



State of Ohio Environmental Protection Agency

3761

Southwest District Office

401 East Fifth Street  
Dayton, Ohio 45402-2911

TELE: (937) 285-6357 FAX: (937) 285-6249

Bob Taft, Governor  
Maureen O'Connor, Lt. Governor  
Christopher Jones, Director

June 28, 2000

Mr. Johnny Reising  
Project Manager  
US Department of Energy  
Fernald Environmental Management Project  
P.O. Box 538705  
Cincinnati, Ohio 45253-8705

FERNALD  
LOG B-1027  
2001 JUN 29 A 11:49  
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**Re: US Department of Energy Fernald Env. Mgmt. Project**

Dear Mr. Reising:

On June 13, 2000 Mr. John Spitler and Mr. Joe Bartoszek of this office conducted a Compliance Evaluation Inspection at this facility. Mr. Frank Johnston, Mr Craig Pritzlaff, and Ms. Cathy Glassmeyer were representing this facility. A copy of Mr. Spitler's report of this inspection is enclosed. All areas which were rated were judged to be satisfactory and therefore, no response is necessary at this time.

If you have any questions, please feel free to call John Spitler at (937) 285-6654.

Sincerely,

Richard L. Shoemaker, P.E.  
Permits Supervisor  
Division of Surface Water

Enclosure

RLS/JS/rif



Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

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**Section E: Permit Verification**

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	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<u>X</u>	___	___	___
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<u>X</u>	___	___	___
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	___	___	___	<u>X</u>
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT	___	___	___	<u>X</u>
(e) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	___
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	<u>X</u>	___	___	___
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	___	___	<u>X</u>	___
(h) ALL DISCHARGES ARE PERMITTED	<u>X</u>	___	___	___
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<u>X</u>	___	___	___

COMMENTS/STATUS:

- (e) Waste Pit Dryer System for storm water retention basin in the future.  
 (f) Silo's project.

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**Section F: Compliance Schedules/Violations**

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	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION	___	<u>X</u>	___	___
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS	<u>X</u>	___	___	___
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	<u>X</u>	___	___	___
(d) COMPLIANCE SCHEDULE CONTAINED IN <u>Permit</u>	___	___	___	___
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	___

COMMENTS/STATUS:

- (a) Total Suspended Solids at sanitary treatment plant and parshall flume not significant.  
 Oil & Grease at parshall flume not significant.

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 Section G: Operation and Maintenance
 

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## TREATMENT WORKS:

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED				
(a) STANDBY POWER AVAILABLE GENERATOR <u>X</u> DUAL FEED <u>   </u>	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>3</u> DAYS/WEEK <u>7</u>	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>	<u>   </u>
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u>   </u>	<u>X</u>	<u>   </u>	<u>   </u>
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u>X</u> ON MORS <u>   </u> 800 NO.	<u>X</u>	<u>   </u>	<u>   </u>	<u>   </u>
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u>   </u>	<u>X</u>	<u>   </u>	<u>   </u>

## COLLECTION SYSTEM:

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u>   </u> %				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u>   </u> SSO <u>   </u> )	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(i) IS THERE AN INFLOW/INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM), OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	<u>   </u>	<u>   </u>	<u>   </u>	<u>X</u>

## COMMENTS/STATUS:

## Treatment Works

- (a) No flow is power is out - storm water retention basins could overflow if power out.  
Sewage treatment plant and main lift station do have backup power.
- (e) Operators obtain at least a Class I operators license.
- (f) Computer Managed Maintenance System (CMMS) scheduled maintenance.
- (h) Operation and Maintenance Master Plan and individual equipment specifications.
- (i) NPDES permit reflects potential to bypass - TSS.
- (j) Joe Bartoszek and Tom Schneider notified of bypasses.

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP) SUBMITTED DATE _____ APPROVAL # _____	NOT SUBMITTED	<input checked="" type="checkbox"/>	N/A	_____
	Yes	No	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	_____	_____	_____	<input checked="" type="checkbox"/>
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: _____)	<input checked="" type="checkbox"/>	_____	_____	_____
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	_____	_____	_____	_____
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: _____)	_____	_____	<input checked="" type="checkbox"/>	_____
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	_____	<input checked="" type="checkbox"/>	_____	_____
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<input checked="" type="checkbox"/>	_____	_____	_____
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	_____	_____	<input checked="" type="checkbox"/>	_____
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<input checked="" type="checkbox"/>	_____	_____	_____
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	_____	<input checked="" type="checkbox"/>	_____	_____
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<input checked="" type="checkbox"/>	_____	_____	_____

COMMENTS/STATUS:

(b) Sludge has been disposed of as a low level radioactive waste. June 13, 2001 was the first day that Sludge was delivered to the on-site waste area for disposal.

Section I: Self-Monitoring Program

Part 1. Flow measurement

(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED	Yes	No	N/A	N/E
	<input checked="" type="checkbox"/>	_____	_____	_____
TYPE OF DEVICE: <input checked="" type="checkbox"/> ULTRASONIC & PARSHALL FLUME _____ ULTRASONIC & WEIR _____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>5/9/2001</u> )	<input checked="" type="checkbox"/>	_____	_____	_____
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/>	_____	_____	_____
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<input checked="" type="checkbox"/>	_____	_____	_____
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<input checked="" type="checkbox"/>	_____	_____	_____
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: <input checked="" type="checkbox"/> DAILY _____ WEEKLY _____ MONTHLY _____ OTHER				

COMMENTS/STATUS:

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<u>X</u>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	___	___	___
(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 and maintenance records)	<u>X</u>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC	<u>X</u>	___	___	___

COMMENTS/STATUS:

Part 3. Laboratory

	Yes	No	N/A	N/E
<b>GENERAL</b>				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	___	<u>X</u>	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	___	<u>X</u>	___	___
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	___	___	<u>X</u>	___
(e) COMMERCIAL LABORATORY USED	<u>X</u>	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB				

Cyanide & Mercury (a)

Organics (b)

(2) LAB NAME: (a) Frontier Geosciences, Inc. (b)

QUALITY CONTROL/QUALITY ASSURANCE

(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	___	___	___

(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : 11-16-2000  
X SATISFACTORY    \_\_\_ MARGINAL    \_\_\_ UNSATISFACTORY

COMMENTS/STATUS:

Laboratory (i) Zinc and Cyanide unsatisfactory, but resolved.

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Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
11O00004001	None	None	Clear	None	None	Clear	
11O00004003	No Flow Observed						
11O00004004	No Flow Observed						
11O00004006	None	None	Clear	None	None	Clear	

COMMENTS/STATUS:

Section K: Multimedia Observations

	Yes	No	N/A	N/E
(a) ARE THERE INDICATIONS OF SLOPPY HOUSEKEEPING OR POOR MAINTENANCE IN WORK AND STORAGE AREAS OR LABORATORIES	---	---	---	---
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	---	---	---	---
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	---	---	---	---
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	---	---	---	---
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	---	---	---	---
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	---	---	---	---

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: