

FILE COPY

Georgia Department of Natural Resources

COASTAL DISTRICT OFFICE

400 Commerce Center Drive, Brunswick, Georgia 31523-8251

Environmental Protection Division

Judson H. Turner, Director

(912) 264-7284

June 24, 2015

Honorable Willis NeSmith, Mayor
City of Lyons
161 NE Broad Street
Lyons, Georgia 30436

RE: **Letter of Noncompliance**
City of Lyons-East #1
NPDES Permit No. GA0033405
Toombs County

Dear Mayor NeSmith:

On May 27, 2015 the Division conducted a Compliance Evaluation Inspection on the referenced facility. The Facility was represented by Michael Caraway and Larry Douglas. During the inspection, the following violations and recommendations were encountered:

1. Facility did not submit annual sludge reports or the required soil testing for 2013 and 2014 to the Division. This is a violation of the Rules for Water Quality Control 391-3-6-.17(11)(a) and 391-3-6-.17(14)(a).
2. Excessive scum was observed in the clarifier and in the chlorine contact chamber. Also there is a gap between end of the improvised PVC scum rake and outer ring which prevents effective treatment. Please be advised scum reaching waters of the state is a violation of the Rules for Water Quality Control Section 391-3-6-.03(5)(b).
3. The equalization basin (holding pond) has a very high water level. The Division recommends the water level be kept at a low level to prevent any overflow from I&I issues. If any overflow does occur, it is considered a spill and the operator must follow normal spill procedures.
4. Facility does not use a preventative maintenance plan. Things are fixed as needed. During the inspection, it was recommended to develop a plan or update O&M Manual for routine maintenance.
5. Facility does not have a written emergency plan on file. The Division suggests you develop a plan for the emergencies likely to affect your facility. This should include any gaseous chlorine emergencies.

Please respond in writing within thirty (30) days of receipt of this letter with the actions taken or being taken to correct #1 and #2 above. Feel free to contact me should you have any questions regarding this correspondence. I can be reached by telephone at 912-264-7284 or by email at Kyle.Power@DNR.State.GA.US.

Sincerely,



Kyle Power
Environmental Specialist
Coastal District-Brunswick

cc: WQ/Toombs/Lyons-East

Georgia Department of Natural Resources

Environmental Protection Division
Municipal Compliance Evaluation Inspection



Name of Permittee: City of Lyons-East Plant

Permit No. GA0033405

Address of Permittee: 161 NE Broad St

Lyons, GA. 30456

Date of Inspection: 5/27/15

Responsible Official: Honorable Willis NeSmith

Title: Mayor

Phone Number: 912-526-8606

Facility Representative Name: Michael Caraway

Title: Lead Operator

Certification: WW3-017074

Phone Number: 912-293-0213

EPD Representative Name: Kyle Power

EPD Title: Environmental Specialist

Type of Treatment: Activated Sludge

Design Flow (MGD): .67MGD

Receiving Waters: Swift Creek Tributary to Pendleton Creek to Ochoopee River to Altamaha

Facility Process Description: Bar Screen -> Activated Sludge -> Sludge Thickener -> Chlorine

Contact Chamber -> Outfall or Drying Beds

Comments: _

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General Quality Control 19

Documentation, Recordkeeping and Reporting

I. Permit Sampling, Monitoring and Reporting

- | | | |
|-----|--|-----|
| 1. | Facility has a copy of the current permit? | Yes |
| 2. | Does the permit contain the correct address of the facility? | Yes |
| 3. | Number and location of discharge(s) are the same as described in the permit? | Yes |
| 4. | Are all discharges permitted? | Yes |
| 5. | Permittee properly notified the Division of any modifications to the discharge? | N/A |
| 6. | What is the current status of the permit? (active, expired, or extended) | |
| | Active | |
| 7. | Is the permittee meeting all compliance schedules in the permit? | Yes |
| | a. Watershed Assessment/Protection Plan? | Yes |
| | b. WET Test? | N/A |
| | c. Priority Pollutant Scan? | N/A |
| | d. Construction? | N/A |
| | e. Effluent Limits? | Yes |
| | f. Long Term Biochemical Oxygen Demand? | N/A |
| | g. Other: _____ | |
| | h. If not, describe: | |
| | | |
| 8. | Does the facility currently receive unapproved indirect nondomestic waste, as defined in 391-3-6-.06(2)(i)? | Yes |
| 9. | Facility has a written monitoring plan and schedule? | Yes |
| 10. | Quarterly, semi-annual, and annual analyses are performed in the month specified in the permit? | Yes |
| 11. | Monitoring records and original strip chart recording of flow, pH, DO or other parameters which are continuously monitored are maintained for a minimum of three years except sludge records which are maintained for at least five years? | Yes |
| 12. | Laboratory equipment calibration and maintenance records kept? | Yes |
| 13. | Influent flow is measured before all return lines? | Yes |
| | a. If not, describe: | |
| | | |
| 14. | Effluent flow is measured after all return lines? | Yes |
| | a. If not, describe: | |
| | | |
| 15. | Flow measuring device is calibrated at the frequency described in the permit? | Yes |

16. Secondary flow instruments (totalizers, ultrasonic meters, mag-meters, recorders, etc.) are properly operated and maintained? Yes
17. DMR data review:
- a. Are the DMR's routinely signed by the responsible official? Yes
 - b. Is data accurately transferred from bench sheets to DMR? Yes
 - c. Are the "Quantity or Loading" columns on the DMRs filled in with data in kg/day? Yes
 - d. Is fecal coliform bacteria reported as the geometric mean? Yes
 - e. Are the monthly averages, with the exception of fecal coliform bacteria, reported as the arithmetic mean? Yes
 - f. Are weekly averages, with the exception of fecal coliform bacterial, reported as the arithmetic mean of values for samples collected during the 7 day period defined in the permit? Yes
 - g. Are the "frequency of analysis" and "type sample" columns filled in? Yes
 - h. Are BOD and TSS percent removal calculated and reported correctly? Yes
 - i. Does the permittee report "not detect" when a parameter is analyzed below the detection limit? Yes
 - j. Does the permittee include the detection limit on the DMR? Yes
 - k. Does the permittee apply round off rules uniformly? Yes

Comments:

II. Staffing and Training

1. Sufficient staff is provided to ensure all tasks associated with the operations, maintenance, sampling, and reporting requirements are performed? Yes
2. All facility operational and laboratory personnel meet the certification requirements of the State Board of Examiners Rules of Georgia for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysis:

Staff name	Class (if applicable)	Certification No.	Expiration Date
Larry Douglas	I	WW1-014752	6/30/2015
Michael Caraway	III	WW3-017074	6/30/2017

3. Level of certification of person(s) responsible for the daily operation of the facility is in accordance with the permit? Yes
4. Records maintained on operator certification? Yes

Comments:

III. Plant Operations

1. Facility maintains operating logs for each treatment unit? Yes
2. Are all treatment processes properly operated and maintained? Yes

3. Does the facility have a written routine preventive maintenance program that includes the following:
 - a. Lubrication schedules? No
 - b. Inspections? No
 - c. Replacement of parts? No
 - d. Tools or equipment needed? No

4. Does the facility have an equipment record and/or maintenance log that is maintained for each piece of equipment, including:
 - a. Maintenance performed? No
 - b. Persons performing maintenance? No
 - c. Date maintenance performed? No
 - d. Major repairs and maintenance? No

5. Is a spare parts inventory maintained? Yes
 - a. If yes, describe:

System has spare pumps and other operational items which can be used as back ups

6. Is a system in place to reorder spare parts as they are used? Yes
 - a. If not, does the permittee have timely access to replacement parts?

7. Are the appropriate tools and equipment necessary for performing maintenance tasks provided? Yes

8. Is manufacturer's literature for all treatment units and equipment available to personnel? Yes

9. Is an Emergency Response Plan in place? No

10. Is there standby or auxiliary power or any other equivalent provision for critical plant components? No
 - a. Specify type of standby power system:

11. Are records maintained of standby or auxiliary power routine testing? N/A

12. Does the facility have an alarm system for power or equipment failures? Yes
 - a. Specify type and location of system for critical plant components:

System has alarms for lift stations that flashes and has a siren for failures

13. Has the facility bypassed since the last inspection? No
 - a. If yes, describe:

14. Is there a "checklist" evaluation of unit processes? No

15. Does the facility have an Operation and Maintenance Manual? Yes

16. Does the facility experience any hydraulic issues and/or overloading? No

Comments:

Facility does not follow a written preventative maintenance plan. Things are fixed as need. During the inspection it was recommended to develop a plan or update O+M Manual for routine maintenance. Also, system does not have a documented Emergency Plan

IV. Collection System

1. Any problems noted with the collection system or lift stations? No

Comments:

Lift station #1 and #15 were evaluated during inspection. No violations or recommendations were encountered.

V. Sludge Disposal

1. Is the volume and concentration of solids removed from the plant monitored? Yes
2. Does the facility maintain records to document the quantity of solids removed from the facility equals the solids generated on an average day? Yes
3. Have sludge disposal procedures been developed to insure adequate year-round sludge disposal? Yes
4. Describe the method of sludge handling:

Facility has two different sludge disposal methods. Facility utilizes drying beds. Then facility has the option of land applying dry sludge or disposal in landfill.

5. Does the permittee have an approved Sludge Management Plan? Yes
- a. If yes, what is the sludge disposal method(land application, third party contractor, compost, incinerator, heat dryer, etc.)?

Land application of dry sludge

Comments:

Facility did not submit annual sludge reports or soil testing required for 2013 and 2014 to the Division. This is required in their permit and sludge management plan.

Sampling

1. Samples are taken at sites specified in the permit? Yes
2. Locations are adequate for representative samples? Yes
3. Sampling and analysis completed on parameters specified in the permit? Yes
4. Sampling and analysis done at the frequency specified by permit? Yes

- | | |
|---|-----|
| 5. Sample collection procedures comply with permit requirements? | Yes |
| 6. Influent samples are collected prior to any return or recycle flows? | Yes |
| a. If not, describe: | |
| | |
| 7. Effluent samples are collected after final treatment process? | Yes |
| a. If not, describe: | |
| | |
| 8. Composite sampling periods and frequencies are consistent with permit and flow proportioned? | Yes |
| 9. Composite samples are refrigerated or kept on ice (between 4 °C and 6 °C) during composite sampling period? | Yes |
| 10. Analytical procedures, sample containers, sample preservation techniques, and sample holding times are consistent with the techniques and procedures listed in 40 CFR Part 136? | Yes |

Comments:

Reconnaissance Inspection

General Conditions

- | | |
|---|-----|
| 1. Facility is well maintained (landscape, all-weather access roads, buildings, equipment, structures/process equipment, i.e.)? | Yes |
| a. If not, describe: _____ | |
| 2. Gates, fencing, etc. are in disrepair? | No |
| 3. All treatment units and supporting equipment are in service and mechanically functioning properly? | Yes |
| a. If not, describe: _____ | |
| 4. Evidence of chemical, wastewater or sludge spills? | No |
| 5. Excessive noise? | No |
| a. If yes, give location: _____ | |
| 6. Unusual or improvised equipment? | Yes |
| 7. Surcharging/overflowing of influent lines, overflow weirs or other structures? | No |
| 8. Overflows at alternate discharge points, bypass or any unpermitted discharges? | No |
| 9. Pipes from process/storage areas exhibit evidence of discharge to the ground or to surface water? | No |
| 10. Does the plant accept septage? | No |

Comments:

Scum rake on clarifier has been replaced with improvised PVC. There is a gap between end of scum rake and outer ring which prevents effective treatment.

Preliminary Treatment at Headworks

- | | |
|---|-----|
| 1. Odors in treatment area? | No |
| 2. Describe the type(s) of treatment at this location (comment box) | |
| 3. Excessive debris on bar screen? | No |
| 4. Excessive screen clogging? | No |
| 5. Oil and grease buildup? | No |
| 6. Grit chamber clogged? | N/A |
| 7. Grit and screenings improperly contained and disposed? | Yes |

Comments:

System has a manual rake bar screen

Secondary Biological Treatment Units

Mechanical Plant – Activated Sludge

- | | |
|--|-----|
| 1. Odor present? | No |
| 2. Dead spots present in aeration tanks? | No |
| 3. Brush aerators/surface aerators/blowers/diffusers operable? | Yes |
| 4. Compressor failure? | No |
| 5. Blower/aerator on timer?
a. Provide aeration cycle/interval: _____ | No |
| 6. Air rising in clumps (boiling)? | No |
| 7. Leaks in compressed air piping? | No |
| 8. Dark mixed liquor (grey or black) or dark tan foam? | No |
| 9. Thick billows of white, sudsy foam? | No |
| 10. Describe general water appearance: <u>Medium Brown, optimal treatment appearance</u> | |
| 11. Actual D.O. during visit: <u>5.02</u> | |
| 12. Mixed Liquor Suspended Solids (MLSS) concentration during visit: <u>5220</u> | |
| 13. Excessive breakage of paddles on brush aerators? | N/A |

Comments:

Polishing Pond or EQ Basin

- 1. Objectionable odor? No
- 2. Excessive foam? No
- 3. Floating solids? No
- 4. Oil sheens? No
- 5. Solids or scum accumulations in tank or side of pond? No
- 6. Evidence of bypassing? No
- 7. Woody plants/trees growing near the pond? No

Comments:

EQ Basin levels are very high.

Secondary Clarifiers

- 1. Odors present? No
- 2. Excessive gas bubbles or grease on surface? No
- 3. Build-up of solids in center well of clarifier? No
- 4. Overflow weirs fouled with algae growth? No
- 5. Overflow weirs appear unlevel? No
- 6. Short circuiting of flow or evidence of short circuiting of flow? No
- 7. Pin floc in overflow? No
- 8. Scum handling inadequate; scum rake ineffective or overloaded? Yes
- 9. Sludge floating on surface, clumping? No
- 10. Evidence of a solids washout? No
- 11. Poor maintenance of sludge pumps (leaking) or pump gallery? No
- 12. Sludge judge available at facility? Yes
- 13. Billowing sludge or sludge blanket too high? No

Provide depth below:

Clarifier(s) I.D.				
Depth of Clarifier(s):	15.5'			
Depth of Sludge Blanket:	2-2.5'			

Comments:

Scum rake has been replaced with PVC pipe. It does not properly perform the job the scum rake was designed for and causes excessives floating solids to not be removed

from the system

Sludge Handling

General Sludge Handling

- | | |
|--|-----|
| 1. Does the facility waste sludge? | Yes |
| 2. Are the sludge pumps out of service? | No |
| 3. Spilled sludge around dewatering units? | No |
| 4. Sludge runoff from plant site? | No |
| 5. Mechanical dewatering system failure? | No |

Comments:

Aerobic Digesters

- | | |
|--|-----|
| 1. Odors present? | No |
| 2. Excessive foaming or bad odor? | No |
| 3. Clogging in diffusers? | No |
| 4. Mechanical aerator failure? | No |
| 5. Dissolved Oxygen sufficient in digester? | Yes |
| 6. Digester overloaded? | No |
| 7. Adequate supernatant removal from sludge lagoons? | N/A |
| 8. Solids accumulation in tank? | No |

Comments:

Sludge Dewatering

Drying Beds

- | | |
|--|----|
| 1. Odors present? | No |
| 2. How many drying beds? <u>2</u> | |
| 3. Average drying time: <u>varies depending on season and rainfall</u> | |
| 4. Poor sludge distribution on drying bed(s)? | No |
| 5. Vegetation in drying beds? | No |
| 6. Dry sludge remaining in drying beds (storage)? | No |
| 7. Filtrate from sludge drying beds returned to head of plant? | No |
| 8. Inadequate sludge wasting capabilities as indicated by all beds being | |

full and maintaining a high solids inventory within the treatment units? No

Comments:

Disinfection

Gaseous Chlorine

- | | |
|--|-----|
| 1. Odors present? | No |
| 2. Excessive gas bubbles on surface? | No |
| 3. Floating scum and/or solids in chamber? | Yes |
| 4. Sludge buildup in contact chamber? | No |
| 5. Retention time: <u>unknown</u> | |
| 6. Evidence of short circuiting? | No |
| 7. Improper operation of automatic feed or feedback control? | No |
| 8. Chlorine tank empty or nearly so? | No |
| 9. Proper ventilation in chlorine feeding room and storage area? | Yes |
| 10. Proper chlorine feed, storage, and reserve supply? | Yes |
| 11. Self-contained breathing units (SCBA) available on site? | Yes |
| 12. Personnel trained to use the SCBA? | Yes |
| 13. Emergency SOP and/or Risk Management Plan? | Yes |
| 14. Chlorine repair kit available? | No |

Comments:

Excessive floating solids in chlorine contact chamber

Dechlorination

- | | |
|--|-----|
| 1. Odors present? | No |
| 2. Proper storage of cylinders? | Yes |
| 3. Proper ventilation of feeding room? | Yes |
| 4. Automatic feed or feedback control not operating properly? | No |
| 5. Proper storage and/or mixture of containers? | Yes |
| 6. Reduced efficiency of activated carbon dechlorination units because of organic compound interference? | No |

Comments:

Sodium Bisulfate used for Dechlorination process

Plant Effluent \ Outfall to Receiving Waters of the State

- | | |
|--|---------------|
| 1. Odors present? | Not Evaluated |
| 2. Outfall inaccessible? | Not Evaluated |
| 3. Outfall posted in accordance with Georgia Water Quality Control Rule 391-3-6-.06(17)? | Not Evaluated |
| 4. Outfall sign broken or not legible? | Not Evaluated |
| 5. Excessive solids, turbidity, foam, grease, scum, color or macroscopic particulate matter? | Not Evaluated |
| 6. Evidence of toxicity (dead fish, dead or impaired plants, etc.)? | Not Evaluated |
| 7. Noxious odors downstream of outfall? | Not Evaluated |
| 8. Sludge accumulation in stream bed or along bank (evidence of anaerobic sediments, blood worms, etc.)? | Not Evaluated |
| 9. Downstream appearance significantly altered by effluent (color, turbidity, etc.)? | Not Evaluated |

Comments:

Outfall inaccessible

Flow Measurement

General Flow Measurement

- | | | |
|--|---------------------------------------|-----------------------------|
| 1. Number of primary influent flow measuring devices: <u>N/A</u> | | |
| 2. Number of primary effluent flow measuring devices: <u>Magmeter and V-notched weir</u> | | |
| 3. Type(s) of measuring device(s): <u>V-notch Weir and magmeter</u> | | |
| 4. Flow measured at each location as required by Permit? | Yes | |
| 5. Flow measurement error greater than $\pm 10\%$? | No | |
| a. Head measurement: <u>5.75"</u> | b. Instantaneous flow: <u>175 GPM</u> | c. Percent error: <u>1%</u> |

Comments:

Magnetic Flow Meter

- | | |
|--|----|
| 1. Type of magnetic flow meter: _____ | |
| 2. Improperly functioning? | No |
| 3. Any electrical disturbances near the meter? | No |
| 4. Leakage around the meter? | No |

Comments:

General Safety

- | | |
|---|-----|
| 1. Life preservers near/around basins? | No |
| 2. Hazardous or missing railings or grates? | Yes |
| 3. Open manholes or other hazards? | No |
| 4. Operational eye washes/emergency showers? | Yes |
| 5. Properly located and operational fire extinguishers? | Yes |
| 6. Emergency plan on file or posted? | No |
| 7. Personnel properly trained to respond to emergencies? | No |
| 8. Safety signs missing, faded, improperly located? | No |
| 9. Restricted access when facility is vacated? (Gates locked & buildings secure)? | Yes |

