



Re: Allen County
Bluffton WWTP
NPDES Permit

October 2, 2013

Mr. Dan Bowden
WWTP Superintendent
Village of Bluffton
P.O. Box 63
Bluffton, Ohio 45817

Dear Mr. Bowden:

On September 25, 2013, a compliance evaluation inspection of the Bluffton wastewater treatment plant (WWTP) was conducted. The plant is located at 450 North Spring Street, Bluffton, Allen County. You and Mr. John Bowers were present and provided operation and maintenance information. Mr. Justin Williams was present from Ohio EPA. At the time of the inspection, the discharge from the WWTP was clear, colorless, and had no noticeable odor. The detailed inspection reports completed during the inspection are enclosed for your review.

During the inspection, it was again observed that the Operator of Record logbook does not indicate the arrival/departure times of the operator(s). This was previously documented in our July 5, 2012, inspection. It was indicated that daily timecards are kept, but they were not available at the WWTP. Please review Ohio Administrative Code (OAC) 3745-7-09 for details regarding arrival/departure time requirements as keeping daily timecards may not meet those requirements. During our discussion regarding the operator of record logbook requirements, you asked that we send you a staffing hour reduction request form. That form is enclosed for your use.

Also during the inspection, it was noted that the dissolved oxygen meter is being calibrated once per week and should be calibrated once each day that it is used. Standard Operating Procedures (SOP) for the two analysis being performed at the WWTP were made available; however, we recommend that you review Standard Method 1020A to ensure that all of the required information is present in your SOPs and update them accordingly. An SOP for the cleaning of laboratory equipment should also be developed. This requirement was also documented in our July 5, 2012, inspection.

If there are any questions, please call 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
2PC00005	OH0020851	09/25/2013	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Bluffton Wastewater Treatment Plant 450 North Spring Street Bluffton, OH 45817	9:00 am	November 1, 2011
	Exit Time	Permit Expiration Date
	10:30 am	July 31, 2016
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Dan Bowden, WWTP Superintendent Mr. John Bowers – Service Employee	(419) 358 – 2056 (419) 358 – 2016	
Name, Address and Title of Responsible Official	Phone Number	
Mayor and Council, Village of Bluffton 154 North Main Street P.O. Box 63 Bluffton, OH 45817	(419) 358 – 2066	

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	S	Flow Measurement	N	Pretreatment
U	Records/Reports*	M	Laboratory**	N	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)	
<p>*Operator of Record logbook did not contain arrival and departure times of Operator of Record. Separate timecards are kept, but were not available at the WWTP. More detail for the daily operation and maintenance activities should be included.</p> <p>**D.O. meter should be calibrated at least once each day it is used. Currently it is calibrated only once per week. An SOP for cleaning of laboratory equipment should be developed and all laboratory SOPs should be reviewed and updated as necessary to meet the requirements of Standard Methods 1020A.</p>	
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: 10/01/13	Date: 10/1/13

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/A
- (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..... N/A
- (c) Permittee has a compliance schedule..... N
- (d) Compliance schedule contained in
- (e) Permittee is meeting compliance schedule..... N/A

Comments/Status:

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/A
- (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..... Y

Record Keeping:

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

Hard bound book
- (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..... N
 - 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: 0%
- (b) Any collection system overflows since last inspection..... N
(CSO and/or SSO)
- (c) Regulatory agency notified of overflows (SSOs)..... Y
- (d) CSO O&M plan provided and implemented..... N/A
- (e) CSOs monitored and reported in accordance with permit..... N/A
- (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..... Y
- (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 (e): Two Class III operators and one Class I operator available.
Treatment Works (m): I&I issues; no organic overloads.
Record Keeping (d)(ii): Logbook should show the arrival/departure times of Operator of Record(s).
Record Keeping (d)(iv): Laboratory results kept on bench sheets.
Collection System (g): Visual alarms maintained at lift stations.

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: Land application, Class B)
(d) If sludge is incinerated, where is ash disposed of: N/A
(e) Is sludge disposal contracted..... Y
(Name: Soil Tech)
(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 (e): Village hauls to Soil Tech and Soil Tech spreads sludge on farmer's fields.
Sludge Management (k): Sludge digested by aerobic digestion.

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: January 2013)
(c) Secondary instruments operated and maintained..... N
(d) Flow measurement equipment adequate to handle full range
of flows..... Y
(e) Actual flow discharged is measured..... N
(f) Flow measuring equipment inspection frequency
 Daily Weekly monthly other

Comments/Status:

Flow Measurement (e): Influent flows are reported as effluent flow rate.

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..... N
- (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 but pH and D.O.

Lab name: Alloway

Comments/Status:

Laboratory (a): Develop SOP's for all wastewater testing procedures conducted by Village personnel.

Section J: Effluent/Receiving Water Observations

Outfall Number	Outfall sign in place?	Oil sheen	Grease	Turbidity	Foam	Solids	Color	Other
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	NR
• 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 ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				
Drying Oven (Suspended Solids)				
Drying Oven (Suspended Solids)				
• Temperature Recordkeeping	• Temperature recorded with each use ⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
		• Log book maintained ⁶	<input type="checkbox"/> Yes	
• 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:				
pH Meter				
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	NR
		• Logbook maintained ⁹	<input type="checkbox"/> Yes	
• 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		Rating
Dissolved Oxygen Meter	Acceptable?		M
• Calibration Method	• Air or known DO calibration method ¹⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Calibration per manufacturer specification ¹⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
• Calibration Frequency / Documentation	• Logbook maintained ⁹	<input checked="" 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 checked="" type="checkbox"/> No	
• Other	• Small to no bubble present under membrane (must be smaller than the lead in number 2 pencil) ¹¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: *Meter must be calibrated at least once each day it is used. Currently the meter is only calibrated once per week.*

Criteria	Standard Methods Requirement		Rating
Incubator (CBOD/E-Coli)	Acceptable?		NR
• 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 ^{o 12}	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35° C ±0.5 ^{o 22}	<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		Rating
Refrigerator	Acceptable?		NR
• 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	Acceptable?		Rating
Chlorine Meter				
• Calibration Frequency / Documentation	• pH / millivolt meter read to 0.1 mV ¹⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
	• 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	Acceptable?		Rating
Ammonia Meter				
• Calibration Frequency / Documentation	• Calibration verification required for testing over long period of time (e.g. 12 hrs.), or after a large number of samples (every 10 samples) ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
	• 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	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	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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Logbook being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: *Develop an SOP for cleaning of sampling equipment.*

Criteria	Standard Methods Requirement	Acceptable?		Rating
Desiccator				
• General criteria	• Properly working seals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NR
	• 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Analyst initials ²	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Equations, calculations, units for all measurements, notations, and results present ²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Corrections, single line through, initialed and dated ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: *Calibration information kept in logbook. Calculations are performed by analytical equipment and not recorded on benchsheet.*

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	NR
		• 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	NR
	• 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	2
	Marginal	1
	Unacceptable	0
Total Number of Areas Rated		3

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.
	Bypasses	NA	
	Stormwater Overflows	NE	
	Alternate Power Source	S	Generator. Tested weekly. Tested under load once per six weeks.
Preliminary	Maintenance of Collection Systems	NE	Portable generator available for lift station. Spare pumps onsite.
	Pump Station	IN	Three pumps; variable speed. Lead/lag rotated weekly. Spare pump onsite.
	Ventilation	NE	
	Fine Screen	IN	One unit. Portable bar screen used as needed.
	Disposal of Screenings	S	Compactor. Sent to landfill.
	Comminutor	NA	
	Grit Chamber	IN	Vortex unit with pump.
	Disposal of Grit	S	Sent to landfill.
Primary	None.	NA	
Sludge Disposal	Aerobic Digesters	IN	Two units. Dark brown color with some tan foam. One unit on standby.
	Temperature and pH	NA	
	Gas Production	NA	
	Heating Equipment	NA	
	Sludge Pumps	IN	Two RAS/WAS pumps. Spare pump onsite.
	Drying Beds	OUT	Not used.
	Vacuum Filter	NA	
	Disposal of Sludge	S	Land application; Class B
	Belt Press	IN	Used five to six weeks per year.
Other	Flow Meter and Recorder	IN	Magmeter on influent line.
	Records	S	
	Lab Controls	S	See lab evaluation.
	Chemical Treatment	IN	Alum and polymer. Peristaltic pumping system.
	Automatic Sampler	IN	Samplers for influent and effluent.
Secondary- Tertiary List items as required	Aeration Tanks	IN	Two tanks. Medium brown color, tan foam.
	Blower Units	IN	Four units. Two in service, two on standby.
	Final Clarifiers	IN	Two tanks. Covered weirs. Clear effluent.
	Post Aeration	IN	Two tanks. Fine bubble. Clear contents.
Disinfection	Effluent	S	Clear, colorless, no odor.
	Disinfection System	IN	UV. Two units. Closed channel. Unit alternated weekly.
	Effective Dosage	NE	
	Contact Time	NE	
	Contact Tank	NA	
	Dechlorination	NA	