### NPDES COMPLIANCE INSPECTION REPORT

#### Section A: National Data System Coding

<table>
<thead>
<tr>
<th>NPDES</th>
<th>Mo. / Day / Yr.</th>
<th>Inspection Type</th>
<th>Inspection ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4101421358</td>
<td>021307</td>
<td>RTNC</td>
<td>1602238</td>
</tr>
</tbody>
</table>

- **Primary Facility Name:** Belle Vernon, SISP
- **Municipality:** Belle Vernon Borough
- **County:**
- **Permit Expiration Date:** Nov 30, 2008
- **Permit Renewal Application Due:** Jun 30, 2008

#### Responsible Person

- **Name:** Ronald Krepps
- **Title:** Superintendent

#### Operator in Responsible Charge

- **Name:** Guy C. Kruppa
- **Certificate Number:** T2971
- **Class & Subclasses:** A 1, 2, 3, 4

#### Address

- **Belle Vernon Municipal Authority**
- **P.O. Box 131, 10 Main St**
- **Belle Vernon, PA 15012**

- **Business Phone Number:** 929-8138
- **Fax Number:**
- **Business Phone Number:** 929-8138
- **Cell Phone Number:**
- **E-mail Address:**

### VIOLATIONS:

- Yes
- Samples have been collected by the Department, violations may be revealed upon receipt of the analysis.

- The aeration tanks are sustaining a satisfactory sludge and dissolved oxygen concentrations. The settling tanks are exhibiting adequate sludge settling with a small pin flock carry-over. The chlorine contact tank and effluent are displaying good clarity.

- A CSO Long Term Control Plan was submitted by the

#### Name of Person Interviewed

- **Guy C. Kruppa**

#### Date

- **2-13-07**

#### Name of Inspector

- **Bruce E. Santmyer**

#### Date

- **02-13-07**

#### Signature of Person Interviewed

- **Guy C. Kruppa**

#### Phone Number

- **724-729-8138**

#### Signature of Inspector

- **Bruce E. Santmyer**

#### Phone Number

- **439-7337**

#### Title

- **Operator**

- **Water Quality Specialist**

---

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages.

Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.
Municipal Authority March 24, 2004. The plan set forth a separation program in both North and South Belle Vernon Boroughs to construct a new sanitary sewer system and separate the storm water in the existing combined sewer system. The separation project was initiated in North Belle Vernon Borough in 2003. To date, approximately 65% of the North Belle Vernon Borough sewer system has been separated into sanitary and storm water sewers.

The Municipal Authority has submitted a Part II NPDES Construction application to enlarge the existing treatment plant from a 0.55 mgd average flow to a 0.90 mgd average designed hydraulic flow. The treatment plant upgrading application is presently being reviewed by the Department For completeness. The sewer separation project is to coincide with the completion of the treatment plant upgrade.
<table>
<thead>
<tr>
<th>Treatment Process</th>
<th>Treatment Units</th>
<th>Total</th>
<th>On-Line</th>
<th>Inoperable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pump Station</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar Screen</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comminutor</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumps</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grit Removal</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splitter Box</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aeration Units</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sludge Returns</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skimmers</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settling Tanks</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlorinators (Gas)</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlorine Contact Tank</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sludge Holding Tank</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blowers</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chemical Additions:

---

**Process Control**

- [ ] Color and [ ] Odor
- [ ] Settleability (ml/L)
- [ ] Dissolved Oxygen (mg/L)
- [ ] Sludge Blanket (ft.)
- [ ] Mixed Liquor Suspended Solids (mg/L) [ ] MLVSS
- [ ] Microscopic Examination of MLSS
- [ ] Others

**Inspector Comments/Observations/Results**

---

Page 3 of 4  
Date: 02-13-07  
Permit No.: PA 0092355

[ ] White – Regional Office  
[ ] Yellow – Responsible Person  
[ ] Pink – Inspector
### NPDES COMPLIANCE INSPECTION REPORT

**Effluent/Receiving Water Evaluation**

**Stream Name:** Monongahela River  

<table>
<thead>
<tr>
<th>Upstream Conditions/Location:</th>
<th>Field Measurements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flow c.f.s.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>pH s.u.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conductivity umhos/cm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dissolved Oxygen mg/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total/Free Chlorine Residual mg/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature °C</td>
<td></td>
</tr>
</tbody>
</table>

**Latitude:**  
**Longitude:**  
**Location:**  

Outfall Number: 001  

<table>
<thead>
<tr>
<th>ABOD</th>
<th>cancelled /50</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS</td>
<td>16 /60</td>
</tr>
<tr>
<td>IRC</td>
<td>0.60 /1.4</td>
</tr>
<tr>
<td>F.C.</td>
<td>&lt;10 /10,000</td>
</tr>
</tbody>
</table>

**Field Measurements**  

**pH s.u.**  

**Conductivity umhos/cm**  

**Dissolved Oxygen mg/L**  

**Total/Free Chlorine Residual mg/L**  

**Temperature °C**  

**DEP Collector Number:**  

<table>
<thead>
<tr>
<th>Downstream Conditions/Location:</th>
<th>Field Measurements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flow c.f.s.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>pH s.u.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conductivity umhos/cm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dissolved Oxygen mg/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total/Free Chlorine Residual mg/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature °C</td>
<td></td>
</tr>
</tbody>
</table>

**Latitude:**  
**Longitude:**  
**Location:**  

Outfall Number  

<table>
<thead>
<tr>
<th>Location:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Downstream Conditions/Location:</th>
<th>Field Measurements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flow c.f.s.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>pH s.u.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conductivity umhos/cm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dissolved Oxygen mg/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total/Free Chlorine Residual mg/L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature °C</td>
<td></td>
</tr>
</tbody>
</table>

**DEP Collector Number**  

### Page of 4  
**Date:** 02-13-07  
**Permit No.: PA0097355**

- [ ] White – Regional Office  
- [ ] Yellow – Responsible Person  
- [ ] Pink - Inspector
DEP Sample Information System
Sample Submission Sheet

COLLECTOR ID: 0508
SEQUENCE NO: 571
DATE COLLECTED: 02/13/07
TIME COLLECTED: 10:20

REASON CODE: 01
COORDINATE CODE: 064
PROGRAM CODE: 0011
STD ANALYSIS CODE: 0070

PH: 7.8
Suspended Solids: 13.2

COLLECTOR NAME: Bruce Santmyer
PHONE: 724-389-7337

PERMIT NUMBER: PA0092355
FACILITY NAME: Belle Vernon STP
SUB-FACILITY NUMBER: 2
DISCHARGE POINT OR SAMPLING LOCATION: Outfall 001
STREAM NAME: Monongahela River

FIELD RESULTS:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Code</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH</td>
<td></td>
<td>7.8</td>
</tr>
<tr>
<td>Suspended Solids</td>
<td>0011</td>
<td>13.2</td>
</tr>
</tbody>
</table>

COMMENTS:

- Additional Analysis: (from list on back)
  - CBOD
  - Suspended Solids
  - pH

LEGAL SEAL NUMBER: [Blank]
HOW SHIPPED: [Blank]
CHECK IF BROKEN: [Blank]

LAB USE ONLY

LAB NUMBER: [Blank]
DATE RECEIVED: [Blank]
RECEIVED BY: [Blank]
Collector: Bruce Santmyer
Collected: 02/13/2007 10:20:00 AM

County: NOT INDICATED
Municipality: NOT INDICATED

BELLE VERNON BORO MUNI AUTH
10 MAIN ST
BELLE VERNON PA 15012-

Facility: BELLE VERNON BORO STP
Sub-Facility: PA0092355 FIX ID: 262038
Name: OUTFALL 001

Location: NOT INDICATED
Reason: Routine Sampling

Field Tests

<table>
<thead>
<tr>
<th>Test/CAS#</th>
<th>Description</th>
<th>Reported Results</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>00530</td>
<td>T SUSP SOLID</td>
<td>16 MG/L</td>
<td>02/22/2007</td>
</tr>
<tr>
<td>00314</td>
<td>BODS INHIB</td>
<td>Cancelled</td>
<td>02/22/2007</td>
</tr>
<tr>
<td></td>
<td>** Comment **</td>
<td>Time Limit For Test Exceeded</td>
<td></td>
</tr>
<tr>
<td>00403</td>
<td>pH</td>
<td>7.0 pH units</td>
<td>02/16/2007</td>
</tr>
<tr>
<td></td>
<td>** Comment **</td>
<td>Time Limit For Test Exceeded</td>
<td></td>
</tr>
</tbody>
</table>

Laboratory Sample ID: I2007005470
Standard Analysis: 070

Laboratory Sample ID: B2007000930
Date Received: 02/14/2007
Standard Analysis: B002

Lab Sample Comment: Time Limit For Test Exceeded

Test/CAS# - Description | Reported Results | Completed |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31616</td>
<td>FECAL COL</td>
<td>&lt;10 /100ML</td>
</tr>
</tbody>
</table>
The CSO Long Term Control Plan was submitted March 24, 2004. The plan set forth a separation program in both North and South Belle Vernon Boroughs to construct a new sanitary sewer system and separate the storm water in the existing combined sewer system. The separation project was initiated in North Belle Vernon Borough in 2003. To date, approximately 65% of the North Belle Vernon Borough sewer system has been separated into sanitary and storm water sewers.
**NPDES COMPLIANCE INSPECTION REPORT**

**Combined Sewer System**

**Permittee Type (check one):**  
☒ WWTP and CSOs  
☐ CSO outfalls only

If permitted for OUTFALL ONLY (no treatment fac.), list treatment facility and/or municipality receiving flow: (skip rest of this section)

---

**Annual average daily flow (MGD otherwise LIST UNITS):**  
0.30 mgd

**Design primary treatment capacity (MGD):**  
0.55 mgd

**Design secondary treatment capacity (MGD):**  
0.55 mgd

**Peak flow primary treatment capacity (MGD):**  
1.375 mgd

**Peak flow secondary treatment capacity (MGD):**  
1.375 mgd

**Other available treatment types (list treatment type and maximum daily flow allowed):**

---

**Are CSO-related bypasses authorized?**  
☒ Yes  
☐ No

**Identify all bypass location(s):**  
007, 003, 004, 005, 006, 007, 008, 009, 011, 012, 013

**Are the bypass location(s) identified in their NPDES permit?**  
☒ Yes  
☐ No

**Are partially treated effluents combined with fully treated effluent prior to discharge?**  
☐ Yes  
☒ No

**Number of discharge points with effluent receiving full (secondary) treatment:**  
1 - Outfall 001

**Number of discharge points with effluent receiving partial (primary) treatment ONLY:**  
0

---

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are all CSOs, SSOs, and Pump Station emergency overflows identified in the permittee’s records documents?**  

**Does the facility have maps schematics depicting the sewer system, including any CSO and SSO locations, pump station emergency overflows, STP controlled diversions and receiving streams?**  

**Current number of permitted CSO outfalls:**  
12  
Unpermitted CSOs ____  
SSOs ____  
STP controlled diversions(s) ____

---

Page 2 of 10

Regional Office
### NPDES COMPLIANCE INSPECTION REPORT

**Combined Sewer System**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an inventory of the entire sewer system (i.e., maps)?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, are the following items identified?</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Combined sewer basins?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Sanitary sewer basins tributary to combined basins?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. All major interceptors and trunk sewers?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. All CSOs (and SSOs), pump stations, treatment plant bypasses, outfalls and the receiving stream(s)?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. All control structures (regulators, diversion structures, weirs, valves)?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. All locations for sampling, monitoring, sensors and telemetering devices?</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. All CSO treatment facilities including unit processes and capacities?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. All environmentally sensitive areas?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the capacity of each interceptor sufficient to handle all dry weather flow?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are portions of the interceptors or other lines known or believed to be hydraulically overloaded or undersized?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there locations known to experience basement flooding or other objectionable conditions? If so, please identify location(s)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all pump stations adequately sized and operating to permit the peak flows to be processed with the largest pump unit out-of-service?</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is standby power available for pump stations? (Identify those without)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Pump Station has backup generator</td>
</tr>
</tbody>
</table>

### Were the receiving stream, CSOs, SSOs and PS overflows checked? If yes, complete the following: (Attach additional pages and other information as applicable)

<table>
<thead>
<tr>
<th>CSO, SSO, P.S. Outfalls</th>
<th>Receiving Stream</th>
<th>Time Checked</th>
<th>Overflow Pipe Size</th>
<th>Distance of Flow from Weir Top</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>003</td>
<td>Monongahela River</td>
<td>12.00 HRS</td>
<td>64”</td>
<td>10” to 12”</td>
<td>Concrete diversion - small debris</td>
</tr>
<tr>
<td>004</td>
<td></td>
<td>1240 HRS</td>
<td>20”</td>
<td>10” to 11”</td>
<td>Concrete diversion - small debris</td>
</tr>
<tr>
<td>011</td>
<td></td>
<td>1400 HRS</td>
<td>12”</td>
<td>16”</td>
<td>Concrete diversion - small debris</td>
</tr>
<tr>
<td>013</td>
<td></td>
<td>1415 HRS</td>
<td>12”</td>
<td>4” to 5”</td>
<td>Concrete diversion - small debris</td>
</tr>
</tbody>
</table>
| **NPDES COMPLIANCE INSPECTION REPORT**  
<table>
<thead>
<tr>
<th><strong>Combined Sewer System</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the facility conduct inspections of the sewer system, and its appurtenances?</strong> including the following:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>a. CSOs and SSOs? If yes, describe kind/frequency of checks made at each outfall or structure.</td>
</tr>
<tr>
<td>b. Regulators and diversion structures? If yes, describe kind/frequency.</td>
</tr>
<tr>
<td>c. Pump/lift stations? If yes, describe kind/frequency. (Check the outfall/overflow for non-emergency use with the floating block or chalked wall methods)</td>
</tr>
<tr>
<td>d. Sewers (television, etc...)? If yes, describe methods, total lineal footage evaluated and locations televised.</td>
</tr>
<tr>
<td>e. Surface water anti-intrusion devices (i.e., flap gates, etc.). If yes, describe frequency.</td>
</tr>
<tr>
<td><strong>How much flow can the STP handle before additional flow adversely affects the operation of the plant units?</strong></td>
</tr>
<tr>
<td>a. Which treatment unit is the most critical unit during peak flow events?</td>
</tr>
<tr>
<td><strong>At what STP flows do the CSOs begin to discharge?</strong></td>
</tr>
<tr>
<td>How are equipment malfunctions addressed:</td>
</tr>
<tr>
<td>a. Identified (e.g., pump stations or CSO equipment?)</td>
</tr>
<tr>
<td>b. What is an off-duty equipment malfunction identification and repair procedure?</td>
</tr>
<tr>
<td>c. Is there the inventory of commonly needed spare parts (e.g., pump station or CSO regulator parts)?</td>
</tr>
<tr>
<td><strong>When were the CSOs last calibrated? Which ones?</strong></td>
</tr>
<tr>
<td><strong>How were their discharge volumes set? What standard or value was used to determine setting (i.e., 350% of ADWF)?</strong></td>
</tr>
</tbody>
</table>
### NPDES COMPLIANCE INSPECTION REPORT
Combined Sewer System

#### Departmental Order issued
Sep 26, 2003 to submit LTCP

<table>
<thead>
<tr>
<th>Is the permittee meeting the terms and conditions of a compliance schedule, as the result of enforcement action, to correct sewers, CSO, SSO, DWO, and/or bypassing? If no, describe.</th>
<th>√</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is permittee meeting the compliance schedules established in Part C of the permittee’s NPDES permit? If no, describe.</td>
<td>√</td>
</tr>
<tr>
<td>LTCP submitted Mar 24, 2004</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the permittee implementing the nine minimum controls? Including the following:</td>
<td>√</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### I. Proper operation and regular maintenance programs for the sewer system and CSO’s?
Should consist of a program that clearly establishes operation, maintenance and inspection procedures.

##### a. Does the permittee have a copy of their O&M schedule?

- √

##### b. Does the permittee have a copy of their documentation forms required under the O&M Plan?

- √

##### c. Are the forms being completed per the schedule and are the copies maintained for inspection (min. 5 years)?

- √

##### d. Does the permittee document regular inspections of the overflows and outfall structures according to their O&M Plan (esp. mechanical regulators)?

- √

- Monthly or following rainfall events

##### e. Does the permittee document overflow inspections following every precipitation event greater than 0.25 inches?

- √

##### f. For those activities required to be implemented by another legal entity (e.g., local municipality), is there proof available to indicate those tasks are being implemented?

- √
## II. Maximum use of the collection system for storage. Modifications to the CSS to allow it to store wet weather flows

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Has the permittee implemented the CSO storage practices discussed in their NMC documentation report (e.g., raised weirs, adjusted overflow regulators, etc.)?</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Does the permittee do a pre-storm drawdown of the STP wet well and interceptors to add additional wet-weather capacity?</td>
</tr>
</tbody>
</table>

## III. Review and modification of pretreatment requirements. Identify nondomestic dischargers and control their impacts.

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Have all commercial or industrial customers within their combined collection system that may discharge objectionable wastes been identified? Name(s)?</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>How have their discharge practices been modified to avoid discharge during wet weather events?</td>
</tr>
</tbody>
</table>

## IV. Maximize flow to the STP for treatment. Modifications to the CSS to enable as much wet weather flow as possible to reach the STP.

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Has the maximum wet-weather STP capacity been reached during each precipitation event?</td>
</tr>
<tr>
<td>b.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>In which CSO structures have overflow weir elevations been raised?</td>
</tr>
<tr>
<td>c.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Are other treatment units available for use during a storm event? Are they utilized?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>003 From 10&quot; to 12&quot;</strong></td>
</tr>
</tbody>
</table>

## V. Prohibition of CSO's during dry weather. Measures taken to ensure overflows do not occur during dry weather.

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Are there CSO structures overtopping the overflow weir during dry weather operations? Identify location, date, and time.</td>
</tr>
<tr>
<td>b.</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Are there overflow structures with a dry weather flow level within approximately 3&quot; or less of the overflow weir? Identify location and time.</td>
</tr>
</tbody>
</table>
### VI. Control of solid and floatable materials in CSO's.
Reduce or eliminate solids and floatables.

- **a.** Which structures incorporate some form of solids and floatables control? Specify type of control.  
  - ✓ Debris screens have been installed at all of the overflow pipes  
  - Monthly - or following rainfall events  

- **b.** Is there proof these structures are regularly maintained?  
  - ✓ Street sweeping & catch basin cleaning - yearly

- **c.** What municipal solids and floatables control practices are being implemented (e.g. street sweeping, catch basin cleaning)?

- **d.** Is there documentation these practices are being implemented?

- **e.** Are they effective (e.g., cars moved from streets, grit removal from catch basins)?

### VII. Pollution Prevention Practices.
Methods used to keep contaminants from entering the CSS.

- **a.** Are the pollution prevention practices approved in the NMC report being implemented (e.g., public education programs, sewer bill notifications, hazardous materials collection programs, water conservation programs, etc.)?  
  - ✓

### VIII. Public Notification Procedures.
To ensure the public receives adequate notification of CSO occurrences and their impacts.

- **a.** How is the public being informed of the occurrence of overflows in areas where there is public access to discharging flows?  
  - ✓

- **b.** Is public contact with discharge-influenced waters being curbed?  
  - ✓

### IX. Monitoring to characterize CSO impacts and the usefulness of the CSO controls.
The collection of information of overflow occurrences and known water quality problems.

- **a.** Is the permittee conducting outfall inspections of their overflows and noting problems?  
  - ✓ Monthly - or following rainfall events

- **b.** Has the permittee been completing their CSO DMRs?  
  - ✓

- **c.** Is the permittee collecting any water quality data or conducting flow monitoring? If yes, where and how?  
  - ✓
### NPDES COMPLIANCE INSPECTION REPORT

**Combined Sewer System**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Compliance Requirements

- **Has the permittee developed (or developing the Long Term Control Plan (LTCP))?** √
- **Is the permittee implementing the LTCP according to the implementation schedule identified therein?** √

#### Dry Weather Overflows

- **Does the facility check the CSOs and SSOS during dry weather?** √
  - **Frequency:** Monthly
- **Are all dry weather flows being treated at the WWTF?** In no, list dates and locations of dry weather overflows and/or summarize circumstances. √
- **Has the permittee properly notified DEP of all DWO discharges, including both verbal and written notification?** √
- **If dry weather overflows are occurring, does the facility have a corrective action plan (CAP) to eliminate these dry weather overflows?** If yes, describe. √

#### Records

- **Are records kept for all sewer system maintenance? (i.e., video inspections, cleaning, repair and/or replacement, etc.)** √
- **Are records kept and readily available for lift station and CSO checks? Including the following:** √
  1. **CSO DMRs** √
     - Discharge frequency (is there a pattern developing)? √
     - Flow Magnitude (volume)? √
     - Rainfall records maintained? √
     - Specific causes of overflows (especially dry weather overflows)? √
   2. **System Inventory and Characterization Report** ✓

*Note: Completing the necessary inflow and infiltration data is crucial for estimating volume of flow.*

- **Rainfall events greater than 0.25 inches**
  - **Completed:** 02-01-01
### NPDES COMPLIANCE INSPECTION REPORT

#### Combined Sewer System

<table>
<thead>
<tr>
<th>Records (Continued)</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>UTD</th>
<th>(N/A - Not applicable, UTD - Unable to determine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. System Hydraulic Characterization Report</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>completed 08-01-03</td>
</tr>
<tr>
<td>4. NMC Implementation Documentation Report</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>completed 02-01-01</td>
</tr>
<tr>
<td>5. Long-Term Control Plan</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>submitted 03-24-04</td>
</tr>
</tbody>
</table>

**Acronyms**

- **ADWF** - Average Dry Weather Flow
- **CSO** - Combined Sewer Overflow
- **CSS** - Combined Sewer System
- **DMR** - Discharge Monitoring Report
- **DWO** - Dry Weather Overflow
- **LTCP** - Long-Term Control Plan
- **NMC** - Nine Minimum Controls
- **O&M** - Operations and Maintenance
- **SSO** - Sanitary Sewer Overflow
- **STP** - Sewage Treatment Plant
Additional Comments:

A Part II NPDES Construction permit has been submitted to the Department by the Belle Vernon Borough to enlarge the existing treatment plant from a 0.55 mgd average flow to a 0.90 mgd average designed hydraulic flow. The completion of the treatment plant upgrading project is anticipated to be complete March 2007. The sewer separation project is to coincide with the completion of the treatment plant upgrade.

The CSO outfalls that have been extended or permanently submerged in the Monongahela River are 005, 006, 008, 009, and 011. The CSO outfalls that have recorded the greatest volume of flows are Outfalls 008 and 004. While CSO outfall 007 has evidenced no discharges.

Violations:
NPDES COMPLIANCE INSPECTION REPORT
Section A: National Data System Coding

<table>
<thead>
<tr>
<th>NPDES</th>
<th>Mo./Day/Yr.</th>
<th>Inspection Type</th>
<th>Inspection ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 0092355</td>
<td>07 05 06</td>
<td>RTNC</td>
<td>1549403</td>
</tr>
</tbody>
</table>

Primary Facility Name: Municipal Authority of Belle Vernon

Belle Vernon STP - Rt 906

Municipality: Belle Vernon Borough

County: Fayette

Name, Title, Address, Telephone of Responsible Official: Ronald Kruppa - Superintendent

Belle Vernon Municipal Authority, P.O. Box 181, 10 Main St, Belle Vernon, PA 15012 929-8138

Name, Title, Address, Telephone of Operator: Guy C. Kruppa - Operator

929-8138

Facility Email Address:

Primary Facility Kind

☑ Sewage ☐ CSO ☐ Industrial Waste ☐ CAFO ☐ Stormwater ☐ Sewage Sludge ☐ Other

COMMENTS: The aeration tanks are sustaining a satisfactory sludge and dissolved oxygen concentrations. The No. 1 settling tank has been taken out-of-service for motor drive replacement. While inspecting the treatment plant, a new motor was being installed. The No. 2 settling tank motor drive is also scheduled to be replaced.

The No. 2 settling tank is exhibiting adequate sludge settling with a small pin flock carry-over. The chlorine contact tank and effluent are displaying good clarity.

Pollution Prevention Activity ☐

Inspector Name: Bruce E. Santmyer

Inspector Signature: Bruce E. Santmyer

Date: 07-05-06

Telephone: 439-7337

Name of Person Interviewed: Guy C. Kruppa

Signature of Person Interviewed: Guy C. Kruppa

Title: Operator

Telephone: 724-924-8138

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.
1. Standby power or other equivalent provision is provided.
2. Adequate alarm system for power or equipment failures is provided.
3. Operating schedules are established.
4. Plan for emergency treatment control is established.
5. Maintenance record system exists and includes:
   a. As-built drawings.
   b. Maintenance log.
   c. Repair log.
6. Required number of appropriately certified operators: 2. (Indicate names and certificate numbers).
   Ronald Krepp 55271, Guy C. Krupa 17971
7. Established procedures are available for training new operators.
8. Spare parts and supplies inventory and major equipment specifications are maintained.
9. Instructions are kept for operation and maintenance of each item of major equipment.
10. Operation and maintenance are scheduled/perform on time.
11. Routine and preventive maintenance are scheduled/perform on time.
12. Controlled diversions and overflows are maintained and recorded.
13. Plant performance not affected by organic or hydraulic overloads.

<table>
<thead>
<tr>
<th>Treatment Process</th>
<th>Number of Units</th>
<th>Treatment Units</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>On Line</td>
<td>Operable</td>
</tr>
<tr>
<td>Pump Station</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bar Screen</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Collector</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pumps</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Grit Removal</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Splitter Box</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Aeration Units</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sludge Return</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Skimmers</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Settling Tanks</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chlorinators</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chlorine Contact Tank</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sludge Holding Tank</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

S = Satisfactory I = Improvement Needed U = Unsatisfactory
Blank = Not Evaluated D = Does Not Apply

Permit No.: PA 0092355
Date: 07-05-06

Page 2 of 3

☐ White - Regional Office  ☐ Yellow - Responsible Person  ☐ Pink - Inspector
<table>
<thead>
<tr>
<th>Effluent Characteristics</th>
<th>Parameter</th>
<th>Outfall</th>
<th>Sample Measurement</th>
<th>Permit Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBOD</td>
<td></td>
<td>Outfall 001</td>
<td>cancelled</td>
<td></td>
</tr>
<tr>
<td>Suspended Solids</td>
<td></td>
<td>Outfall 001</td>
<td>50 mg/l</td>
<td>60 mg/l</td>
</tr>
<tr>
<td>TRC</td>
<td></td>
<td>Outfall 001</td>
<td>0.70 mg/l</td>
<td></td>
</tr>
<tr>
<td>Fecal Coliform</td>
<td></td>
<td>Outfall 001</td>
<td>20</td>
<td>1000/100 ml</td>
</tr>
<tr>
<td>pH</td>
<td></td>
<td>Outfall 001</td>
<td>7.2</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Permit No: PA 0092355
Date: 07-05-06
DEP Sample Information System
Sample Submission Sheet

Collector ID: 0508
Sequence No.: 483
Date Collected (MM DD YY): 07 05 06
Time Collected (HH MM): 10 30

Reason Code: 01
Cost Center Code: 064
Program Code: 0011
STD Analysis Code: 0070

SPN:  
Matrix Code:  
Residual Chlorine: Yes No
pH:  
pH less than 2.0: Yes No

Additional Analysis: (from list on back)
CSOD
Suspended Solids
pH

Collector Name: Bruce Santmyer
Permit Number: PA 0092355
Facility Name: Belle Vernon St Permittee Mun Auth Belle Vernon
Sub-Facility Number:  
Discharge Point or Sampling Location: Outfall 001
Stream Code:  
River Mile Index:  
Stream Name: Monongahela River

Latitude:  
Longitude:  

FIELD RESULTS:

Irrine (mg/l) (50060) 0.70

Comments:

Phone: 724-439-7337

Check If Broken:  
How Shipped: U.S. Cargo

Lab Use Only

Lab Number: 
Date Received: 
Received By: 

Collector: Bruce Santmyer
Collected: 07/05/2006 10:30:00 AM

County: NOT INDICATED
Municipality: NOT INDICATED

BELLE VERNON BORO MUNI AUTH
ROUTE 906
BELLE VERNON PA 15012

Facility: BELLE VERNON BORO STP
Sub-Facility: PA0092355 FIX ID: 262038
Name: OUTFALL 001

Location: NOT INDICATED
Reason: Routine Sampling

Field Tests

Chlorine 0.70 MG/L

Laboratory Sample ID: I2006026193
Standard Analysis: 070

<table>
<thead>
<tr>
<th>Test/CAS#</th>
<th>Description</th>
<th>Reported Results</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>00530</td>
<td>T SUSP SOLID</td>
<td>&lt;2 MG/L</td>
<td>07/11/2006</td>
</tr>
<tr>
<td>00340</td>
<td>COD</td>
<td>Cancelled</td>
<td>07/07/2006</td>
</tr>
<tr>
<td>00403</td>
<td>pH</td>
<td>7.2 pH units</td>
<td>07/13/2006</td>
</tr>
</tbody>
</table>
** Comment **

Lab Sample Comment: Time Limit For Test Exceeded

Laboratory Sample ID: B2006007204 Date Received: 07/06/2006
Standard Analysis: B002

<table>
<thead>
<tr>
<th>Test/CAS#</th>
<th>Description</th>
<th>Reported Results</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>31616</td>
<td>FECAL COL</td>
<td>20 /100ML</td>
<td>07/07/2006</td>
</tr>
</tbody>
</table>
## NPDES COMPLIANCE INSPECTION REPORT
### Section A: National Data System Coding

<table>
<thead>
<tr>
<th>NPDES</th>
<th>Mo./Day/Yr.</th>
<th>Inspection Type</th>
<th>Inspection ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA0492355</td>
<td>013006</td>
<td>RTNC</td>
<td>1514353</td>
</tr>
</tbody>
</table>

**Primary Facility Name:** 
Municipal Authority of Belle Vernon

**Permit Expiration Date:** 
Nov 30, 2008

**Entry Time/Date:** 
1000 HRS 01-30-06

**Exit Time/Date:** 
1210 HRS 01-30-06

**Municipality:** 
Belle Vernon Borough

**County:** 
Fayette

**Name, Title, Address, Telephone of Responsible Official:** 

Ronald Krepps - Superintendent
Belle Vernon Municipal Authority, P.O. Box 181
10 Main Street, Belle Vernon, PA 15012
1-570-929-3138

**Name, Title, Address, Telephone of Operator:** 

Guy C. Kruppa - Operator
929-8138

**Facility Email Address:** 

**Primary Facility Kind:**
- [ ] Sewage
- [ ] CSO
- [ ] Industrial Waste
- [ ] CAFO
- [ ] Stormwater
- [ ] Sewage Sludge
- [ ] Other

**COMMENTS:**

The treatment plant is being well maintained and in good operating order. The aeration tanks are sustaining a satisfactory sludge and dissolved oxygen concentrations. The settling tanks are exhibiting adequate sludge settling with a small amount of floating solids. The chlorine contact tank and effluent are displaying good clarity. The Borough of Belle Vernon and North Belle Vernon are separating their combined sewer systems by installing new sanitary-only lines. The separation project is

**Pollution Prevention Activity:**

□

**Inspector Name:** 
Bruce E. Santmyer

**Inspector Signature:** 
Bruce E. Santmyer

**Date:** 
01-30-06

**Telephone:** 
439-7537

**Name of Person Interviewed:** 
Guy C. Kruppa

**Signature of Person Interviewed:** 
Guy C. Kruppa

**Operator**

**Date:** 
01-30-06

**Telephone:** 
724-929-8138

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages.

Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.

Page 1 of 4

□ White - Regional Office  □ Yellow - Responsible Person  □ Pink - Inspector
approximately 60 to 65% completed.
NPDES COMPLIANCE INSPECTION REPORT
Operation and Maintenance Checklist

1. Standby power or other equivalent provision is provided.
2. Adequate alarm system for power or equipment failures is provided.
3. Operating schedules are established.
4. Plan for emergency treatment control is established.
5. Maintenance record system exists and includes:
   a. As-built drawings.
   b. Maintenance log.
   c. Repair log.
6. Required number of appropriately certified operators: 2. (Indicate names and certificate numbers).
   Ronald Krepps 55271, Guy C. Krepps 12971

7. Established procedures are available for training new operators.
8. Spare parts and supplies inventory and major equipment specifications are maintained.
9. Instructions are kept for operation and maintenance of each item of major equipment.
10. Operation and maintenance are scheduled/perform on time.
11. Routine and preventive maintenance are scheduled/perform on time.
12. Controlled diversions and overflows are maintained and recorded.
13. Plant performance not affected by organic or hydraulic overloads.

### Treatment Process

<table>
<thead>
<tr>
<th>Treatment Units</th>
<th>Number of Units</th>
<th>Treatment Units</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>On Line</td>
<td>Operable</td>
</tr>
<tr>
<td>Pump Station</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar Screen</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Compressor</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pumps</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Gut Removal</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Splitter Box</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Aeration Units</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sludge Returns</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Skimmers</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Settling Tanks</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chlorinators</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chlorine Contact Tank</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

S = Satisfactory    I = Improvement Needed  U = Unsatisfactory
Blank = Not Evaluated  D = Does Not Apply

Permit No.: PA 0092355
Date: 01-30-06
**NPDES COMPLIANCE INSPECTION REPORT**  
Effluent/Receiving Waters Evaluation

**Stream Name:** Monongahela River

<table>
<thead>
<tr>
<th>Upstream Conditions/Location:</th>
<th>Field Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>c.f.s.</td>
</tr>
<tr>
<td></td>
<td>s.u.</td>
</tr>
<tr>
<td></td>
<td>umhos/cm</td>
</tr>
<tr>
<td></td>
<td>mg/L</td>
</tr>
<tr>
<td></td>
<td>°F</td>
</tr>
</tbody>
</table>

**Outfall Number:** 001

<table>
<thead>
<tr>
<th>EPA</th>
<th>Field Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mgd</td>
</tr>
<tr>
<td></td>
<td>s.u.</td>
</tr>
<tr>
<td></td>
<td>umhos/cm</td>
</tr>
<tr>
<td></td>
<td>mg/L</td>
</tr>
<tr>
<td></td>
<td>°F</td>
</tr>
</tbody>
</table>

**Downstream Conditions/Location:**

<table>
<thead>
<tr>
<th>Field Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>c.f.s.</td>
</tr>
<tr>
<td>s.u.</td>
</tr>
<tr>
<td>umhos/cm</td>
</tr>
<tr>
<td>mg/L</td>
</tr>
<tr>
<td>°F</td>
</tr>
</tbody>
</table>

**Outfall Number:**

<table>
<thead>
<tr>
<th>Field Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>mgd</td>
</tr>
<tr>
<td>s.u.</td>
</tr>
<tr>
<td>umhos/cm</td>
</tr>
<tr>
<td>mg/L</td>
</tr>
<tr>
<td>°F</td>
</tr>
</tbody>
</table>

**Permit No.: PA 00973.55**

Date: [ ]

☐ White – Regional Office  ☐ Yellow – Responsible Person  ☐ Pink - Inspector
NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

<table>
<thead>
<tr>
<th>NPDES</th>
<th>Mo. / Day / Yr.</th>
<th>Inspection Type</th>
<th>Inspection ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA0026841</td>
<td>072308</td>
<td>CEIF</td>
<td>1722635</td>
</tr>
</tbody>
</table>

Primary Facility Name: Charleroi Sewage Treatment Plant
Municipal Authority or Operating Authority: Charleroi Boro Authority
Location of Facility: 13th & Railroad Street
Permit Expiration Date: Pending
Municipality: Charleroi
County: Washington
Permit Renewal Application Due: Pending

Primary Facility Kind
- [X] Sewage
- [ ] Industrial Waste
- [ ] Stormwater
- [ ] Other

Responsible Person:
Edward J. Golanka
Title: General Manager
Address: 325-327 McKean Avenue
Charleroi PA 15022
Business Phone Number: 724-483-3585
FAX Number: 724-483-3585
E-mail Address: info@abcwater.org

Operator in Responsible Charge:
Richard E. Baker
Certificate Number: T3645
Class & Subclasses: A, E, 1234
Client ID Number: 195492
Address: 716 Sixth Street
Charleroi PA 15022
Business Phone Number: 724-483-3585
Cell Phone Number: 724-483-3585
E-mail Address: info@abcwater.org

VIOLATIONS:
- [ ] Yes
- [ ] Samples have been collected by the Department, violations may be revealed upon receipt of the analysis.

- Packing on Primary Influent pump leakage, allowing sludge to collect on floor. Operator will change packing and clean area today.
- Waste water from grit hopper building flowing to a storm drain observed flowing to storm drain that flows directly to the river. This flow should be directed to an internal storm drain that flows to treatment plant.

Name of Person Interviewed:
Kevin STRELICK
Signature of Person Interviewed:
Phone Number: 724-483-3585
Title: Plant Foreman

Name of Inspector:
Robert E Red
Signature of Inspector: 4124424065
Phone Number: 4124424065
Title: Water Quality Specialist

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages.

Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.

Page 1 of 7
2007 Chapter 94 showed no hydraulic or organic overload. The organic loading was 16.24 tons per day in 2007: 16.24 x 365 = 5927.60 lbs / 2007 = 296.38 tons of BOD
with only 7 days of digestion using a factor of this would mean 296.38 tons of sludge would be expected. The plant disposed of 832 tons however the volatiles were 832 x .25 = 808 tons 808 / 296.38 = 2.72% of BOD if a factor of 1 with a factor of 7 to account for reduction in treatment plant and digestion then the disposal = 9% of what is expected.
**NPDES COMPLIANCE INSPECTION REPORT**

### Treatment Plant

<table>
<thead>
<tr>
<th>Major Repair/Replacement of Equipment or Units Within Past Year:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standby Power:</td>
<td>Emergency Generator:</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dual Feed</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Alarm System:</td>
<td>SCADA</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dialer</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>PLC</td>
<td>No</td>
</tr>
<tr>
<td>What Condition(s) Trigger Alarm:</td>
<td>High Flow</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Chlorine Leak</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Power Failure</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Security</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Auto Start</td>
<td>Yes</td>
</tr>
<tr>
<td>Staffing Schedule:</td>
<td>24/7</td>
<td>Yes</td>
</tr>
<tr>
<td>Weekdays: time</td>
<td>8:00 AM to 12:00 PM</td>
<td>Yes</td>
</tr>
<tr>
<td>Weekends/Holidays: time</td>
<td>8:00 AM to 4:00 PM</td>
<td>Yes</td>
</tr>
<tr>
<td>Written Standard Operating Procedure On-Site:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Response/PPC Plan On-Site:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Routine Maintenance Log Satisfactory:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Repair Log Adequate and Up-to-Date:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Spare parts Inventory Adequate:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Flow Meter on:</td>
<td>Influent</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Effluent Line</td>
<td>No</td>
</tr>
<tr>
<td>Hydraulic Design Capacity of Treatment Plant</td>
<td>0 MGD</td>
<td>No</td>
</tr>
<tr>
<td>Flow Meter Calibrated:</td>
<td>Yearly</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Date Calibrated</td>
<td>Yes</td>
</tr>
<tr>
<td>Calibration Records for Field Meters Satisfactory:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Daily Log</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bench Sheet</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Supplemental Forms are Up-to-Date:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Comments

Page 3 of 3

Date: 07/23/08

Permit No.: PA0026891

[Checkboxes for Color Coding]
### Treatment Process

<table>
<thead>
<tr>
<th>Treatment Units</th>
<th>Total</th>
<th>On-Line</th>
<th>Inoperable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Gate</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mech. BAR Screen</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclonic Grit Chamber</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Clarifier</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aeration Tanks</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary Clarifiers</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAS</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sludge Thickener</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Digester</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary Digester</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belt press</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAS Chlorinator</td>
<td>2</td>
<td>1</td>
<td></td>
<td>2nd System operable</td>
</tr>
<tr>
<td>Cl₂ Contact Tank</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Chemical Additions:

- Cl₂

### Process Control

- Color and Odor
- Settleability (mL/L)
- Dissolved Oxygen (mg/L)
- Sludge Blanket (ft.)
- Mixed Liquor Suspended Solids (mg/L)
- Microscopic Examination of MLSS
- Others

**Inspector Comments/Observations/Results:** Process Control 3 Times a Week

**Date:** 07/23/08
### NPDES COMPLIANCE INSPECTION REPORT

<table>
<thead>
<tr>
<th>Sampling and Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Laboratory Supervisor:</strong> Richard E. BAKER</td>
</tr>
<tr>
<td><strong>Facility Laboratory Registration Number:</strong> 63-01649</td>
</tr>
<tr>
<td><strong>NELAP Accredited:</strong> Yes No</td>
</tr>
</tbody>
</table>

**Reportable Analyses by Facility's In-House Lab:**
- All Permitted Parameters
- pH
- DO
- TRC
- Other(s)

**Sample Location(s) is/are Adequate for a Representative Sample:** Yes No

**Sampling Frequency is Consistent with Permit Requirements:** Yes No

**Sampling and Analyses Completed on Parameters Specified in Permit:** Yes No

**Sample Containers and Preservatives are Correct for Analyses Requested:** Yes No

**Composite Samples are:**
- Refrigerated or
- Iced During Compositing and Storing

**Composite Sampler Controlled by:**
- Influent Flow Meter
- Effluent Flow Meter

**Manual Sampling**

**Number of Aliquots Taken for Composite Sample:** 8
**Flow Proportioned:** Yes No

**Field Testing is Done Within 15 Minutes of Sampling:** Yes No

**All Sample Analyses Using Approved Methods are Included in the DMR:** Yes No

**Samples Adequately Documented to Include:**
- Date and time of Sampling
- Date and Time of Analysis
- Name of Lab Technician
- Analytical Methods
- Name of Sample Collector

**Samples are Analyzed Within the Required Holding Time:** Yes No

**Information from Bench Sheet is Consistent with Data on the DMR:**
- Yes No
- Month(s)/Year Checked: JUNE 2008

**Laboratory Equipment is Calibrated as Required:** Yes No
**Date Calibrated:** When Required

**Name of Contracted Laboratory:** Microbac (When necessary)
**Laboratory Registration Number:** 02-257
**NELAP Accredited:** Yes No

**Address:** 100 Marshall Drive
**Parameters Analyzed:** TCLP METALS
**Warrendale PA 15086**

**Page 5 of 7**
**Date:** 07/23/2008
**Permit No.:** PA 0026891

☐ White – Regional Office ☐ Yellow – Responsible Person ☐ Pink - Inspector
# NPDES COMPLIANCE INSPECTION REPORT

## Flow Measurement

- **Treatment Affected by High (Peak) Flow:**
  - [ ] Yes
  - [x] No

- **High Flow Management Plan Implemented at What Flow:**
  - [ ] 9.0 MGD

- **Type of Flow Measuring Device:**
  - [ ] Mag Meter

- **All Flow Measuring Devices are Properly Maintained:**
  - [x] Yes
  - [ ] No

- **Flow Measuring Device is Checked:**
  - [x] Daily
  - [ ] Weekly
  - [ ] Other

- **Influent Flow is Measured Before All Return Lines:**
  - [x] Yes
  - [ ] No

- **Effluent Flow is Measured After All Return Lines:**
  - [ ] Yes
  - [ ] No

- **Flow Measuring Device is Capable of Handling Expected Range of Flow:**
  - [x] Yes
  - [ ] No

- **Flow Records are Retained for at Least Three Years:**
  - [x] Yes
  - [ ] No

## Flumes and Weirs

- **Flume Appears to Distribute Flow Uniformly Across the Channel:**
  - [ ] Yes
  - [ ] No

- **Flume is Free of Debris and Deposits:**
  - [ ] Yes
  - [ ] No

- **Weir is Clean With a Visible Air Space Below the Nappe:**
  - [ ] Yes
  - [ ] No

- **Flume and Weir are Inspected as Part of Flow Meter Calibration:**
  - [ ] Yes
  - [ ] No

## Collection System

- **Owned by:**
  - [ ] Permittee
  - [x] Other
  - [ ] Except Main

- **Maintained by:**
  - [ ] Permittee
  - [ ] Other

- **Inflow and/or Infiltration Being Addressed:**
  - [x] Yes
  - [ ] No
  - [ ] N/A

- **Collection System Maintenance is:**
  - [x] Regularly Scheduled and
  - [ ] Adequately Documented

- **Sanitary Sewer Overflow (SSO's) Reported to DEP Immediately:**
  - [x] Yes
  - [ ] No
  - [ ] N/A

- **EPA Approved Pretreatment Program Required:**
  - [ ] Yes
  - [x] No

- **Implemented:**
  - [ ] Yes
  - [ ] No

---

**Page 6 of 7**

**Date:** 07.23.2008

**Permit No.: PA002-6891**

[ ] White – Regional Office

[ ] Yellow – Responsible Person

[ ] Pink - Inspector
NPDES COMPLIANCE INSPECTION REPORT

Effluent/Receiving Water Evaluation

Stream Name: **Monongahela River**

### Upstream Conditions/Location:
- Field Measurements
  - Flow: None c.f.s.
  - pH: __________ s.u.
  - Conductivity: __________ umhos/cm
  - Dissolved Oxygen: __________ mg/L
  - Total/Free Chlorine Residual: __________ mg/L
  - Temperature: __________ °C
  - DEP Collector Number: __________

- Location: **Rear of plant on river**

### Outfall Number: 001

- Field Measurements
  - Flow: None mgd
  - pH: __________ s.u.
  - Conductivity: __________ umhos/cm
  - Dissolved Oxygen: __________ mg/L
  - Total/Free Chlorine Residual: __________ mg/L
  - Temperature: __________ °C
  - DEP Collector Number: __________

### Downstream Conditions/Location:
- Field Measurements
  - Flow: __________ c.f.s.
  - pH: __________ s.u.
  - Conductivity: __________ umhos/cm
  - Dissolved Oxygen: __________ mg/L
  - Total/Free Chlorine Residual: __________ mg/L
  - Temperature: __________ °C
  - DEP Collector Number: __________

- Location: **Effluent clear**

- NO SOLIDS NOTED

### Outfall Number

- Field Measurements
  - Flow: __________ mgd
  - pH: __________ s.u.
  - Conductivity: __________ umhos/cm
  - Dissolved Oxygen: __________ mg/L
  - Total/Free Chlorine Residual: __________ mg/L
  - Temperature: __________ °C
  - DEP Collector Number: __________

- Location: __________

### Downstream Conditions/Location:
- Field Measurements
  - Flow: __________ c.f.s.
  - pH: __________ s.u.
  - Dissolved Oxygen: __________ mg/L
  - Conductivity: __________ umhos/cm
  - Total/Free Chlorine Residual: __________ mg/L
  - Temperature: __________ °C
  - DEP Collector Number: __________

- Location: __________

Date: 07 23 2008

 Permit No.: PA 0026891

☐ White – Regional Office ☐ Yellow – Responsible Person ☐ Pink - Inspector
NPDES COMPLIANCE INSPECTION REPORT
Section A: National Data System Coding

Mo./Day/Yr. 09/29/04  Inspection Type 00001  Inspection ID No. 13817

Primary Name [censored]

Permit Expiration Date 2/28/09  Entry Time/Date 9:30 9/29/04  Exit Time/Date 12:00 9/29/04

Prelim. Flood Damage Assessment W/FEMA, PEMA

Name, Title, Address, Telephone of Responsible Official
Charles Berryhill
90 E. High St.
Waynesburg PA 15370 724-627-8111
Name, Title, Address, Telephone of Operator
Mark S. McCullough
Same

Facility Email Address:

Primary Facility Kind
⊗ Sewage  ☐ CSO  ☐ Industrial Waste  ☐ CAFO  ☐ Stormwater  ☐ Sewage Sludge  ☐ Other

COMMENTS:

Prelim. Flood Damage Assessment From Iwan Flood 9/19/04.
Waynesburg, Boro STP had following damage:
Main Plant Pump Station:
Three 25HP influent Pumps/Motors, Compressors(2) & Controls,
bubbling system, grit removal system, hydraulic Comminutor
drive system/motor, Ventilation systems & Pump station
building struct. damage & walkway damage to STP
diversion chamber. Also Misc. Labor & Service costs.
Reps from FEMA & PEMA at site today for Prelim. Damage Assmnt.

Compliance Assistance Provided ☐

Pollution Prevention Activity ☐

Inspector Name Vincent Kashko
Inspector Signature [Signature]
Date 9/29/04
Telephone 724-697-0534

Name of Person Interviewed Sam McCullough
Signature of Person Interviewed [Signature]
Title [Title]

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages.

Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be filed. The findings and violations are noted.

RECEIVED

DEP Southwest Region
November 5, 2004
August 16 2004

Department of Environmental Protection
California District Office
25 Technology Drive
California Technology Park
Coal Center Pa. 15423

Attn: Vincent Yentco

Dear Sir,

In reference to a power surge due to a lightning storm on the evening of August 10 2004.

After electrical examination of equipment damage and some repair work done since we are now able to operate at close to full capacity, but we are still finding effects of storm damage to other equipment. Various drives, chipboards motors and controls are being replaced and we anticipate completion within the week.

During the down time in the main pump station I would estimate less than 50000 gallons of storm water and raw sewage bypassed to the Tenmile creek. This seemed to have no effect on water quality due to the level of the creek and to over 1.25” rainfall at that time.

Mark S McCullough
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

DEP Sample Information System
- Sample Submission Sheet

Collector ID: 0508
Sequence No.: 570
Date Collected (MM-DD-YY): 02-12-07
Time Collected (HH-MM): 10:40

Reason Code: 01
Cost Center Code: 064
Program Code: 0011
STD Analysis Code: 0070

SPH
Matrix Code
Residual Chlorine: Yes
pH: 7

pH less than 2.0: Yes

Additional Analysis: (from list on back)

480D
Suspended Solids
VH2N
pH

Collectors Name: Bruce Santmyer
Phone: 724-439-7337

Permit Number: PA0022306
Facility Name: Shady Avenue SE Permittee
Discharge Point or Sampling Location: Outfall 001
Stream Name: Dunlap Creek

FIELD RESULTS:

\[
\text{INE (mg/l)} \quad (60060) \\
\text{pH} \quad (00010) \\
\text{TS} \quad (00400) \\
\text{G/l} \quad (00300) \\
\text{t (umhos)} \quad (00094) \\
(00065) \\
(00061) \\
(50051)
\]

Comments:
Collector: Bruce Santmyer  
Collected: 02/12/2007  10:40:00 AM

County: NOT INDICATED  
Municipality: NOT INDICATED

-----

SHADY AVE STP  
225 SHADY AVE  
BROWNSVILLE  
PA  15417-000

-----

Facility: SHADY AVE STP  
Sub-Facility: PA0022306    
FIX ID: 209669  
Name: OUTFALL 001 (PLANT DISCHARGE)

-----

Location: NOT INDICATED  
Reason: Routine Sampling

Laboratory Sample ID: I2007005304  
Standard Analysis: 070

Test/CAS# - Description  | Reported Results  | Completed
---------------------------|-------------------|---------
00530 T SUSP SOLID        | <2 MG/L           | 02/16/2007
00403 pH                 | 7.3 pH units      | 02/13/2007

** Comment **  
Time Limit For Test Exceeded

00610A AMMONIA-N T        | 0.54 MG/L         | 02/23/2007
00314 BOD5 INHIB         | 1.20 MG/L         | 02/21/2007

Sample exceeded the holding time for BOD/CBOD test because of the lab closing due to snow on Wednesday 02/14/07

Laboratory Sample ID: B2007000867  
Date Received: 02/13/2007  
COMPLETED

Standard Analysis: B002

Lab Sample Comment: Time Limit For Test Exceeded

Test/CAS# - Description  | Reported Results  | Completed
---------------------------|-------------------|---------
31616 FECAL COL           | 10 /100ML         | 02/15/2007
### NPDES COMPLIANCE INSPECTION REPORT

#### Section A: National Data System Coding

<table>
<thead>
<tr>
<th>NPDES</th>
<th>Mo. / Day / Yr.</th>
<th>Inspection Type</th>
<th>Inspection ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10022306</td>
<td>080906</td>
<td>RTNC</td>
<td>1559662</td>
</tr>
</tbody>
</table>

**Primary Facility Name:** Shady Avenue STP

**Municipal Authority or Operating Authority:** Brownsville Municipal Authority

**Location of Facility:** 225 Shady Avenue

**County:** Fayette

**Municipality:** Brownsville Borough

**Permit Expiration Date:** Feb 28, 2009

**Permit Renewal Application Due:** Sep 28, 2008

**Primary Facility Kind:** Sewage

**Operator in Responsible Charge:** James P. Kenisley

**Title:** Superintendent

**Certificate Number:** 58029

**Class & Subclasses:** A 1,2,3,4

**Address:**

- **Brownsville Municipal Authority**
- **P.O. Box 330**
- **Brownsville, PA 15417-0330**

**Business Phone Number:** 724-443-4436

**FAX Number:**

**Business Phone Number:**

**Cell Phone Number:**

**E-mail Address:**

**E-mail Address:**

### VIOLATIONS:

- **Yes**
- **Samples have been collected by the Department, violations may be revealed upon receipt of the analysis.**

The Shady Avenue STP is operating under a Departmental Consent Order and Agreement of July 29, 2004 and First Amendment of October 28, 2005. The COTA was issued to the Brownsville Municipal Authority to correct treatment plant and sewer collection deficiencies.

