

4653

**COMPLIANCE EVALUATION INSPECTION
RESULTS OF JUNE 29, 1993 INSPECTION**

07/22/93

OEPA/DOE-FN

7

LETTER



State of Ohio Environmental Protection Agency

Southwest District Office

40 South Main Street
Dayton, Ohio 45402-2086
(513) 285-6357
FAX (513) 285-6404

LOG G-4905
FILE _____
LIBRARY _____

AR 465

JUL 26 10 17 AM '93

George V. Voinovich
Governor

July 22, 1993

RE: CEI

Mr. Raymond J. Hansen
Acting Manager
F.E.M.P.
P.O. Box 398705
Cincinnati, Ohio 45239-8705

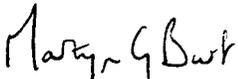
Dear Mr. Hansen:

On June 29, 1993, David Okerbloom, of this office, conducted a Compliance Evaluation Inspection at the F.E.M.P.

As indicated on the enclosed NPDES Compliance Evaluation Report, all areas received a satisfactory rating. OEPA requests that an updated status report of BMP action items be provided at this time for our files.

If you have any questions, please feel free to contact Mr. Okerbloom.

Sincerely,


Martyn G. Burt
Group Leader
Compliance and Enforcement
Division of Water Pollution Control

MGB/DMO/klj

cc: Heidi Sorin, DWPC, CO



NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code: 1 N 2 5 3 0 H 0 0 0 9 5 8 0 11 12 9 3 0 6 2 9 17
 NPDES yr/mo/day Inspection Type Inspector Fac Type
 18 C 19 S 20 4

Remarks

1 I 0 0 0 0 0 0 4 * D D

Reserved Facility Evaluation Rating BI OA Reserved
 67 69 70 71 N 72 N 73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected F.E.M.P. FERMCO 7400 Willey Road Cincinnati, Ohio 45030		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 9:30	Permit Effective Date 2/12/90
P.O. Box 398704 Cincinnati, Ohio 45239-		Exit Time/Date 4:00 6/29/93	Permit Expiration Date 2/9/95
Name(s) of On-Site Representative(s) Frank Johnston FERMCO Ed Skintik DOE-FN		Title(s) 8704 Senior Engineer Environmental Engineer	Phone No(s) (513) 738-8644 648-3151
Name, Address of Responsible Official Raymond J. Hansen P.O. Box 398705 Cincinnati, Ohio 45239-8705		Title Acting Manager, D.O.E. Phone No. (513) 648-3155	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	N	Pretreatment	S	Operations & Maintenance
S	Records/Reports	S	Laboratory	N	Compliance Schedules	S	Sludge Disposal
S	Facility Site Review	S	Effluent/Receiving Waters	S	Self-Monitoring Program	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Six members of the BMP Committee meet once per month.
 Preparing a comprehensive revision of the BMP plan per DFFO Order #12.
 New effluent/outfall line has been installed.
 Inspection of sediment accumulation in SWRB and BSL indicate no cleanout required at this time.
 Direct responsibility for NPDES reporting transferred to FERMCO 1/7/93.
 Outfall 002 has not discharged since May 18, 1990.
 Sample refrigeration temperature up to 15°C noted.

Name(s) and Signature(s) of Inspector(s) David Okerbloom	Agency/Office/Telephone OEPA/SWDO/(513) 285-6357	Date 7-21-93
Signature of Reviewer Margaret Burt	Agency/Office OEPA/SWDO	Date 7/22/93
Regulatory Office Use Only		
Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number. (*Use the Remarks columns to record the State permit number, if necessary.*)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 82/06/30 = June 30, 1982).

Column 18: Inspection Type. Use one of the codes listed below to describe the type of inspection:

- | | | |
|---------------------------|-------------------------------|-------------------------|
| A — Performance Audit | E — Corps of Engrs Inspection | S — Compliance Sampling |
| B — Biomonitoring | L — Enforcement Case Support | X — Toxic Sampling |
| C — Compliance Evaluation | P — Pretreatment | |
| D — Diagnostic | R — Reconnaissance Inspection | |

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

- | | |
|--|---|
| C — Contractor or Other Inspectors (<i>Specify in Remarks columns</i>) | N — NEIC Inspectors |
| E — Corps of Engineers | R — EPA Regional Inspector |
| J — Joint EPA/State Inspectors—EPA lead | S — State Inspector |
| | T — Joint State/EPA Inspectors—State lead |

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1972 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1972 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory.

Section C: Areas Evaluated During Inspection

Indicate findings (S, M, U, or N) in the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Other" may include activities such as SPCC, BMP's, and multimedia concerns.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.



NPDES Compliance Inspection Report

United States Environmental Protection Agency
Washington, D. C. 20460

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code 1W 25	NPDES 301410609518611	yr/mo/day 12/13/96	Inspection Type 18C	Inspector 195	Fac Type 2d4
Remarks 117000004*000					
Reserved 67	Facility Evaluation Rating 7d3	BI 71W	OA 72W	Reserved 73	74 75 80

Section B: Facility Data

Name and Location of Facility Inspected F.E.M.P. 7400 Willey Rd. Cincinnati, OH 45030	FERMCO P.O. Box 398704 Cincinnati, OH 45239-8704	Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 9:30	Permit Effective Date 2-12-90
Name(s) of On-Site Representative(s) Frank Johnston Ed Skintik	FERMCO DOE-FN	Title(s) Senior Engineer Environmental Engineer	Phone No(s) (513) 738-8644 648-3151
Name, Address of Responsible Official Raymond J. Hansen P.O. Box 398705 Cincinnati, OH 45239-8705	Title Acting Manager D.O.E.	Exit Time/Date 4:00 6-29-93	Permit Expiration Date 2-9-95
		Phone No. (513) 648-3155	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	N	Pretreatment	S	Operations & Maintenance
S	Records/Reports	S	Laboratory	N	Compliance Schedules	S	Sludge Disposal
S	Facility Site Review	S	Effluent/Receiving Waters	S	Self-Monitoring Program	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Six members of the BMP Committee meet once per month.
Preparing a comprehensive revision of the BMP plan per DFFO Order #12.
New effluent/outfall line has been installed.
Inspection of sediment accumulation in SWRB and BSL indicate no
cleanup required at this time.
Direct responsibility for NPDES reporting transferred to FERMCO 1-7-93
Outfall 002 has not discharged since May 18, 1990.
Sample refrigeration temperature up to 15°C noted.

Name(s) and Signature(s) of Inspector(s) David Okerblom	Agency/Office/Telephone OEPA / SWRB / (513) 285-6357	Date
Signature of Reviewer	Agency/Office	Date
Regulatory Office Use Only		
Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance

Section A: National Data System Coding (Rev. 1-85)
4653
Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is a error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 82/06/30 = June 30, 1982).

Column 18: Inspection Type. Use one of the codes listed below to describe the type of inspection:

- | | | |
|---------------------------|-------------------------------|-------------------------|
| A — Performance Audit | E — Corps of Engrs Inspection | S — Compliance Sampling |
| B — Biomonitoring | L — Enforcement Case Support | X — Toxic Sampling |
| C — Compliance Evaluation | P — Pretreatment | |
| D — Diagnostic | R — Reconnaissance Inspection | |

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

- | | |
|--|---|
| C — Contractor or Other Inspectors (<i>Specify in Remarks columns</i>) | N — NEIC Inspectors |
| E — Corps of Engineers | R — EPA Regional Inspector |
| J — Joint EPA/State Inspectors—EPA lead | S — State Inspector |
| | T — Joint State/EPA Inspectors—State lead |

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1972 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1972 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory.

Section C: Areas Evaluated During Inspection

Indicate findings (S, M, U, or N) in the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Other" may include activities such as SPCC, BMP's, and multimedia concerns.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

PERMITTEE SAMPLING MEETS THE REQUIREMENTS OF THE PERMIT.

Yes No
465

Details:

- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. Yes No
- (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. Yes No
- (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. Yes No
REQUIRED METHOD Co & G
- IF NO GRAB MANUAL COMPOSITE AUTOMATIC COMPOSITE FREQUENCY _____
- (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE. Yes No
 - (i) SAMPLES REFRIGERATED DURING COMPOSITING Yes No
 - (ii) PROPER PRESERVATION TECHNIQUES USED Yes No
 - (iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3 Yes No
- (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. Yes No
- (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. Yes No N/A
- (g) 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 and maintenance records). Yes No
- (h) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATA, TIME, EXACT LOCATION, ETC. Yes No

Part 3 - Laboratory (Further explanation attached _____)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS OF THE PERMIT. Yes No N/A

DETAILS: Sample Process → lab → QC → DRNA → CWP → Regulatory
Utilities → lab

- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3) Yes No
- (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. Yes No N/A
- (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. Yes No
- (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. Yes No
- (e) QUALITY CONTROL PROCEDURES USED. Yes No
- (f) DUPLICATE SAMPLES ARE ANALYZED _____ % OF TIME. Yes No
- (g) SPIKED SAMPLES ARE USED _____ % OF TIME. Yes No
- (h) ADEQUATE RECORDS MAINTAINED OF:
 - (i) ANALYSES DATES, TIME Yes No
 - (ii) INDIVIDUAL PERFORMING ANALYSIS Yes No
 - (iii) ANALYTICAL METHODS/TECHNIQUES USED Yes No
 - (iv) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data) Yes No
 - (v) LAB EQUIPMENT CALIBRATION AND MAINTENANCE Yes No
 - (vi) QUALITY ASSURANCE Yes No
- (i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM. DATE: _____
 SATISFACTORY MARGINAL UNSATISFACTORY
- (j) COMMERCIAL LABORATORY USED. Yes No
 - (i) PARAMETERS ANALYZED BY COMMERCIAL LAB.
_____, _____, _____, _____, _____, _____, _____, _____
_____, _____, _____, _____

FACTS enabled analytical computer recording system

LAB NAME. N/A EPM AA/ICP ICP/MS

SECTION I. Effluent/Receiving Water Observations (Further explanation attached _____)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	-	-	-	-	-	Clear	-
002			No Discharge				
601	-	-	-	-	-	Clear	-
605			No Discharge				

Sections E thru I : Complete on all inspections, as appropriate. N/A - Not Applicable	Permit No. OH0009580
SECTION E. Permit Verification	
INSPECTION OBSERVATIONS VERIFY THE PERMIT. (Further explanation attached <input type="checkbox"/>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) FACILITY IS AS DESCRIBED IN PERMIT.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(f) ACCURATE RECORDS OF INFLUENT VOLUME MAINTAINED. <i>Pump logs WTP</i>	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) ALL DISCHARGES ARE PERMITTED.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION F. Operation and Maintenance	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. (Further explanation attached <input type="checkbox"/>)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
DETAILS:	
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED. <i>Process held</i>	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> N/A <input type="checkbox"/>
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. <i>STP L.S. has gen. STP Gravity</i>	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(c) SLUDGES AND SOLIDS ADEQUATELY DISPOSED (Further explanation attached <input type="checkbox"/>)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(d) ALL TREATMENT UNITS OTHER THAN BACKUP UNITS IN SERVICE. <i>Drum & haul</i>	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(e) QUALIFIED OPERATING STAFF PROVIDED.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS. <i>MIMECS</i>	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(g) ROUTINE AND PREVENTIVE MAINTENANCE ARE SCHEDULED/PERFORMED ON TIME.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(h) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION.	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> N/A <input type="checkbox"/>
(i) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED. <i>SOP/OJT</i>	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(j) APPROVED SPCC PLAN AVAILABLE. DATE LAST UPDATED <i>5-26-93</i> .	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(k) REGULATORY AGENCY NOTIFIED OF BYPASSING. [Dates _____]	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/> N/A <input type="checkbox"/>
(l) ANY BYPASSING SINCE LAST INSPECTION.	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/>
(m) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED. (Further explanation attached <input type="checkbox"/>)	Yes <input type="checkbox"/> ✓ No <input type="checkbox"/>
SECTION G. Compliance Schedules	
PERMITTEE IS MEETING COMPLIANCE SCHEDULE: (Further explanation attached <input type="checkbox"/>)	Yes <input type="checkbox"/> No <input type="checkbox"/> ✓ N/A <input type="checkbox"/>
COMMENTS/STATUS:	
SECTION H - Self-Monitoring Program	
Part I - Flow measurement (Further explanation attached <input type="checkbox"/>)	Gen Sump - Batch est. vol. BON - Water Meter
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS OF THE PERMIT.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>STP M.H. 175</i>	
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
TYPE OF DEVICE: <input checked="" type="checkbox"/> WEIR <input checked="" type="checkbox"/> PARSHALL FLUME <input type="checkbox"/> MAGMETER <input type="checkbox"/> JVENTURI METER <input type="checkbox"/> OTHER (Specify _____)	
(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration _____)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
(f) FLOW RECORDS ARE PROPERLY KEPT.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) ACTUAL FLOW DISCHARGED IS MEASURED.	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) FREQUENCY OF MAINTENANCE INSPECTIONS BY PLANT PERSONNEL.	12 /year

STP L.S.
High well
alarm
Comm. in-
audible
@ WTP