Comments:

Facility does not have a written emergency plan on file

Laboratory Quality Assurance

Certifications:

- | | |
|---|-----|
| 1. Analyst certified? | Yes |
| 2. Certification Number: <u>WW1-014752</u> | |
| 3. Facility uses accredited laboratory? | Yes |
| 4. Name of accredited laboratory: <u>Altamaha Labs</u> | |
| 5. Accreditation number: <u>E87597</u> | |
| 6. Documentation of accreditation is submitted with the first regulatory report of the calendar year? | N/A |
| 7. Parameters analyzed by accredited laboratory: <u>BOD, TSS, Fecal, Ammonia</u> | |

Comments:

pH

- | | |
|---|-----|
| 1. Method: <u>4500 H+B</u> | |
| 2. Sample analyzed within 15 minutes of collection? | Yes |

- | | |
|--|-----|
| 3. Meter standardized using at least two buffers that bracket sample pH? | Yes |
| 4. Sample temperature recorded? | Yes |
| 5. Buffer solutions expired? | No |
| 6. Calibration record maintained for equipment used? | Yes |
| 7. Sample location recorded? | Yes |
| 8. Sample type recorded (grab or composite)? | Yes |
| 9. Sample collection time recorded? | Yes |
| 10. Sample collection date recorded? | Yes |
| 11. Data sheet completed? | Yes |
| 12. Time of analysis recorded? | Yes |
| 13. Date of analysis recorded? | Yes |
| 14. Analyst's name or initials recorded? | Yes |
| 15. Name of the Standard Method or EPA procedure recorded? | Yes |

Comments:

Dissolved Oxygen (DO)

- | | |
|--|-----|
| 1. Method: <u>YSI 55</u> | |
| 2. Sample analyzed in situ? | Yes |
| 3. Sample analyzed within 15 minutes of collection? | Yes |
| 4. Calibration record maintained for equipment used? | Yes |
| 5. Sample temperature recorded? | Yes |
| 6. Data sheet completed? | Yes |
| 7. Sample location recorded? | Yes |
| 8. Sample type recorded (grab or composite)? | Yes |
| 9. Sample collection time recorded? | Yes |
| 10. Sample collection date recorded? | Yes |
| 11. Time of analysis recorded? | Yes |
| 12. Date of analysis recorded? | Yes |
| 13. Analyst's name or initials recorded? | Yes |
| 14. Name of the Standard Method or EPA procedure recorded? | Yes |

Comments:

Total Residual Chlorine (TRC)

1. Method: Standard Methods 4500 ClG

- | | |
|--|-----|
| 2. Sample analyzed within 15 minutes of collection? | Yes |
| 3. Curve developed regularly by analyzing standards? | Yes |
| 4. A blank analyzed with each sample group? | Yes |
| 5. Data sheet completed? | Yes |
| 6. Calibration record maintained for equipment used? | Yes |
| 7. Sample location recorded? | Yes |
| 8. Sample type recorded (grab or composite)? | Yes |
| 9. Sample collection time recorded? | Yes |
| 10. Sample collection date recorded? | Yes |
| 11. Time of analysis recorded? | Yes |
| 12. Date of analysis recorded? | Yes |
| 13. Analyst's name or initials recorded? | Yes |
| 14. Name of the Standard Method or EPA procedure recorded? | Yes |

Comments:

Biochemical Oxygen Demand_{.5 day} (BOD)

