



**Environmental
Protection Agency**

John R. Kasich, Governor

Mary Taylor, Lt. Governor

Scott J. Nally, Director

November 30, 2011

Re: Belmont County
EORWA
Compliance Evaluation Inspection
NPDES Permit 0PQ00000*MD
Correspondence (PWW)

Board of Trustees
Eastern Ohio Regional Wastewater Authority
P.O. Box 508
Bridgeport, Ohio 43912

Dear Board Members:

On September 15, 2011, I conducted a compliance evaluation inspection at the Eastern Ohio Regional Wastewater Authority (EORWA) Treatment Plant. Mike Dobbs, Plant Superintendent, and Jeff Vaughn, Consultant, represented the facility during the inspection. The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of NPDES permit number 0PB00031*FD. A copy of the inspection report is attached.

The following comments/problems were noted as a result of the inspection:

1. **Collection System Sanitary Sewer Overflows** – Violation of ORC 6111.04

Sanitary Sewer Overflows (SSOs) are discharges of sewage from the collection system, and are unauthorized discharges which are a violation of Ohio Revised Code Chapter 6111.04. The following is a list of sanitary sewer overflows from the collection system which have occurred since January 2009:

Permit No.	Station	Parameter	Units	Date	Number of Occurrences
0PQ00000*MD	300	Overflow Occurrence	No./Month	9/1/2009	2
0PQ00000*MD	300	Overflow Occurrence	No./Month	11/1/2009	1
0PQ00000*MD	300	Overflow Occurrence	No./Month	12/1/2009	3
0PQ00000*MD	300	Overflow Occurrence	No./Month	1/1/2010	2
0PQ00000*MD	300	Overflow Occurrence	No./Month	2/1/2010	2
0PQ00000*MD	300	Overflow Occurrence	No./Month	3/1/2010	4
0PQ00000*MD	300	Overflow Occurrence	No./Month	6/1/2010	8
0PQ00000*MD	300	Overflow Occurrence	No./Month	8/1/2010	9
0PQ00000*MD	300	Overflow Occurrence	No./Month	9/1/2010	6
0PQ00000*MD	300	Overflow Occurrence	No./Month	11/1/2010	5

Permit No.	Station	Parameter	Units	Date	Number of Occurrences
0PQ00000*MD	300	Overflow Occurrence	No./Month	2/1/2011	5
0PQ00000*MD	300	Overflow Occurrence	No./Month	3/1/2011	6
0PQ00000*MD	300	Overflow Occurrence	No./Month	4/1/2011	2
0PQ00000*MD	300	Overflow Occurrence	No./Month	5/1/2011	3
0PQ00000*MD	300	Overflow Occurrence	No./Month	6/1/2011	5
0PQ00000*ND	300	Overflow Occurrence	No./Month	9/1/2011	4

Within 60 days identify the location of the overflows and provide a plan for elimination, along with a schedule for submitting permit applications, and commencing and ending construction.

2. **Operation and Maintenance** - required by Part III, Item (3) of the NPDES permit.

Laboratory – a laboratory evaluation was performed during the inspection. The laboratory check sheet is attached. The laboratory procedures were acceptable except for 2 of the 11 criteria which were rated marginal. The facility received marginal ratings for failure to have a standard operating procedure for cleaning sampling equipment and for failing to initial the bench sheets and make corrections through strike out rather than using whiteout. If there are any questions about these items please contact Steve Roberts at the Ohio EPA Division of Environmental Services (laboratory) at (614) 644-4225.

Please respond to comments 1 and 2 above, in writing, within 30 days of receipt of this notice. If you have any questions, please contact me at (740) 380-5284.

Sincerely,



Ms. Abbot Stevenson
Environmental Engineer
Permits and Enforcement Section
Division of Surface Water

AS/dh

Enclosure

c: Mike Dobbs, Operations Manager, EORWA
c: Jeff Vaughn, Vaughn, Coast and Vaughn
c: Paul Novak, Ohio EPA, DSW, CO

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PQ00000*MD	OH0049999	September 15, 2011	C	S	1

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Eastern Ohio Regional Wastewater Authority (EORWA) Guernsey Street Bellaire, Ohio	9:45 a.m.	August 1, 2001
	Exit Time	Permit Expiration Date
	2:30 p.m.	January 31, 2016

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Jeff Vaughn, Technical Advisor Mike Dobbs, Operations Manager	(740) 676-5911
Name, Address, & Title of Responsible Official	Phone Number
Board of Trustees EORWA P.O. Box 502 Bridgeport, Ohio	(740) 676-5911

C. AREAS EVALUATED DURING INSPECTION

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment
<u>S</u> Records/Reports	<u>M</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u> </u> Other
<u>U</u> Collection System		

(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

D. SUMMARY OF FINDINGS/COMMENTS (attach additional sheets if necessary)

Collection System: Sanitary Sewer Overflows - See attached letter Item 1.
Laboratory: See attached letter Item 2.



Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

11/30/11

Date



Jennifer M. Witte, Reviewer, Ohio EPA, Southeast District Office

11/30/11

Date

E. PERMIT VERIFICATION

Inspection Observations Verify the Permit	YES	NO	N/A	N/E
a. Correct name & mailing address of permittee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Correct name & location of receiving waters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Product(s) & production rates conform with permit application (industries)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Flows & loadings conform with NPDES permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treatment processes are as described in permit application/briefing memo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. New treatment process(es) added since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notification given to state of new, different, or increased discharges	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. All discharges are permitted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Number & location of discharge points are as described in permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

- h. SSOs are not permitted. See letter Item 1.
- i. Permit does not identify specific SSOs.

F. COMPLIANCE SCHEDULES/VIOLATIONS

	YES	NO	N/A	N/E
a. Any significant violations since the last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permittee is taking actions to resolve violations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Permittee has compliance schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in: <u>Consent Order (CO) & NPDES Permit</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

*Permittee is not in compliance with CO schedule. See attached letter Item (1).

G. OPERATION AND MAINTENANCE

Treatment Facility Properly Operated & Maintained	YES	NO	N/A	N/E
a. Standby power available: Generator: <input checked="" type="checkbox"/> Dual Feed: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate alarm system available for power or equipment failures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All treatment units in service other than backup units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sufficient operating staff provided: # of shifts: <u>3</u> Days/Week: <u>7</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: <u>III</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Copy of certificate of Operator of Record displayed on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Minimum operator staffing requirements fulfilled (OAC 3745-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Routine & preventive maintenance schedule/performed on time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any major equipment breakdown since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Operation & maintenance manual provided & maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Any plant bypasses since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Regulatory agency notified of bypasses: On MORS: <input type="checkbox"/> 800 No.: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Any hydraulic and/or organic overloads experienced since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

- a. Generator is not capable of powering the entire WWTP.

Record Keeping	YES	NO	N/A	N/E
a. Log book provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Log book contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Identification of treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date/Time of arrival/departure of ORC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily record of operation and maintenance activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laboratory results (unless documented on bench sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the ORC submitting written notification to Ohio EPA and permittee when a collection system overflow, treatment plant bypass or effluent limit violation has occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent: <u>100</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Any collection system overflows since last inspection: CSO: <input checked="" type="checkbox"/> SSO: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. CSO O&M plan provided and implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. CSOs monitored and reported in accordance with permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Portable pumps used to relieve system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are any portions of the sewer system at or near capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

h. 10 of 16 lift stations can be run by a backup generator.

H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: <u>Land application</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If sludge is incinerated, where is ash disposed of? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is sludge disposal contracted? Name: <u>Synagro</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has amount of sludge generated changed significantly since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adequate sludge storage provided at facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Records kept in accordance with state rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any complaints received in last year regarding sludge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is sludge adequately processed (digestion, dewatering, pathogen control) in accordance with Ohio EPA rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

I. SELF-MONITORING PROGRAM

Part 1 – Flow Measurement	YES	NO	N/A	N/E
a. Primary flow measuring device properly operated & maintained. Type of device: <input checked="" type="checkbox"/> Ultrasonic & parshall flume <input type="checkbox"/> Calculated from influent <input type="checkbox"/> Weir <input type="checkbox"/> Other <input type="checkbox"/> Ultrasonic & weir specify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: <u>9/2011</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flow measurement equipment adequate to handle expected ranges of flows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Actual flow discharged is measured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Flow measuring equipment inspection frequency: <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other				

Comments:

e. Flow meter is on influent.

f. Flow depth is measured manually once/month and compared to electronic depth measurement.

Part 2 - Sampling	YES	NO	N/A	N/E
a. Sampling location(s) are as specified by permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parameters and sampling frequency agree with permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Permittee uses required sampling method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sample collection procedures are adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Samples refrigerated during compositing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Proper preservation techniques used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conform with 40 CFR 136.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Monitoring records (e.g., flow, pH, D.O., etc.) maintained for a minimum of three years including all original strip chart recordings (e.g., continuous monitoring instrumentation, calibration, & maintenance records)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Adequate records maintained of sampling date, time, exact location, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Part 3 – Laboratory, General	YES	NO	N/A	N/E
a. Written Standard Operating Procedures (SOPs) for all analysis performed on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. EPA approved analytical testing procedures used (40 CFR 136.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If alternate analytical procedures are used, proper approval has been obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Analysis being performed more frequently than required by permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. If (c) is yes, are results reported in permittee's self-monitoring report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Commercial laboratory used: 1. Parameters analyzed by commercial lab: <u>O&G, TKN Ortho Phos, Phos, cyanide, hardness, metals, toxicity</u> 2. Lab name: <u>Belmont Labs</u>				

Comments:

Part 3 – Laboratory, Quality Control/Quality Assurance	YES	NO	N/A	N/E
a. Quality assurance manual provided and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Satisfactory calibration and maintenance of instruments and equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: Date: <u>7/1/11</u> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

Comments:

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001	None	None	None	None	None	None	

Comments:

K. MULTIMEDIA OBSERVATIONS

Collection System	YES	NO	N/A	N/E
a. Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you notice staining or discoloration of soils, pavement, or floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you notice distressed (unhealthy, discolored, dead) vegetation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you see unidentified dark smoke or dustclouds coming from sources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you notice any unusual odors or strong chemical smells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Comments:

General Lab Criteria

Facility: EORWA, 0PQ00000*MD

Criteria	Standard Methods Requirement		Acceptable?		Rating
Balance					
• Standard Weights	• Either NIST Class s or ASTM/ANSI Class 1 weights ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A	
• Calibration Frequency/ Documentation	• Calibration verification required at least once each day the balance is used ³	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
• Cleanliness, air movement, vibration	• Cleanliness of balance is a must and air movement and vibration needs to be kept to a minimum ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
• Other	• Service and recalibrate annually (manufacturer representative or comparable) ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Must be able to measure to 0.1 grams ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Log book maintained ⁶	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A	
	• Log book maintained ⁶	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
• Calibration Frequency/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2} . Correction factor posted on thermometer/equipment ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
• Other	• Thermometer temperature in 0.1°C increments ⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Acceptable temperature range is 103° – 105°F ⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Instrument manual available	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Comments: Very old - no manual available					

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A	
	• Log book maintained ⁹	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
• Slope Documentation/ Acceptability	• Slope acceptable range indicated on benchsheet ²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
• Buffer Expiration Date	• Buffers must not be expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
• Other	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Teflon covered magnetic stirrer or equivalent for mixing ⁸	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Comments:					

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Dissolved Oxygen Meter		Acceptable?		A
• 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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Incubator (CBOD/E-Coli)		Acceptable?		A
• Temperature Recordkeeping	• Temperature checked/recorded twice daily for each shelf in use ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature checked/recorded daily ² (CBOD)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (CBOD) is 20°C ±1.0° ¹²	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Acceptable temperature range (E-Coli) is 35°C ±0.5° ²²	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Logbook maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Temperature Calibration/ Documentation	• Thermometer calibrated annually with NIST traceable thermometer ^{1,2}	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Temperature correction information posted on incubator ¹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• E-Coli can use multiple tubes (five 20 ml or ten 10 mg), or mfg's multi-well tray	• E-coli Ultraviolet lamp (365 nm wave length, 6 W bulb) ²³	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA	
• Other	• Instrument manual available	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Temperature Log (thermometer reads to 0.1 Celsius) ⁵	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: 40 years old - no manual				

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

Criteria	Standard Methods Requirement	Acceptable?		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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

General Lab Criteria

	or calibration per manufacturer specification ¹⁶			
	• 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: N/A				

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	• Log book being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Slope Acceptability	• Verify calibration slope is acceptable (per mfg. spec.)	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Standards used for calibration not expired	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Electrode free of deposits and foreign material	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Teflon covered magnetic stirrer or equivalent for mixing ¹⁸	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Instrument manual available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Sample Collection/Handling				
• Sample Labeling	• Samples container labeled (description, date, time, preservative added, initialed) ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M
• Chain of Custody	• Chain of custody (description, date, time, signature) ¹⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other	• Composite samples refrigerated during sample collection ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• Equipment blanks utilized ¹⁴	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• SOP for cleaning of sampling equipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• Log book being maintained ⁹	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Needs SOP for cleaning equipment				

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

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Bench Sheets				
<ul style="list-style-type: none"> General Criteria 	<ul style="list-style-type: none"> Date(s)² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	M
	<ul style="list-style-type: none"> Analyst initials² 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<ul style="list-style-type: none"> Blue or black ink pen² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> Calibration information² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> Equations, calculations, units for all measurements, notations, and results present² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> Corrections, single line through, initialed and dated² 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Comments: Technician is reminded to provide analysts initials and to make proper corrections.				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Hot Water Bath (Fecal Coliform/E. Coli)				
<ul style="list-style-type: none"> Temperature Recordkeeping 	<ul style="list-style-type: none"> Temperature Log (thermometer reads 0.2° C)²¹ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	A
	<ul style="list-style-type: none"> Incubator temperature 44.5° C ±0.2°^{21/24} 	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> Log book being maintained⁹ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> Water Level 	<ul style="list-style-type: none"> Thermometer total immersion or partial (line on thermometer to ID immersion depth)^{1,5} 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NA	
Comments:				

Criteria	Standard Methods Requirement	Acceptable?		Rating
Autoclaves/Steam Sterilizers				
<ul style="list-style-type: none"> All apparatus utilized is adequately sterilized before use 	<ul style="list-style-type: none"> Sterilizing temperature 121° C²⁵ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> 10 to 30 minutes time based on material being sterilized²⁶ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<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 exhaust¹ 	<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 used¹ 	<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 maintained⁹ 	<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 capsules¹ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: N/A				

General Lab Criteria

Criteria	Standard Methods Requirement	Acceptable?		Rating
Final Effluent Temperature Monitoring				
<ul style="list-style-type: none"> • General Criteria 	<ul style="list-style-type: none"> • Thermometer calibrated annually with NIST traceable thermometer^{1,2} 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Thermometer reads in increments of at least 0.1°C⁵ 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> • Log book being maintained² 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:				

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

Acceptable Ratings – No action required (recommend SOP's written or updated, perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, written response not required).

Marginal Ratings – Improvements required, written response required (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response).

Unsatisfactory Rating – Improvements required, written response required, NOV issued (recommend SOP's be written or updated, recommend they perform DMRQA's for all onsite analysis, recommend voluntary lab analyst certification, require deficiencies to be addressed in written response to NOV).

Consider recommending PAI Audit from DES when:	<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	G, C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Pesticides	G (PTFE lined lid)	1000	C	Refrigerate $\leq 6^{\circ}\text{C}$	7 d	7 days until extraction 40 days after extraction
Fecal Coliform / E-Coli	G, P (Sterilized)	100	G	Refrigerate $\leq 10^{\circ}\text{C}$ If chlorine present, add sodium thiosulfate tablet	6 hrs transport. Start analysis within 2 hrs of receipt in lab.	
Oil and Grease	G	1000	G	HCl or 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 Methods 4500-O G
pH, Electrometric Method	Std Methods 4500-H+ B
Fecal Coliform, Membrane Filter Procedure	Std Methods 9222D
Escherichia Coli, Enzyme Substrate Test	Std Method 9223B
Escherichia Coli Membrane Filtration Procedure	EPA Method 1603
Oil and Grease	USEPA 1664A or Std Methods 5520B
Metals, general	USEPA 200, Std Methods 3111B or C, or 3120B
Volatiles (Purgeables by purge and trap)	USEPA 6210, Std Methods 624
Semi-Volatiles (Base/Neutrals and acids)	USEPA 6410, Std Methods 625
Pesticides	USEPA 6410 and 6630, Std Methods 608