The following work has been accomplished in constructing

<table>
<thead>
<tr>
<th>Name of Person Interviewed</th>
<th>Date</th>
<th>Name of Inspector</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>James P. Kenisley</td>
<td>8/9/06</td>
<td>Bruce E. Sautmyer</td>
<td>08-09-06</td>
</tr>
</tbody>
</table>

**Signature of Person Interviewed:**

**Signature of Inspector:**

**Phone Number:** 724-443-4436

**Phone Number:**

**Title:** Superintendent

**Title:** Water Quality Specialist

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages.

Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.

Page 1 of 4

- **White – Regional Office**
- **Yellow – Responsible Person**
- **Pink - Inspector**
the new SBR sewage treatment plant:

1. Construction of the 5mgd peak capacity screening device, equipped with a manual cleaning bar screen, is now complete.

2. Construction of the four concrete 329,000 gallon each SBR tanks, along with the installation of fine bubble aeration systems, piping, submersible waste sludge pumps, and deaerators are complete. The tanks are presently being filled with water for leakage and fine bubble aeration, diffuser and airline testing.

3. Construction of the 5mgd peak capacity UV disinfection unit is expected to be concluded by the end of the work day. The light fixture assemblies were being installed while inspecting the facility.

4. Construction of the concrete 446,000 gallon aerobic digester tank is now complete. The tank is now being tested for water, diffuser and airline leakage.

5. Construction of the blower/sludge management building is complete, along with the installation of three 460 cfm SBR blower motors, two sludge digester motors, and a 2.2 meter belt filter press.

6. Construction of the garage/control/lab building is approximately 80% complete.

Construction of the new SBR treatment plant is anticipated to be Finalized and operational by September 22, 2006.

Refurbishment work on pump station A is now complete but the new pumps have not been placed in service. Pump stations B & C are presently under refurbishment work. Upgrading work on station D has not yet begun. All four pump stations are scheduled to be upgraded and in service by January 2007.

Approximately 80% of the sewer collection system is to be separated into sanitary and stormwater sewers by the conclusion of the treatment plant/pump station upgrading project in January 2007.
1. Standby power or other equivalent provision is provided.
2. Adequate alarm system for power or equipment failures is provided.
3. Operating schedules are established.
4. Plan for emergency treatment control is established.
5. Maintenance record system exists and includes:
   a. As-built drawings.
   b. Maintenance log.
   c. Repair log.
6. Required number of appropriately certified operators: Z.
   (Indicate names and certificate numbers).
   James P. Kenisley S8029, S. G. Nicola T0136, B. J. Vit
7. Established procedures are available for training new operators.
8. Spare parts and supplies inventory and major equipment specifications are maintained.
9. Instructions are kept for operation and maintenance of each item of major equipment.
10. Operation and maintenance are scheduled/perform on time.
11. Routine and preventive maintenance are scheduled/perform on time.
12. Controlled diversions and overflows are maintained and recorded.
13. Plant performance not affected by organic or hydraulic overloads.

### Treatment Process

<table>
<thead>
<tr>
<th>Treatment Units</th>
<th>Number of Units</th>
<th>Treatment Units</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>On Line</td>
<td>Operable</td>
</tr>
<tr>
<td>Grit Chamber</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Comminutor</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bar Screen</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Aeration Tanks</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Settling Tanks</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Chlorination(s)</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chlorine Contact</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sludge Drying</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Flow Meter</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sludge Holding</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

S = Satisfactory  I = Improvement Needed  U = Unsatisfactory
Blank = Not Evaluated  D = Does Not Apply

Permit No.: PA 0022306
Date: 08-09-06
## Effluent Characteristics

<table>
<thead>
<tr>
<th>Parameter/Outfall</th>
<th>Sample Measurement</th>
<th>Permit Requirement</th>
<th>Additional</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBOD Outfall 001</td>
<td>0.60 mg/l</td>
<td>60 mg/l</td>
<td></td>
</tr>
<tr>
<td>Suspended Solids</td>
<td>&lt;2 mg/l</td>
<td>60 mg/l</td>
<td></td>
</tr>
<tr>
<td>NH₃N</td>
<td>0.05 mg/l</td>
<td>16 mg/l</td>
<td></td>
</tr>
<tr>
<td>TRC</td>
<td>0.2 mg/l</td>
<td>3.3 mg/l</td>
<td></td>
</tr>
<tr>
<td>Fecal Coliform</td>
<td>&lt;20</td>
<td>1000/1000/100000/1000</td>
<td></td>
</tr>
<tr>
<td>pH</td>
<td>8.1</td>
<td>6-9</td>
<td></td>
</tr>
</tbody>
</table>
DEP Sample Information System
Sample Submission Sheet

Collector ID: 0508  Sequence No: 502  Date Collected (MM/DD/YY): 080906
Time Collected (HH:MM): 10:10


SPH  Matrix Code:  Residual Chlorine: Yes  No  pH less than 2.0: Yes  No

Additional Analysis: (from list on back)
- CBOD
- Suspended Solids
- NH3-N
- pH

Collectors Name: Bruce Santmyer  Phone: 724-439-7337

Permit Number: PA00Z2306  Facility Name: Shady Avenue, STP Permits Brownsville Muni Auth.

Sub-Facility Number:  

Stream Code:  River Mile Index:

Latitude:  Longitude:

FIELD RESULTS;

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorine (mg/l)</td>
<td>0.20</td>
</tr>
<tr>
<td>pH</td>
<td></td>
</tr>
<tr>
<td>COD</td>
<td></td>
</tr>
<tr>
<td>BOD</td>
<td></td>
</tr>
<tr>
<td>Suspended Solids</td>
<td></td>
</tr>
<tr>
<td>NH3-N</td>
<td></td>
</tr>
<tr>
<td>pH</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Collector: Bruce Santmyer  
Collected: 08/09/2006 10:10:00 AM

County: NOT INDICATED  
Municipality: NOT INDICATED

SHADY AVE STP  
225 SHADY AVE  
BROWNSVILLE  
PA 15417-000

Facility: SHADY AVE STP  
Sub-Facility: PA0022306  
Name: OUTFALL 001 (PLANT DISCHARGE)

Location: NOT INDICATED  
Reason: Routine Sampling

Field Tests

Chlorine 0.20 MG/L

Laboratory Sample ID: I2006031787  
Standard Analysis: 070

<table>
<thead>
<tr>
<th>Test/CAS#</th>
<th>Description</th>
<th>Reported Results</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>00314</td>
<td>BODS INHIB</td>
<td>0.60 MG/L</td>
<td>08/21/2006</td>
</tr>
<tr>
<td>** Comment **</td>
<td>&lt;2.0 mg/L DO depletion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Standard out of range. Results may bias low.

| 00530       | T SUSP SOLID    | <2 MG/L          | 08/16/2006 |
| 00403       | pH              | 8.1 pH units     | 08/21/2006 |
| ** Comment ** | Time Limit For Test Exceeded |

| 00610A      | AMMONIA-N T     | 0.05 MG/L        | 08/25/2006 |

Laboratory Sample ID: B2006011938  
Date Received: 08/10/2006  
Standard Analysis: B002

Lab Sample Comment: Time Limit For Test Exceeded

<table>
<thead>
<tr>
<th>Test/CAS#</th>
<th>Description</th>
<th>Reported Results</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>31616</td>
<td>FECAL COL</td>
<td>&lt;20 /100ML</td>
<td>08/11/2006</td>
</tr>
</tbody>
</table>
### NPDES COMPLIANCE INSPECTION REPORT

#### Treatment Process

<table>
<thead>
<tr>
<th>Treatment Units</th>
<th>Total</th>
<th>On-Line</th>
<th>Inoperable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical Screen</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SBR Tanks</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Submersible Sludge Pumps</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerobic Digester</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blower Motors</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultraviolet Disinfection</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polymer Feed Tank</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filter Belt Press</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Generator</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flow Meters Influent/Effluent</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Chemical Additions:

- ...
- ...

#### Process Control:

- [ ] Color and [ ] Odor
- Inspector Comments/Observations/Results

- [ ] Settleability (ml/L)

- [ ] Dissolved Oxygen (mg/L)

- [ ] Sludge Blanket (ft.)

- [ ] Mixed Liquor Suspended Solids (mg/L)   [ ] MLVSS

- [ ] Microscopic Examination of MLSS

- [ ] Others

Page 3 of 4  Date: 02-12-07  Permit No.: PA0022306

[ ] White - Regional Office  [ ] Yellow - Responsible Person  [ ] Pink - Inspector
# NPDES COMPLIANCE INSPECTION REPORT

## Effluent/Receiving Water Evaluation

**Stream Name:** Dunlap Creek

### Upstream Conditions/Location:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latitude</td>
<td></td>
</tr>
<tr>
<td>Longitude</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
</tbody>
</table>

### Outfall Number: 001

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBOD</td>
<td>1.20/50</td>
</tr>
<tr>
<td>SS</td>
<td>57/160</td>
</tr>
<tr>
<td>NH₃-N</td>
<td>0.54/48</td>
</tr>
<tr>
<td>F.C.</td>
<td>10/10,000</td>
</tr>
</tbody>
</table>

### Field Measurements

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow</td>
<td>c.f.s.</td>
</tr>
<tr>
<td>pH</td>
<td>s.u.</td>
</tr>
<tr>
<td>Conductivity</td>
<td>umhos/cm</td>
</tr>
<tr>
<td>Dissolved Oxygen</td>
<td>mg/L</td>
</tr>
<tr>
<td>Total/Free Chlorine Residual</td>
<td>mg/L</td>
</tr>
<tr>
<td>Temperature</td>
<td>°C</td>
</tr>
<tr>
<td>DEP Collector Number</td>
<td></td>
</tr>
</tbody>
</table>

### DEP Collector Number: 0508570

### Downstream Conditions/Location:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latitude</td>
<td></td>
</tr>
<tr>
<td>Longitude</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
</tbody>
</table>

### Outfall Number

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow</td>
<td>mgd</td>
</tr>
<tr>
<td>pH</td>
<td>s.u.</td>
</tr>
<tr>
<td>Conductivity</td>
<td>umhos/cm</td>
</tr>
<tr>
<td>Dissolved Oxygen</td>
<td>mg/L</td>
</tr>
<tr>
<td>Total/Free Chlorine Residual</td>
<td>mg/L</td>
</tr>
<tr>
<td>Temperature</td>
<td>°C</td>
</tr>
<tr>
<td>DEP Collector Number</td>
<td></td>
</tr>
</tbody>
</table>

### DEP Collector Number

### Downstream Conditions/Location:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latitude</td>
<td></td>
</tr>
<tr>
<td>Longitude</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
</tbody>
</table>

### Field Measurements

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow</td>
<td>c.f.s.</td>
</tr>
<tr>
<td>pH</td>
<td>s.u.</td>
</tr>
<tr>
<td>Conductivity</td>
<td>umhos/cm</td>
</tr>
<tr>
<td>Dissolved Oxygen</td>
<td>mg/L</td>
</tr>
<tr>
<td>Total/Free Chlorine Residual</td>
<td>mg/L</td>
</tr>
<tr>
<td>Temperature</td>
<td>°C</td>
</tr>
<tr>
<td>DEP Collector Number</td>
<td></td>
</tr>
</tbody>
</table>

### DEP Collector Number

### Date: 02-12-07

**Permit No.: PA0223046**

- White – Regional Office
- Yellow – Responsible Person
- Pink - Inspector
# NPDES COMPLIANCE INSPECTION REPORT

## Section A: National Data System Coding

<table>
<thead>
<tr>
<th>NPDES</th>
<th>Mo. / Day / Yr.</th>
<th>Inspection Type</th>
<th>Inspection ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>14016159</td>
<td>072208</td>
<td>12071</td>
<td>1722643</td>
</tr>
</tbody>
</table>

**Primary Facility Name:** NOV Valley Wastewater Treatment Plant  
**Municipal Authority or Operating Authority:** Mon Valley Sewage Authority  
**Location of Facility:** 20 Washington St, Donora PA 15033  
**Permit Expiration Date:** 10-02-07  
**Permit Renewal Application Due:** Pending

**County:** Washington

**Primary Facility Kind:**  
- Sewage  
- Industrial Waste  
- Stormwater  
- Other

**Responsible Person:**  
**Name:** THOMAS A. SALAK  
**Title:** General Manager  
**Address:** 20 Washington St, P.O. Box 792, Donora PA 15033  
**Business Phone Number:** 724-379-4141  
**E-mail Address:** salak@verizon.net

**Operator in Responsible Charge:**  
**Name:** Charles R. LaMendola  
**Certificate Number:** S 8546  
**Class & Subclasses:** AE 1234  
**Client ID Number:** 195670  
**Address:** 20 Washington St, P.O. Box 792, Donora PA 15033  
**Business Phone Number:** 724-379-4141  
**Cell Phone Number:** 724-379-4690  
**E-mail Address:** salak@verizon.net

---

### VIOLATIONS

- **Yes**  
- **No**  

**Samples have been collected by the Department, violations may be revealed upon receipt of the analysis.

**FLOW proportioning is not being done according to permit requirements.** For composite Samples, Samples are collected automatically; Compositing is accomplished manually based on influent Flow. This can result in diluted samples being analyzed and erroneous values being reported.

---

### Name of Person Interviewed

**Name:** THOMAS A. SALAK  
**Date:** 07-22-2008  
**Signature:** [Signature]

**Name of Inspector:** ROBERT E. REDLINGER  
**Date:** 07-22-2008  
**Signature:** [Signature]

**Title:** GENERAL MANAGER  
**Phone Number:** 724-379-4141

---

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages.

Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.

---

[Box for White - Regional Office]  
[Box for Yellow - Responsible Person]  
[Box for Pink - Inspector]
### Additional Comments

Plant is not reporting hydraulic or organic over-load per Chapter 94.

Organic loading per Chapter 94 annual average per day is 1560 lbs per day x 365 = 563,000 lbs.

2000 = 284.7 tons of BOD.

Assuming .65 dry tons of Sludge per ton of BOD expected Sludge disposal should be

284.7 x .65 = 185. Dry tons expected.

Convention would be .65, if we assume 1.0 and no reduction 2.85.

369 dry tons of Sludge expected to be disposed of.

369 / 285 = 90% of expected disposed which could be explained as a low BOD being reported.

The average 1300 being reported for influent is 80 mol. If reduction is 1 then this would correspond to an influent BOD of 103 mol.

If a factor of .65 is used then an influent BOD of 159 mol would be the BOD strength.

* Split samples of influent with an outside lab to compare influent BOD measurements is suggested. The SN agreed to do this.
NPDES COMPLIANCE INSPECTION REPORT

<table>
<thead>
<tr>
<th>Sampling and Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Laboratory Supervisor: Charles La Mendola</td>
</tr>
<tr>
<td>Facility Laboratory Registration Number: 63-01011</td>
</tr>
<tr>
<td>NELAP Accredited: Yes</td>
</tr>
</tbody>
</table>

Reportable Analyses by Facility's In-House Lab: All Permitted Parameters

Sample Location(s) is/are Adequate for a Representative Sample: Yes

Sampling Frequency is Consistent with Permit Requirements: Yes

Sampling and Analyses Completed on Parameters Specified in Permit: Yes

Sample Containers and Preservatives are Correct for Analyses Requested: Yes

Composite Samples are: Refrigerated or Iced During Compositing and Storing

Composite Sampler Controlled by: Timer

Number of Aliquots Taken for Composite Sample: Flow Proportioned: No

Field Testing is Done Within 15 Minutes of Sampling: Yes

All Sample Analyses Using Approved Methods are Included in the DMR: No

Samples Adequately Documented to Include: Date and time of Sampling, Date and Time of Analysis, Name of Lab Technician, Analytical Methods, Name of Sample Collector

Samples are Analyzed Within the Required Holding Time: Yes

Information from Bench Sheet is Consistent with Data on the DMR: Yes

Laboratory Equipment is Calibrated as Required: As Required

Name of Contracted Laboratory: MicroBAC

Address:

Parameters Analyzed:

Page 3 of 7

Date: 07-22-2008

 Permit No.: PA0026158
## NPDES COMPLIANCE INSPECTION REPORT

### Treatment Plant

<table>
<thead>
<tr>
<th>Major Repair/Replacement of Equipment or Units Within Past Year:</th>
<th>☑ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standby Power:</td>
<td>☑ Emergency Generator ☐ Dual Feed ☐ Other ☑ None</td>
</tr>
<tr>
<td>Alarm System:</td>
<td>☑ SCADA ☑ Dialer ☐ PLC ☐ Other ☑ None</td>
</tr>
<tr>
<td>What Condition(s) Trigger Alarm:</td>
<td>HIGH FLOW POWER OUTAGES EQUIP FAILURES</td>
</tr>
<tr>
<td>Staffing Schedule:</td>
<td>☑ 24/7 Weekdays: 7:00 A to 11:00 P Weekends/Holidays: 7:00 A to 3:00 P</td>
</tr>
<tr>
<td>Written Standard Operating Procedure On-Site:</td>
<td>☑ Yes ☑ No ☑ N/A</td>
</tr>
<tr>
<td>Emergency Response/PPC Plan On-Site:</td>
<td>☑ Yes ☑ No Last Updated:</td>
</tr>
<tr>
<td>Routine Maintenance Log Satisfactory:</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>Repair Log Adequate and Up-to-Date:</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>Spare parts Inventory Adequate:</td>
<td>☑ Yes ☑ No ☑ Standby Units Available</td>
</tr>
<tr>
<td>Flow Meter on:</td>
<td>☑ Influent ☐ Effluent Line</td>
</tr>
<tr>
<td>Hydraulic Design Capacity of Treatment Plant:</td>
<td>DRY 3.66 MGD WET 4.69</td>
</tr>
<tr>
<td>Flow Meter Calibrated:</td>
<td>☑ Yearly ☑ Other 2/year Date Calibrated: MAY 2008</td>
</tr>
<tr>
<td>Calibration Records for Field Meters Satisfactory:</td>
<td>☑ Yes ☑ No</td>
</tr>
<tr>
<td>☑ Daily Log ☑ Bench Sheet ☑ Supplemental Forms are Up-to-Date:</td>
<td>☑ Yes ☑ No</td>
</tr>
</tbody>
</table>

### Comments

Page 4 of 7 Date: 07-22-2008 Permit No.: PA0026158

☐ White – Regional Office ☐ Yellow – Responsible Person ☐ Pink - Inspector
# NPDES Compliance Inspection Report

## Treatment Process

<table>
<thead>
<tr>
<th>Treatment Units</th>
<th>Total</th>
<th>On-Line</th>
<th>Inoperable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pump Stations</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grit Chamber</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parshall Flume</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Tank</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerobic digester</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sludge thickener</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blower Motors</td>
<td>3</td>
<td>1</td>
<td></td>
<td>Alloperable</td>
</tr>
<tr>
<td>Gascarbator</td>
<td>2</td>
<td>1</td>
<td></td>
<td>One is spare</td>
</tr>
<tr>
<td>Cl Contact Tanks</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sludge Storage B/V</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belt Filter Press</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Chemical Additions:

### Process Control

- **Color and Odor**: ✔
- **Settleability (ml/L)**: ✔ 140-150, 200-220
- **Dissolved Oxygen (mg/L)**: □
- **Sludge Blanket (ft.)**: ✔ 1 ft.
- **Mixed Liquor Suspended Solids (mg/L)**: □ MLVSS
- **Microscopic Examination of MLSS**: □
- **Others**: □

---

**Page 5 of 7**

Date: **07-22-2008**  
Permit No.: **PA 0026158**
## NPDES COMPLIANCE INSPECTION REPORT

### Flow Measurement

- **Treatment Affected by High (Peak) Flow:**
  - [ ] Yes
  - [X] No

- **High Flow Management Plan Implemented at What Flow:**
  - [ ] MGD

- **Type of Flow Measuring Device:**
  - [X] parshall flume
  - [ ] sonic sensor
  - [ ] continuous record

- **All Flow Measuring Devices are Properly Maintained:**
  - [X] Yes
  - [ ] No

- **Flow Measuring Device is Checked:**
  - [X] Daily
  - [ ] Weekly
  - [ ] Other

- **Influent Flow is Measured Before All Return Lines:**
  - [X] Yes
  - [ ] No

- **Effluent Flow is Measured After All Return Lines:**
  - [ ] Yes
  - [X] No

- **Flow Measuring Device is Capable of Handling Expected Range of Flow:**
  - [X] Yes
  - [ ] No

- **Flow Records are Retained for at Least Three Years:**
  - [X] Yes
  - [ ] No

### Flumes and Weirs

- **Flume Appears to Distribute Flow Uniformly Across the Channel:**
  - [X] Yes
  - [ ] No

- **Flume is Free of Debris and Deposits:**
  - [X] Yes
  - [ ] No

- **Weir is Clean With a Visible Air Space Below the Nappe:**
  - [ ] Yes
  - [X] No

- **Flume and Weir are Inspected as Part of Flow Meter Calibration:**
  - [X] Yes
  - [ ] No

### Collection System

- **Owned by:**
  - [ ] Permittee
  - [X] Other

- **Monessen Carroll Twp
  - Donora**

- **Maintained by:**
  - [ ] Permittee
  - [X] Other

- **Monessen Carroll Twp
  - Donora**

- **Inflow and/or Infiltration Being Addressed:**
  - [ ] Yes
  - [X] No
  - [ ] N/A

- **Collection System Maintenance is:**
  - [ ] Regularly Scheduled and
  - [ ] Adequately Documented
  - [X] N/A

- **Sanitary Sewer Overflow (SSO's) Reported to DEP Immediately:**
  - [X] Yes
  - [ ] No
  - [ ] N/A

- **EPA Approved Pretreatment Program Required:**
  - [ ] Yes
  - [X] No
  - Implemented: [ ] Yes
  - [ ] No

---

**Page 6 of 7**

**Date:** 07-22-2008

**Permit No.: PA 002-6158**

[ ] White – Regional Office

[ ] Yellow – Responsible Person

[ ] Pink – Inspector
**NPDES COMPLIANCE INSPECTION REPORT**

**Effluent/Receiving Water Evaluation**

**Stream Name** MONONGAHELA RIVER

<table>
<thead>
<tr>
<th>Upstream Conditions/Location:</th>
<th>Field Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flow c.f.s.</td>
</tr>
<tr>
<td></td>
<td>pH s.u.</td>
</tr>
<tr>
<td></td>
<td>Conductivity umhos/cm</td>
</tr>
<tr>
<td></td>
<td>Dissolved Oxygen mg/L</td>
</tr>
<tr>
<td></td>
<td>Total/Free Chlorine Residual mg/L</td>
</tr>
<tr>
<td></td>
<td>Temperature °C</td>
</tr>
<tr>
<td></td>
<td>DEP Collector Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outfall Number</th>
<th>001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>EFFLUENT CLEAR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Downstream Conditions/Location:</th>
<th>Field Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flow mgd</td>
</tr>
<tr>
<td></td>
<td>pH s.u.</td>
</tr>
<tr>
<td></td>
<td>Conductivity umhos/cm</td>
</tr>
<tr>
<td></td>
<td>Dissolved Oxygen mg/L</td>
</tr>
<tr>
<td></td>
<td>Total/Free Chlorine Residual mg/L</td>
</tr>
<tr>
<td></td>
<td>Temperature °C</td>
</tr>
<tr>
<td></td>
<td>DEP Collector Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outfall Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Downstream Conditions/Location:</th>
<th>Field Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flow c.f.s.</td>
</tr>
<tr>
<td></td>
<td>pH s.u.</td>
</tr>
<tr>
<td></td>
<td>Conductivity umhos/cm</td>
</tr>
<tr>
<td></td>
<td>Dissolved Oxygen mg/L</td>
</tr>
<tr>
<td></td>
<td>Total/Free Chlorine Residual mg/L</td>
</tr>
<tr>
<td></td>
<td>Temperature °C</td>
</tr>
<tr>
<td></td>
<td>DEP Collector Number</td>
</tr>
</tbody>
</table>

| Date: 07-22 2008 | Permit No.: PA0026158 |

☐ White – Regional Office ☐ Yellow – Responsible Person ☐ Pink – Inspector
CERTIFIED MAIL NO. 7000 1670 0005 1022 9990

The Municipal Authority of the
   City of McKeesport
100 Atlantic Avenue
McKeesport, PA  15132

Re: Order
McKeesport Water Pollution Control Plant
City of McKeesport
Allegheny County

Gentlemen:

Enclosed is an Order of the Department of Environmental Protection. You should immediately read the entire document.

Failure to comply with the requirements of an Order of the Department constitutes unlawful conduct under The Pennsylvania Clean Streams Law. If you do not understand any portion of the Order, please contact me at 412-442-4064.

Sincerely,

Patricia L. Miller
Environmental Compliance Specialist
Water Management

Enclosure

cc: Allegheny County Health Department

bcc: c
   P. Eiswerth - w/enclosure
   H. Tevis - w/enclosure
   P. Miller - w/enclosure
   B. Herschlag - w/enclosure

PLM:REL:njh
Southwest Regional Office

CERTIFIED MAIL NO. 7000 1670 0005 1022 9990

The Municipal Authority of the City of McKeesport
100 Atlantic Avenue
McKeesport, PA 15132

Re: Order
McKeesport Water Pollution Control Plant
City of McKeesport
Allegheny County

Gentlemen:

Enclosed is an Order of the Department of Environmental Protection. You should immediately read the entire document.

Failure to comply with the requirements of an Order of the Department constitutes unlawful conduct under The Pennsylvania Clean Streams Law. If you do not understand any portion of the Order, please contact me at 412-442-4064.

Sincerely,

[Signature]
Patricia L. Miller
Environmental Compliance Specialist
Water Management

Enclosure

cc: Allegheny County Health Department
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

IN THE MATTER OF:

Municipal Authority of the City of McKeesport
City of McKeesport
Allegheny County : Clean Streams Law
 : Sewerage
 : McKeesport Water Pollution Control Plant

ORDER

The Commonwealth of Pennsylvania, Department of Environmental Protection ("Department") has found and determined the following:


B. The Municipal Authority of the City of McKeesport ("Authority"), is a municipality as defined in Section 1 of the Clean Streams Law, 35 P.S. § 691.1, with a mailing address of 100 Atlantic Avenue, McKeesport, PA 15132.

C. The Authority owns or operates the McKeesport Water Pollution Control Plant which is located in the City of McKeesport, Allegheny County, Pennsylvania. This
facility discharges to the Monongahela River, a water of the Commonwealth. This discharge constitutes sewage under Section 1 of the Clean Streams Law, 35 P.S. § 691.1.

D. The discharge from the McKeesport Water Pollution Control Plant is authorized by National Pollutant Discharge Elimination System ("NPDES") Permit No. PA0026913 issued by the Department to the Authority on May 15, 1996, pursuant to Sections 201 and 202 of the Clean Streams Law, 35 P.S. §§ 691.201 and 691.202.

E. A combined sewer system ("CSS") is a sewer system or parts thereof which was designed, built and operated to carry both sanitary sewage and storm water.

F. A combined sewer overflow ("CSO") is a wet weather overflow discharge from a CSS occurring before the headworks of a treatment facility.

G. The majority of the sewer system tributary to the McKeesport Water Pollution Control Plant operated by the Authority is a CSS with twenty-eight (28) CSOs.

H. Pursuant to Paragraph 7 of Part C (Page 14b of 14) of NPDES Permit No. PA0026913, the Authority is required to evaluate its CSS and CSO(s).

I. Pursuant to Paragraph 7 of Part C (Page 14b of 14) of NPDES Permit No. PA0026913, the Authority is required to submit to the Department the following plan and report and to perform the following tasks in accordance with the following schedule:


3. Begin Implementation of the LTCP upon approval of the LTCP by the Department.

J. The Authority has failed to submit to the Department: a complete and adequate LTCP, and comprehensive documentation of Implementation of the NMCs.

K. The Authority's failure to submit a complete and adequate LTCP and comprehensive Documentation of Implementation of the NMCs as described in Paragraph J above, constitutes violations of NPDES Permit No. PA0026913, and Sections 201 and 202 of the Clean Streams Law, 35 P.S. §§ 691.201 and 691.202. These violations constitute a statutory nuisance pursuant to Section 202 of the Clean Streams Law, 35 P.S. § 691.202 and unlawful conduct pursuant to Section 611 of the Clean Streams Law, 35 P.S. § 691.611.

NOW, THEREFORE, this \(7^{th}\) day of \(A_{ugust}\) 2002, the Department, pursuant to Sections 5, 203, 316, 402 and 610 of the Clean Streams Law, 35 P.S. §§ 691.5, 691.203, 691.316, 691.402 and 691.610 and Section 1917-A of the Administrative Code, 71 P.S. § 510-17, hereby ORDERS that:

1. The Authority shall fully comply with Paragraph 7 in Part C of NPDES Permit No. PA0026913 in accordance with the following schedule:
a. Submit to the Department a comprehensive NMC Documentation Report as outlined in the Department's letter to the Authority dated June 21, 2002 on or before November 1, 2002.

b. Submit to the Department a complete and adequate LTCP that addresses all deficiencies noted in the Department's letter to the Authority dated June 21, 2002 on or before December 1, 2002.

c. Implement the LTCP upon approval by the Department.

2. If the Department requires additional information to review and approve any submittal necessary to comply with this Order, the Authority shall submit the requested information within fifteen (15) calendar days of the date of the Department's notice that such information is required unless a longer time is specified by the Department.

3. Except as otherwise specifically provided herein, all submissions or correspondence with the Department concerning this Order shall be addressed to:

Department of Environmental Protection  
Water Management Program  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
Attention: Paul Eiswerth, CSO Coordinator

Any person aggrieved by this action may appeal, pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. Section 7514, and the Administrative Agency Law, 2 Pa. C.S., Chapter 5A, to the Environmental Hearing Board, Second Floor, Rachel Carson State
Office Building, 400 Market Street, P.O. Box 8457, Harrisburg, PA 17105-8457, 717-787-3483. TDD users may contact the Board through the Pennsylvania Relay Service, 800-654-5984.

Appeals must be filed with the Environmental Hearing Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in Braille or on audiotape from the Secretary to the Board at 717-787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

IF YOU WANT TO CHALLENGE THIS ACTION, YOUR APPEAL MUST REACH THE BOARD WITHIN 30 DAYS. YOU DO NOT NEED A LAWYER TO FILE AN APPEAL WITH THE BOARD.

IMPORTANT LEGAL RIGHTS ARE AT STAKE, HOWEVER, SO YOU SHOULD SHOW THIS DOCUMENT TO A LAWYER AT ONCE. IF YOU CANNOT AFFORD A LAWYER, YOU MAY QUALIFY FOR FREE PRO BONO REPRESENTATION. CALL THE SECRETARY TO THE BOARD (717-787-3483) FOR MORE INFORMATION.

FOR THE DEPARTMENT OF ENVIRONMENTAL PROTECTION

[Signature]
Tim V. Dreier
Regional Manager
Water Management
Southwest Regional Office
NPDES COMPLIANCE INSPECTION REPORT
Section A: National Data System Coding

<table>
<thead>
<tr>
<th>NPDES</th>
<th>Mo./Day/Yr.</th>
<th>Inspection Type</th>
<th>Inspection ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA0022241</td>
<td>06/10/08</td>
<td>CE1</td>
<td>1712765</td>
</tr>
</tbody>
</table>

Primary Facility Name: California Boro STP
Location of Facility: 2nd & Mechanic Street
Municipality: California Boro
County: Washington
Permit Expiration Date: 12/08/03

Primary Facility Kind:
- [ ] Sewage
- [ ] Industrial Waste
- [ ] Stormwater
- [ ] Other

Responsible Person: Jan Bittner
Title: President of Boro Council
Certificate Number: 69044
Class & Subclasses: AE1234193316
Client ID Number:

Address: 225 Third Street
Address: Same
City: California
State: PA
Zip: 15419

Business Phone Number: (248) 938-8878
FAX Number:

E-mail Address:

Operator in Responsible Charge: Doug Baker

SMR Effluent Violations:
- [ ] Yes
- [ ] Samples have been collected by the Department, violations may be revealed upon receipt of the analysis.

Date: 6/10/08

Name of Person Interviewed: Doug Baker
Signature of Person Interviewed: Wao Barks
Title: Manager

Name of Inspector: Howard Dunn
Signature of Inspector: Hjord Dunn
Phone Number: 938 8644
Title: E.O.

This document is official notification that a representative of the Department of Environmental Protection inspected the above facility or site. The findings of this inspection are shown above and on any attached pages. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.

Page 1 of 7

□ White – Regional Office □ Yellow – Responsible Person □ Pink - Inspector
**Additional Comments**

<table>
<thead>
<tr>
<th>Study Calculation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>475 lbs/day x 365 days = 173,375 lbs for 2007</td>
<td>2000 = 1 tons of COD</td>
</tr>
<tr>
<td>Effluent los &amp; Digestion factor</td>
<td>56.34 dry tons expected</td>
</tr>
<tr>
<td>48.92 tons disposal</td>
<td>87% of expected disposal</td>
</tr>
</tbody>
</table>

This is an acceptable remnant expectation.

**Approx. Control testing has lapsed on need to be performed more frequently preferably in 2. per 4.**

**Approx. Control testing is required by the NPDES permit, failure to perform testing of the NPDES Permit Part B d. Facility Operation.**

**Violations see Part B 2. of the NPDES Permit**
## NPDES COMPLIANCE INSPECTION REPORT

### Sampling and Analyses

<table>
<thead>
<tr>
<th>Name of Laboratory Supervisor:</th>
<th>Facility Laboratory Registration Number:</th>
<th>NELAP Accredited:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Reportable Analyses by Facility's In-House Lab:
- [ ] All Permitted Parameters
- [ ] pH
- [ ] DO
- [ ] TRC
- [ ] Other(s)

Sample Location(s) is/are Adequate for a Representative Sample:
- [ ] Yes
- [ ] No

Sampling Frequency is Consistent with Permit Requirements:
- [ ] Yes
- [ ] No

Sampling and Analyses Completed on Parameters Specified in Permit:
- [ ] Yes
- [ ] No

Sample Containers and Preservatives are Correct for Analyses Requested:
- [ ] Yes
- [ ] No

Composite Samples are:
- [ ] Refrigerated or
- [ ] Iced During Compositing and Storing

Composite Sampler Controlled by:
- [ ] Influent Flow Meter
- [ ] Effluent Flow Meter

3-9-08

Number of Aliquots Taken for Composite Sample:

Flow Proportioned:
- [ ] Yes
- [ ] No

Field Testing is Done Within 15 Minutes of Sampling:
- [ ] Yes
- [ ] No

All Sample Analyses Using Approved Methods are Included in the DMR:
- [ ] Yes
- [ ] No

Samples Adequately Documented to Include:
- [ ] Date and time of Sampling
- [ ] Analytical Methods
- [ ] Date and Time of Analysis
- [ ] Name of Lab Technician
- [ ] Name of Sample Collector

Samples are Analyzed Within the Required Holding Time:
- [ ] Yes
- [ ] No

Information from Bench Sheet is Consistent with Data on the DMR:
- [ ] Yes
- [ ] No

Month(s)/Year Checked

Laboratory Equipment is Calibrated as Required:
- [ ] Yes
- [ ] No

Date Calibrated

Name of Contracted Laboratory:
- [ ] Chem Labs

Address:
- 1333 Main Street
- Latrobe PA 15650

Laboratory Registration Number:
- 65-00544

Parameters Analyzed:

Page 3 of 7

Date: 3-9-08

Permit No.: PA 0022224

☐ White – Regional Office  ☐ Yellow – Responsible Person  ☐ Pink - Inspector
NPDES COMPLIANCE INSPECTION REPORT

Treatment Plant

Major Repair/Replacement of Equipment or Units Within Past Year: ☐ Yes ☑ No

Standby Power: ☐ Emergency Generator ☐ Dual Feed ☐ Other ☑ None

Alarm System: ☐ SCADA ☑ Dialer ☐ PLC ☐ Other ☐ None

What Condition(s) Trigger Alarm: Power Blower TAL

Staffing Schedule: ☐ 24/7 Weekdays: time 7 to 3 Weekends/Holidays: time No to

Written Standard Operating Procedure On-Site: ☐ Yes ☐ No ☐ N/A

Emergency Response/PPC Plan On-Site: ☐ Yes ☐ No Last Updated: 08

Routine Maintenance Log Satisfactory: ☐ Yes ☐ No

Repair Log Adequate and Up-to-Date: ☐ Yes ☐ No

Spare parts Inventory Adequate: ☐ Yes ☐ No ☐ Standby Units Available

Flow Meter on ☑ Influent ☐ Effluent Line Hydraulic Design Capacity of Treatment Plant 1 MGD

Flow Meter Calibrated: ☐ Yearly ☐ Other ☑ Date Calibrated March 08

Calibration Records for Field Meters Satisfactory: ☐ Yes ☐ No

☐ Daily Log ☑ Bench Sheet ☐ Supplemental Forms are Up-to-Date: ☐ Yes ☐ No

Comments

Page 4 of 7 Date: 6-10-08 Permit No.: PA 0022271

☐ White – Regional Office ☐ Yellow – Responsible Person ☐ Pink - Inspector
### Treatment Process

<table>
<thead>
<tr>
<th>Treatment Units</th>
<th>Total</th>
<th>On-Line</th>
<th>Inoperable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commutators</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td><strong>Court Resized with Current</strong></td>
</tr>
<tr>
<td>Blowers</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Agitation Tanks</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>AF Tanks</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Clarifiers</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Anoxic Digesters</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chlorinators</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>O2 Contact</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Drying Beds</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Chemical Additions:

-

### Process Control

<table>
<thead>
<tr>
<th>Inspector Comments/Observations/Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color and Odor (light brown)</td>
</tr>
<tr>
<td>Settleability (ml/L) Not since May 200 - 300</td>
</tr>
<tr>
<td>Dissolved Oxygen (mg/L) 2.2 - 3.3 May Not often enough 2 per wk</td>
</tr>
<tr>
<td>Sludge Blanket (ft.) Not recorded Not often enough 2 per wk</td>
</tr>
<tr>
<td>Mixed Liquor Suspended Solids (mg/L) May 240 &amp; 1885 Not often enough 2 per wk</td>
</tr>
<tr>
<td>Microscopic Examination of MLSS Infrequent</td>
</tr>
</tbody>
</table>

### Others

-
# NPDES COMPLIANCE INSPECTION REPORT

## Flow Measurement

- **Treatment Affected by High (Peak) Flow:**
  - [ ] Yes
  - [ ] No

- **High Flow Management Plan Implemented at What Flow:**
  - [ ] Not yet

- **Type of Flow Measuring Device:** *Ultrasonic Dopper*

- **All Flow Measuring Devices are Properly Maintained:**
  - [ ] Yes
  - [ ] No

- **Flow Measuring Device is Checked:**
  - [ ] Daily
  - [ ] Weekly
  - [ ] Other

- **Influent Flow is Measured Before All Return Lines:**
  - [ ] Yes
  - [ ] No

- **Effluent Flow is Measured After All Return Lines:**
  - [ ] Yes
  - [ ] No

- **Flow Measuring Device is Capable of Handling Expected Range of Flow:**
  - [ ] Yes
  - [ ] No

- **Flow Records are Retained for at Least Three Years:**
  - [ ] Yes
  - [ ] No

## Flumes and Weirs

- **Flume Appears to Distribute Flow Uniformly Across the Channel:**
  - [ ] Yes
  - [ ] No

- **Flume is Free of Debris and Deposits:**
  - [ ] Yes
  - [ ] No

- **Weir is Clean With a Visible Air Space Below the Nappe:**
  - [ ] Yes
  - [ ] No

- **Flume and Weir are Inspected as Part of Flow Meter Calibration:**
  - [ ] Yes
  - [ ] No

## Collection System

- **Owned by:**
  - [ ] Permittee
  - [ ] Other

- **Maintained by:**
  - [ ] Permittee
  - [ ] Other

- **Inflow and/or Infiltration Being Addressed:**
  - [ ] Yes
  - [ ] No
  - [ ] N/A

- **Collection System Maintenance is:**
  - [ ] Regularly Scheduled and
  - [ ] Adequately Documented

- **Sanitary Sewer Overflow (SSO's) Reported to DEP Immediately:**
  - [ ] Yes
  - [ ] No
  - [ ] N/A

- **EPA Approved Pretreatment Program Required:**
  - [ ] Yes
  - [ ] No
  - Implemented:
    - [ ] Yes
    - [ ] No

---

*Page 6 of 7*  
*Date: 6-10-08*  
*Permit No.: PA 0022241*

- [ ] White – Regional Office  
- [ ] Yellow – Responsible Person  
- [ ] Pink - Inspector
<table>
<thead>
<tr>
<th>Stream Name</th>
<th>Moon River</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upstream Conditions/Location:</strong></td>
<td></td>
</tr>
<tr>
<td>Latitude:</td>
<td></td>
</tr>
<tr>
<td>Longitude:</td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td><strong>Outfall Number</strong></td>
<td>00/1 Clear</td>
</tr>
<tr>
<td><strong>Field Measurements</strong></td>
<td>c.f.s.</td>
</tr>
<tr>
<td>Flow</td>
<td></td>
</tr>
<tr>
<td>pH</td>
<td>s.u.</td>
</tr>
<tr>
<td>Conductivity</td>
<td></td>
</tr>
<tr>
<td>Dissolved Oxygen</td>
<td>umhos/cm</td>
</tr>
<tr>
<td>Total/Free Chlorine Residual</td>
<td>mg/L</td>
</tr>
<tr>
<td>Temperature</td>
<td>°C</td>
</tr>
<tr>
<td>DEP Collector Number</td>
<td></td>
</tr>
</tbody>
</table>

| **Downstream Conditions/Location:** |            |
| Latitude:        |            |
| Longitude:       |            |
| Location:        |            |
| **Outfall Number** |           |
| **Field Measurements** | c.f.s. |
| Flow             |            |
| pH               | s.u.       |
| Conductivity     |            |
| Dissolved Oxygen | umhos/cm   |
| Total/Free Chlorine Residual | mg/L |
| Temperature      | °C         |
| DEP Collector Number |      |

| **Downstream Conditions/Location:** |            |
| Latitude:        |            |
| Longitude:       |            |
| Location:        |            |
| **Field Measurements** | mgd   |
| Flow             |            |
| pH               | s.u.       |
| Conductivity     |            |
| Dissolved Oxygen | umhos/cm   |
| Total/Free Chlorine Residual | mg/L |
| Temperature      | °C         |
| DEP Collector Number |      |

Date: 10-08
Permit No.: PA 0022241
**NPDES Compliance Inspection Report**

### Section A: National Data System Coding

<table>
<thead>
<tr>
<th>Transaction Code</th>
<th>NPDES</th>
<th>Yr/Mo/Day</th>
<th>Inspection Type</th>
<th>Inspector</th>
<th>Fac Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 N 2 5 3</td>
<td></td>
<td>07 04/2</td>
<td></td>
<td></td>
<td>1 S 2 0 1</td>
</tr>
</tbody>
</table>

### Section B: Facility Data

- **Name and Location of Facility Inspected:**
  - 2nd & Mechanic Street

- **Municipality:**
  - California

- **County:**
  - PA

- **Name, Address of Responsible Official:**
  - Jon Bittner
  - 225 Third Street

- **Title:**
  - President of Boro Council

- **Telephone:**
  - (724) 938-8878

- **Permit Effective Date:**
  - 4/12/07

- **Permit Expiration Date:**
  - 12/31/08

### Section C: Areas Evaluated During Inspection

- Permit Verification
- Flow Measurement
- Effluent/Receiving Waters
- Compliance Schedule
- Laboratory/GA
- Operation/Maintenance
- Records/Reports
- Pretreatment
- Self-Monitoring Program
- V Other (Specify): Inspector will E-mail an Excel file report

### Section D: Summary of Violations/Recommendations/Comments

**VIOLATIONS:**

DMR violations reported for 2006 were:

1. pH violation in June of 2006 and 1 TSS violation in August of 2006.

Current process control is by attempting to maintain a constant MLSS in the activated sludge process. It is recommended that the calculations be performed to determine sludge age SRT or MRT and F/M ratio to microorganisms.

Inspector Name: Howard Dawn

Name of Person Interviewed: Doug Baker

Inspector Signature: Howard Dawn

Signature of Person Interviewed: Doug Baker

Title: Water Quality Specialist

Date: 4/12/07

Telephone: 724-1053

Title: Superintendent

Date: 4/12/07

Telephone: 938-8641

This document is official notification that a representative of the Pennsylvania Department of Environmental Resources, inspected the above facility. The findings of this inspection are shown above and on any attached pages.

Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.
Sludge disposal in 2004 was 35 dry tons
Chapter 94 data 484 lbs per day x 1/365
= 176,000 lbs ÷ 2000 = 88 tons of
BOD
35 ÷ 88 = .39
at 20% sludge to BOD the expected
sludge disposal would be 61.6 dry tons.
disposed 35 ÷ 61.6 tons = 55% of expected
disposal.

During the interview with the operator I learned that the Composite Samples are not being flow proportioned for the DMR effluent sampling. The samples collected for the influent are grab samples that are not flow proportioned by the very nature of being grabs.

I recommended to the operator to flow proportion all DMR effluent samples so required by the permit i.e. BOD and TSS this requirement is specified in Part A Page 11 under definitions. This was explained in detail. I also recommended that influent BOD samples be flow proportioned Composite for greater confidence in Chapter 94 data.
**NPDES Compliance Inspection Report**

### Permit Verification Checklist

- Inspection observations verify information in permit
- 1. The name and mailing address of permittee and responsible official are correct.
- 2. Facility has a valid NPDES permit.
- 3. Number and location of discharge points are as described in the permit.
- 4. Name and location of receiving waters are correct.
- 5. Other (Specify):

### Self Monitoring Checklist

- **Self Monitoring Evaluation**
  1. Samples are taken at sites specified in permit.
  2. Locations are adequate for representative samples.
  3. Sampling and analysis completed on parameters specified by permit.
  4. Sampling conducted according to frequency specified by permit.
  5. Permittee is using method of sample collection required by permit.
  6. Sample collection procedures are consistent with prevailing Regulations and Permit.
     - a. Sample containers.
     - b. Samples refrigerated during compositing.
     - c. Preservation techniques.
     - d. Sample holding times.
  7. All monitoring and analyses performed using approved methods are included in Discharge Monitoring Report.
  8. Methods of analysis conform to prevailing regulations.

If an off-site laboratory is used, list name, address and parameters tested:

Q Chem Labs  
1333 Main Street Latrobe PA 15650

---

**Recommended to operator to implement flow proportioning as per page 3 PART B of the NPDES permit, see the definition under Composite Sample.**

---

<table>
<thead>
<tr>
<th>S = Satisfactory</th>
<th>I = Improvement Needed</th>
<th>U = Unsatisfactory</th>
<th>Permit No.: PA 002241</th>
<th>Blank = Not Evaluated</th>
<th>D = Does Not Apply</th>
<th>Date: 4/12/07</th>
</tr>
</thead>
</table>
Records and Reports Evaluation Checklist

1. All required information is:
   a. Available.
   b. Complete.
   c. Current.
   d. Retained for required period.
   e. Consistent with the data reported on the Discharge Monitoring Reports.

2. Sampling and Analysis Data are adequate and include:
   a. Dates, times, location of sampling.
   b. Name of individual performing sampling.
   c. Analytical methods and techniques.
   d. Results of analysis.
   e. Dates of analysis.
   f. Name of person performing analysis.

3. Monitoring records are adequate and include:
   a. Parameters as required by permit.
   b. Monitoring charts.

4. Laboratory equipment calibration and maintenance records are adequate.

5. PPC properly completed and maintained.
NPDES Compliance Inspection Report

Operation and Maintenance Checklist

1. Standby power or other equivalent provision is provided.  **NA**
2. Adequate alarm system for power or equipment failures is provided.
3. Operating schedules are established.
4. Plan for emergency treatment control is established.
5. Maintenance record system exists and includes:
   a. As-built drawings.
   b. Maintenance log.
   c. Repair log.
6. Required number of appropriately certified operators: ___  (Indicate names and certificate numbers)
   **Doug Baker 39044  Ron Santo 814176 Cert 1**
7. Established procedures are available for training new operators.
8. Spare parts and supplies inventory and major equipment specifications are maintained.
9. Instructions are kept for operation and maintenance of each item of major equipment.
10. Operation and maintenance manual is available and kept up-to-date.
11. Routine and preventive maintenance are scheduled/performing on time.
12. Controlled diversions and overflows are maintained and recorded.
13. Plant performance not affected by organic or hydraulic overloads.  **New Plant being constructed**

### Treatment Process

<table>
<thead>
<tr>
<th>Treatment Units</th>
<th>Number of Units</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>On Line</strong></td>
<td><strong>Operable</strong></td>
<td><strong>Inoperable</strong></td>
</tr>
<tr>
<td><strong>Compressors</strong></td>
<td>2 0 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grates</strong></td>
<td>3 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aeration tanks</strong></td>
<td>2 2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RAS</strong></td>
<td>2 2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clarifiers</strong></td>
<td>2 2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acrobic Digesting</strong></td>
<td>2 2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chlorination</strong></td>
<td>2 0 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C2 Contact</strong></td>
<td>1 1 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drying beds</strong></td>
<td>3 2 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**S = Satisfactory  I = Improvement Needed  U = Unsatisfactory**  **Blank = Not Evaluated  D = Does Not Apply**

**Permit No.: PA 8022241**  **Date: 4/12/77**
NPDES Compliance Inspection Report

Flow Measurement Inspection Checklist – General

1. Primary flow measuring device is properly maintained.
2. Flow records are properly kept.
3. Sharp drops or increases in flow values are accounted for.
4. Influent flow is measured before all return lines.
5. Effluent flow is measured after all return lines.
6. Secondary instruments (totalizers, recorders, etc.) are properly operated and maintained.
7. Frequency of routine inspection by operator: _______________________.
9. Flow measurement equipment adequate to handle expected ranges of flow rates.
10. Primary flow measuring device is checked against a second device: ______ NO ______.

Flumes

1. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.
2. Flume is clean and free of debris or deposits.
3. Side walls of flume are vertical and smooth.
4. Sides of flume throat are vertical and parallel.
5. Flume head is being measured at proper location.
6. Flume is of proper size to measure range of existing flow.

Weirs

1. What type of weir is being used? _________________________
2. The weir plate edges are sharp and clean.
3. There is free access for air below the nappe of the weir.
4. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
5. Head measurements are properly made by facility personnel.
6. Proper flow tables are used by facility personnel.

Other Flow Devices

1. Type of flow meter used: Recording chart daily 4/5/07 Calibrated.
   Ultra Sonic Doppler Flowmeter

S = Satisfactory    I = Improvement Needed    U = Unsatisfactory
Blank = Not Evaluated    D = Does Not Apply

Permit No.: PA 0022241
Date: 4/12/07

Page 6 of 7