- | | |
|--|---------------|
| 1. Method: _____ | |
| 2. Samples analyzed immediately? | No |
| 3. Samples stored at $\leq 6^{\circ}\text{C}$ and analysis begun in 48 hours of collection? | Not Evaluated |
| 4. Seed control analysis performed? | Not Evaluated |
| 5. Record of DO probe maintained and calibrated? | Not Evaluated |
| 6. At least two dilutions of each sample analyzed? | Not Evaluated |
| 7. Initial DO determined for each dilution bottle? | Not Evaluated |
| 8. Initial DO temperature $20^{\circ}\text{C} \pm 1^{\circ}\text{C}$? | Not Evaluated |
| 9. Dilution water blank analyzed? | Not Evaluated |
| 10. DO concentration of dilution water blank exceeded 0.2 mg/L? | Not Evaluated |
| 11. Temperature records maintained for incubator? | Not Evaluated |
| 12. Incubator temperature $20^{\circ}\text{C} \pm 1^{\circ}\text{C}$? | Not Evaluated |
| 13. Final DO concentration after 5 days is at least 1 mg/L and at least 2 mg/L lower in concentration than the initial DO? | Not Evaluated |
| 14. Data sheet completed? | Not Evaluated |
| 15. Sample location recorded? | Not Evaluated |
| 16. Sample type recorded (grab or composite)? | Not Evaluated |
| 17. Sample collection time recorded? | Not Evaluated |
| 18. Sample collection date recorded? | Not Evaluated |

- | | |
|--|---------------|
| 19. Time of initial DO readings recorded? | Not Evaluated |
| 20. Date of initial DO readings recorded? | Not Evaluated |
| 21. Date of final DO readings recorded? | Not Evaluated |
| 22. Analyst's name or initials recorded? | Not Evaluated |
| 23. Name of the Standard Method or EPA procedure recorded? | Not Evaluated |
| 24. Calculations and results? | Not Evaluated |

Comments:

Sample analyzed by Altamaha Labs

Total Suspended Solids (TSS)

- | | |
|---|---------------|
| 1. Method _____ | |
| 2. Samples analyzed immediately? | No |
| 3. Samples stored at $\leq 6^{\circ}\text{C}$ and analyzed within 7 days of collection? | Yes |
| 4. Temperature of oven is 103°C - 105°C ? | Not Evaluated |
| 5. Temperature record maintained on drying oven? | Not Evaluated |
| 6. Balance checked periodically with standard weights? | Not Evaluated |
| 7. Balance serviced once per year by professional? | Not Evaluated |
| 8. Balance is clean and in a suitable environment? | Not Evaluated |
| 9. Calibration record maintained for balance? | Not Evaluated |
| 10. Dilution water blank analyzed? | Not Evaluated |
| 11. Duplicates analyzed? | Not Evaluated |
| 12. Data sheet completed? | Not Evaluated |
| 13. Sample location recorded? | Not Evaluated |
| 14. Sample type recorded (grab or composite)? | Not Evaluated |
| 15. Sample collection time recorded? | Not Evaluated |
| 16. Sample collection date recorded? | Not Evaluated |
| 17. Initial time of analysis recorded? | Not Evaluated |
| 18. Initial date of analysis recorded? | Not Evaluated |
| 19. Final time of analysis recorded? | Not Evaluated |
| 20. Final date of analysis recorded? | Not Evaluated |
| 21. Analyst's name or initials recorded? | Not Evaluated |
| 22. Name of the Standard Method or EPA procedure recorded? | Not Evaluated |
| 23. Calculations and results? | Not Evaluated |

Comments:

TSS analyzed by Altamaha Labs

Fecal Coliform Bacteria

1. Method: _____
2. Samples analyzed immediately? No
3. Samples stored at <math><10^{\circ}\text{C}</math> and analyses begun within 8 hours of collection? Yes
4. Thermometer calibrated in 0.2°C increments? Not Evaluated
5. Temperature of water bath 44.5 °C ± 0.2 °C?
Not Evaluated
6. Record of water bath temperature? Not Evaluated
7. Record maintained for time and temperature of each sterilization cycle for autoclave? Not Evaluated
8. Glass, stainless steel, or autoclaveable plastic filter equipment used? Not Evaluated
9. Work area and glassware clean? Not Evaluated
10. Medium expired? Not Evaluated
11. Medium stored between 2 °C and 10 °C? Not Evaluated
12. Record of refrigerator temperature maintained? Not Evaluated
13. Sterile dilution water blank analyzed? Not Evaluated
14. At least 3 dilutions per sample? Not Evaluated
15. Positive sample prepared (e.g. influent) to test medium before use? Not Evaluated
16. Incubated for 24 ± 2 hours? Not Evaluated
17. Data sheet completed? Not Evaluated
18. Sample location recorded? Not Evaluated
19. Sample type recorded (grab or composite)?
Not Evaluated
20. Sample collection time recorded? Not Evaluated
21. Sample collection date recorded? Not Evaluated
22. Initial time of analysis recorded? Not Evaluated
23. Initial date of analysis recorded? Not Evaluated
24. Final time of analysis recorded? Not Evaluated
25. Final date of analysis recorded? Not Evaluated
26. Analyst's name or initials recorded? Not Evaluated
27. Name of the Standard Method or EPA procedure recorded? Not Evaluated
28. Colony counts for all dilutions recorded? Not Evaluated
29. Sample volume for each dilution recorded? Not Evaluated

30. Calculations and results?

Not Evaluated

Comments:

Fecal analyzed by Altamaha Labs

Ammonia Nitrogen

1. Method: _____
2. Samples stored at $\leq 6^{\circ}\text{C}$ and analyzed within 24 hours? Not Evaluated
3. Preservative added and sample analyzed within 28 days? Not Evaluated
4. Curve developed regularly? Not Evaluated
5. Blank analyzed with each sample group? Not Evaluated
6. Blank correction applied? Not Evaluated
7. Spiked samples analyzed periodically? Not Evaluated
8. Calibration standard concentrations bracket the sample concentrations? Not Evaluated
9. Data sheet completed? Not Evaluated
10. Sample location recorded? Not Evaluated
11. Sample type recorded (grab or composite)?
Not Evaluated
12. Sample collection time recorded? Not Evaluated
13. Sample collection date recorded? Not Evaluated
14. Time of analysis recorded? Not Evaluated
15. Date of analysis recorded? Not Evaluated
16. Analyst's name or initials recorded? Not Evaluated
17. Name of the Standard Method or EPA procedure recorded? Not Evaluated
18. Calculations and results? Not Evaluated

Comments:

General Quality Control

1. Composite samples close to room temperature before tests begun? Yes
2. Adequate bench space for tests and instruments? Yes
3. Standards and reagents stored following manufacturer's instructions and in a safe manner? Yes
4. Chemicals and reagents dated when received and opened? Yes
5. All solutions and chemicals labeled correctly? Yes
6. Reagents discarded when expired, discolored, or when particles are present? Yes
7. MSDS notebook maintained on all laboratory reagents? Yes

- | | | |
|--|-----|-----|
| 8. Data recorded in indelible ink? | Yes | |
| 9. Corrections made on data sheets by single line through and initialed? | Yes | |
| 10. Aliquots taken from smaller portions poured into beaker? | N/A | |
| 11. Laboratory clean and uncluttered? | Yes | |
| 12. Does glassware and plastic containers appear to be adequately cleaned? | | Yes |
| 13. Quality control charts maintained? | Yes | |
| 14. NIST traceable thermometer available, to annually check accuracy of all thermometers used in laboratory (Certification of NIST thermometer every 5 years)? | Yes | |
| 15. Safety items available: | | |
| a. Fire extinguisher | Yes | |
| b. Eye wash station | N/A | |
| c. Shower | N/A | |
| d. First aid kit | Yes | |
| e. Gloves | Yes | |
| f. Safety goggles | N/A | |
| 16. Written laboratory Standard Operating Procedures (SOP) developed and maintained (SOP should include all laboratory analyses methods and emergency protocol for exceedances)? | Yes | |
| 17. Anomalies that occur are documented? | N/A | |
| 18. Analysts have access to the necessary references for EPA approved procedures used? | Yes | |
| 19. "No Smoking" and "No Eating" signs posted at all laboratory entrances and within laboratory? | Yes | |
| 20. Chain of custody established, filled out correctly, and followed? | Yes | |

Comments: