Environmental Protection Agency
Northwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
2PD00029	OH0024929	08/13/2013	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Delphos WWTP 24793 Pohlman Road Delphos, OH 45833	9:00 am	December 1, 2012
	Exit Time	Permit Expiration Date
	1:15 pm	November 30, 2017
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Todd Teman – Wastewater Superintendent	(419) 692 – 0991	
Name, Address and Title of Responsible Official	Phone Number	
Mayor and Council 608 N. Canal St. Delphos, OH 45833	(419) 695 – 5102	

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

Section D: Summary of Findings (Attach additional sheets if necessary)	
Inspector	Reviewer
 Justin A. Williams Environmental Specialist II Division of Surface Water Northwest District Office	 Thomas Poffenbarger, P.E. Water Quality Engineer II/Unit Supervisor Division of Surface Water Northwest District Office
Date 08/21/13	Date 8/22/13

Sections E thru K: Complete on all inspections as appropriate
Y – Yes, N – No, N/A – Not Applicable, N/E – Not Evaluated

Section E: Permit Verification

Inspection observations verify the permit

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

Comments/Status:

Section F: 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) Compliance schedule contained in | <div style="border: 1px solid black; padding: 2px; display: inline-block;">NPDES permit</div> |
| (e) Permittee is meeting compliance schedule..... | N |

Comments/Status:

Compliance (b): D.O. violations occurred. Plant is not in SNC.
Compliance (e): City missed a compliance milestone. The document required by the schedule of compliance was prepared but not submitted. The document was submitted to Ohio EPA during this inspection.

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained

- (a) Standby power available.....generator or dual feed Y
- (b) Adequate alarm system available for power or equipment failures.. Y
- (c) All treatment units in service other than backup units..... Y
- (d) Wastewater Treatment Works classification (OAC 3745-7)..... III
- (e) Operator of Record holds unexpired license of class required by permit..... Y
 Class: III
- (f) Copy of certificate of Operator of Record displayed on-site..... Y
- (g) Minimum operator staffing requirements fulfilled (OAC 3745-7)... Y
- (h) Routine and preventative maintenance scheduled/performed... Y
- (i) Any major equipment breakdown since last inspection..... N
- (j) Operation and maintenance manual provided and maintained..... Y
- (k) Any plant bypasses since last inspection..... N
- (l) Regulatory agency notified of bypasses..... N/A
 On MORs and/or Spill Hotline (1-800-282-9378)
- (m) Any hydraulic and/or organic overloads since last inspection..... N

Record Keeping:

- (a) Log book provided..... Y
- (b) Format of log book (i.e. computer log, hard bound book)

Hard bound documents.
- (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)... Y
 - V. Identification of person making log entries..... Y
- (d) Has the operator of record submitted written notification 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

Section G: Operation & Maintenance (con't)

Collection System:

- (a) Percent combined system: 70%
- (b) Any collection system overflows since last inspection..... Y
(CSO and/or SSO)
- (c) Regulatory agency notified of overflows (SSOs)..... Y
- (d) CSO O&M plan provided and implemented..... Y
- (e) CSOs monitored and reported in accordance with permit..... Y
- (f) Portable pumps used to relieve system..... Y
- (g) Lift station alarms provided and maintained..... Y
- (h) Are 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..... N
- (j) Any complaints received since last inspection of basement flooding N
- (k) Are any portions of the sewer system at or near capacity..... N

Comments/Status:

Treatment Works (c): MBR unit #3 is out of service.
Treatment Works (e): Three Class III operators and two Class I operators.
Treatment Works (g): Approved staffing hour reduction of 30 hours.
Treatment Works (h): Antero computer program is used to schedule and track routine preventative maintenance.
Treatment Works (i): Still having ongoing issues with membrane units.
Record Keeping (d)(II): Time cards are kept separate from logbook.
Record Keeping (d)(IV): Laboratory results kept on bench sheets.

Section H: Sludge Management

- (a) Sludge management plan (SMP)
Submitted date: _____ Approval #: _____ Not submitted N/A
- (b) Sludge management plan current..... N/A
- (c) Sludge adequately disposed..... Y
(Method: Class A land application)
- (d) If sludge is incinerated, where is ash disposed of: N/A
- (e) Is sludge disposal contracted..... N
(Name: Various local farmers)
- (f) Has amount of sludge generated changed significantly since
last inspection..... N
- (g) Adequate sludge storage provided at plant..... Y
- (h) Land application sites monitored and inspected per SMP..... N/E
- (i) Records kept in accordance with State and Federal law..... Y
- (j) Any complaints received in last year regarding sludge..... N
- (k) Is sludge adequately processed (digestion, pathogen control)..... Y

Comments/Status:

Sludge Management (k): ATAD.

Section I: Self-Monitoring Program

Flow Measurement:

- (a) Primary flow measuring device operated and maintained..... Y
Type of device: Ultrasonic & Parshall flume Ultrasonic & Weir Weir
Calculated from influent Other (Specify: Magmeter)
- (b) Calibration frequency adequate Y
(Date of last calibration: Daily)
- (c) Secondary instruments operated and maintained..... Y
- (d) Flow measurement equipment adequate to handle full range
of flows..... Y
- (e) Actual flow discharged is measured..... Y
- (f) Flow measuring equipment inspection frequency
 Daily Weekly monthly other

Comments/Status:

Flow Measurement (c): SCADA system.

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

Sampling:

- (a) Sampling location(s) are as specified by permit..... Y
- (b) Parameters and sampling frequency agree with permit..... Y
- (c) Permittee uses required sampling method..... Y
(see GLC page 5 and 8)
- (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

Laboratory:

General

- (a) Do you have written Standard Operating Procedures (SOP's) for all analysis performed onsite? Y
- (b) Do SOP's include the following if applicable:
 - Title
 - Scope and Application
 - Summary
 - Sample Handling and Preservation
 - Interferences
 - Apparatus and Materials
 - Reagents
 - Procedure
 - Calculations
 - Quality Control
 - Maintenance
 - Corrective Action
 - Reference (Parent Method)

Note: SOP's are required per Standard Methods 1020A and states "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."

- (c) EPA approved analytical testing procedures used for all analysis (40 CFR 136.3, see GLC page 8). 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

Quality Control/Quality Assurance

- (g) Quality assurance manual provided and maintained..... Y
- (h) Satisfactory calibration and maintenance of instruments/equipment. Y
(see score from GLC page 7)
- (i) Results of latest USEPA quality assurance performance sampling program: Satisfactory Marginal Unsatisfactory

Date: N/A

- (j) Commercial laboratory used..... Y
 Parameters analyzed by commercial lab: All parameters.

Lab name: Alloway

Comments/Status:

Section J: Effluent/Receiving Water Observations

Outfall Number	Outfall sign in place?	Oil sheen	Grease	Turbidity	Foam	Solids	Color	Odor
001	Y	N	N	N	N	N	N	N

Comments/Status:

Section K: Multimedia Observations

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

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

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

Comments/Status:

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Balance				
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Calibration verification required at least once each day the balance is used. ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Service and recalibrate annually (manufacturer representative or comparable) ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Must be able to measure to 0.1 grams ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Drying Oven (Suspended Solids)				
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book maintained ⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2} . Correction factor posted on thermometer / equipment ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer temperature in 0.1° C increments ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range is 103° – 105° F ⁴	<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
pH Meter				
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook maintained ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Minimum of 2 point calibration	• Calibration per manufacturer specification and calibration buffers must bracket anticipated result ⁷	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Slope acceptable range indicated on benchsheet ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Buffer Expiration Date	• Buffers must not be expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Dissolved Oxygen Meter				
• Calibration Method	• Air or known DO calibration method ¹⁰	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration per manufacturer specification ¹⁰	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Logbook maintained ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration verification required at least once each day the meter is used. ³	<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) ¹¹	<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
Incubator (CBOD/ E-Coli)				
• Temperature Recordkeeping	• Temperature checked / recorded twice daily for each shelf in use ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (CBOD) is 20° C ±1.0 ^{o12}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ^{o22}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook maintained ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature correction information posted on incubator ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 ml), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) ²³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius). ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Refrigerator				
• Temperature Recordkeeping	• Temperature Log (thermometer reads to 0.1 Celsius). ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Thermometer held in water bath. ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Refrigerator temperature ≤6° Celsius. ¹³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Do not store volatile solvents, food, or beverages. ¹⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

Comments:				
Criteria	Standard Methods Requirement			Rating
Chlorine Meter			Acceptable?	
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Calibration using three iodate solutions 0.2, 1.0, 5.0 milliliters or calibration per manufacturer specification ¹⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Documentation / Acceptability	• Calibration curve (acceptable slope)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained. ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				
Criteria	Standard Methods Requirement			Rating
Ammonia Meter			Acceptable?	
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope acceptability	• Verify calibration slope is acceptable (per mfg. spec.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Calibration Method	• Standards used for calibration (3 ammonia solutions of 10 mg/l, 1 mg/l, and 0.1 mg/l) or per mfg. spec. ¹⁷	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				
Criteria	Standard Methods Requirement			Rating
Sample Collection/Handling			Acceptable?	
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
• Chain of Custody	• Chain of custody (description, date, time, signature). ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

• Other	• Composite samples refrigerated during sample collection ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: *All testing is performed by a contract laboratory. If an equipment blank is needed, contract laboratory will run blank during analysis.*

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

Comments:

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

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Hot Water Bath (Fecal Coliform/E. Coli)				
• Temperature Recordkeeping	• Temperature Log (thermometer reads 0.2° C) ²¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Incubator temperature 44.5° C ± 0.2° ^{21/24}			
• Temperature Calibration / Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Log book being maintained ⁹	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Water Level	• Thermometer total immersion or partial (line on thermometer to ID immersion depth) ^{1,5}	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Criteria	Standard Methods Requirement	Acceptable?		Rating
Autoclaves/Steam Sterilizers				
• All apparatus utilized is adequately sterilized before use	• Sterilizing temperature 121° C ²⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• 10 to 30 minutes time based on material being sterilized ²⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

<ul style="list-style-type: none"> • Documentation 	<ul style="list-style-type: none"> • Verify the autoclave temperature weekly by using a maximum registering thermometer (MRT) to confirm that 121°C has been reached as measured in the exhaust. ¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Date, contents, sterilization time and temperature, total time in autoclave, and analyst's initials should be recorded each time the autoclave is used ¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Temperature Calibration / Documentation 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer ^{1,2} 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained ⁹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> • Performance Checks 	<ul style="list-style-type: none"> • Test monthly for efficacy using a biological such as commercially available <i>Geobacillus stearothermophilus</i> in spore strips, suspensions, or capsules ¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments:

Number of Criteria Rated:	Acceptable	1
	Marginal	0
	Unacceptable	0
Total Number of Areas Rated		1

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:	<ul style="list-style-type: none"> >60% of ratings are Marginal >45% of ratings are a combination of Marginal or Unacceptable >30% of ratings are Unacceptable
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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 H_2SO_4 to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	28 d
TRC	P, G	500	G	Analyze immediately	0.25h	0.25 h
DO (electrode)	G, BOD Bottle	300	G	Analyze immediately	0.25h	0.25 h
Temperature	P, G	--	G	Analyze immediately	0.25h	0.25 h
Metals, general	P, G	1000	G, C	For dissolved filter immediately and add HNO_3 to pH <2	6 months	6 months
Purgeables by purge and trap	G (PTFE lined lid)	40 (X2)	G	HCl to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	7 d	14 d
Base/Neutrals and acids	G (solvent rinsed or baked)	1000	C, G	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Pesticides	G (PTFE lined lid)	1000	C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Fecal Coliform / E-Coli	G, P (Sterilized)	100	G	Refrigerate $\leq 10^{\circ}\text{C}$ If chlorine present, add sodium thiosulfate tablet	6 hrs transport Start analysis within 2 hrs of receipt in lab.	
Oil and Grease	G	1000	G	HCl or H_2SO_4 to pH <2, Refrigerate $\leq 6^{\circ}\text{C}$	28 d	28 d

General Lab Criteria

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

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

158-R0035

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	Fence around WWTP.
	Bypasses	NA	601 bypass converted to a CSO.
	Stormwater Overflows	NE	
	Alternate Power Source	S	Three generators. Tested weekly. Put under load monthly. One out for service.
Preliminary	Maintenance of Collection Systems	NE	
	Pump Station	NE	
	Ventilation	NE	
	Bar Screen	IN	Prior to influent pumps.
	Fine Screen	IN	Two units. 3mm screens. 18 MGD capacity each.
	Disposal of Screenings	S	Landfill.
	Grit/Grease Removal	IN	One aerated tank for grit. A second non-aerated tank for grease.
	Disposal of Grit/Grease	S	Landfill.
	Septage Receiving Station	IN	Unit consists of a comminutor, screen, and auger. Solids to landfill.
	Plant Lift Station	IN	Pumps recycle, restroom, and septage water to head of plant.
Primary			
Sludge Disposal	Digesters	IN	Two ATAD reactors.
	Temperature and pH	NE	
	Gas Production	NE	
	Heating Equipment	IN	Heat Exchanger
	Belt Filter Press/Belt Thickener	IN	Two units. One operated as a press and the other operated as a thickener.
	SNDR Tank	IN	ATAD sludge storage tank.
	Dry Cake Storage	IN	One building.
	Sludge Pumps	IN	Jet recycle, WAS, thickened, digested, and foam transfer pumps.
	Blower Motors	IN	Three units in service, one on standby.
	Disposal of Sludge	S	Class A land application.
Other	Flow Meter and Recorder	IN	Magmeter.
	Records	NE	
	Lab Controls	S	
	Chemical Treatment	IN	Alum, polymer, sodium hypochlorite, and oxalic acid.
	Automatic Samplers	IN	Raw and final units.
Secondary-Tertiary	Anoxic Basins	IN	Five units. Flow to pre-aeration tanks.
	Pre-Aeration Tanks	IN	Five units. Flow to membrane biological reactors.
	Membrane Biological Reactors	IN	Five units. Two membrane cassettes in each unit, stacked on each other.
	Turbo Blower Motors	IN	Six units.
	Pre-Aeration Blower Motors	IN	Three units.
	Permeate Pumps	IN	Five pumps, one for each membrane biological reactor.
Disinfection	Disinfection System	IN	UV system.
	Contact Tank	NE	
	Post Aeration	IN	Diffused air.
	Effluent	S	Clear, colorless, with no noticeable odor.