

# **Indiana Department of Environmental Management**

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue ● Indianapolis, IN 46204 (800) 451-6027 ● (317) 232-8603 ● www.idem.IN.gov

**Eric J. Holcomb** *Governor* 

Brian Rockensuess Commissioner

July 02, 2024

Via Email to: mark.holbrook@aes.com Mr. Mark Holbrook, Plant Manager AES Indiana 4040 Blue Bluff Rd. Martinsville, Indiana 46151

Dear Mr. Holbrook:

Re: Inspection Summary Letter
Eagle Valley CCGT
NPDES Permit No. IN0004693
Martinsville, Morgan County

An inspection of the above-referenced facility or location was conducted by a representative of the Indiana Department of Environmental Management, Office of Water Quality, pursuant to IC 13-18-3-9. A summary of the inspection is provided below:

Date(s) of Inspection: July 01, 2024

Type of Inspection: Compliance Evaluation Inspection

Inspection Results: Potential problems were discovered or observed.

A copy of the NPDES Industrial Facility Inspection Report is enclosed for your records. Please direct any response to this letter and any questions to Jason Palin at 317-504-0007 or by email to japalin@idem.IN.gov.

Sincerely,

Kim Rohr, Chief

**Wastewater Inspection Section** 

Office of Water Quality

**Enclosure** 



# NPDES Industrial Facility Inspection Report INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NPDE	S Permit Number:	Facility Type:				Facility C	Classification:	TEMPO AI ID	
IN0004693 Industrial			Major		A-SO				
Date	(s) of Inspection: July	01, 2024							
			luation Inspection	1					
Name and Location of Facility Inspected:					Receiving Waters/POTW:		F	Permit Expiration Date	
_	le Valley CCGT							9/30/2027	
4040 Blue Bluff Rd. County:  Martinsville IN 46151 Morgan					West Fork of White River			Design Flow: NA	
	te Representative(s):						<b>.</b>		
First I	•	Analyst	ironmental a	•	ncclure@aes.com		Phone		
	Was a verbal summ		e inspection giv	en to	the on-site rep?	Yes			
	Kevin Burkett	Number: 0 21407	Class: Effective Dat D 7-1-22		oiration Date: Email: 6-30-25 kburkett	@keran	nida.com		
Cyb	er Security Contact								
Name			Email:		1				
	onsible Official: Mark Holbrook, Plant Man	ager			Permittee: AES India				
	Blue Bluff Rd.	ago.			Email: mark.holk	prook@a	aes.com		
					Phone: Contacted?				
Mart	insville, Indiana 46151		INSPECT	ION F	Fax:			No	
	● Violations were discove ● Potential problems were ─ Violations were discove ─ Violations were discove	re discovere ered and red ered and ma	d or observed. (3) quire a submittal fra ay subject you to a	om you n appro	ı and/or a follow-up in	•		)	
					nsatisfactory, N = Not Eva	aluated			
S	Receiving Waters	S	Facility/Site	S	Self-Monitoring	S	Enforceme	ent	
S	Effluent/Discharge	S	Operation	S	Flow Measurement				
S	Permit	S	Maintenance	S	Laboratory	М	Effluent Li	mits Compliance	
		N	Sludge	М	Records/Reports	N	Other:		
			DETAILED AR	EA E					
S Comr	eiving Waters:  1. The receiving stream - billowy foam.  nents: receiving stream was free	•	r free of excessive	e depo		floating	g debris, oil,	scum, or	
	ıent/Discharge:		<del></del>						
N_	Final effluent was ess     Pretreatment discharge not appear to be in viola     Pretreatment discharge operation of the POTW.	ge into sani ition of the ge into sani	itary sewers appe local Sewer Use	eared f Ordina	ree of excessive oils ance.	, grease	e, solids, or	foam and did	
The	nents: effluent was clear and fre	e of color a	at the time of the i	inspec	tion.				
Perr	mit:								

- S 1. Did the facility have a copy of the current permit available for reference.
- N 2. If the permit expires within 180 days, has a renewal application been submitted?
- S 3. Receiving waters are accurately described in the permit.
- N 4. The permit has been properly transferred if there is a new owner.
- N 5. The NPDES Permit Schedule of Compliance monitoring and reporting milestones have been met.

Comments:

The facility has a valid permit.

### Facility/Site:

- N 1. The facility was found to have standby power or equivalent provision, If required.
- S 2. An adequate alarm or notification system for power or equipment failure was available for the treatment facility.
- S 3. Safe and adequate access was provided for inspection of all treatment units and outfalls.
- S 4. Facilities and equipment did not appear beyond their useful life.
  - 5. List any safety concerns noted during the inspection in the box below:

Comments:

The facility grounds are well maintained and there was adequate access to the settling pond and the outfall.

#### Operation:

- S 1. All facilities and systems necessary for achieving compliance with the terms and conditions of the permit were operated efficiently, including an anticipated bypass report for steps of treatment taken out of service.
- S 2. An adequate, qualified operating staff was found to be provided to carry out the operation of the facility, including:
  - a. Certified Operator's on-site attendance and/or qualified operations personnel attendance was adequate.
  - b. Adequate documentation of operational activities, including system monitoring and cleaning.
  - c. Adequate funding to ensure proper operation.
- S 3. Solids handling procedures were adequate.
- S 4. Documentation of solids removal, handling, and disposal was adequate.

Comments:

All units of treatment appear to be operated efficiently.

#### Maintenance:

- S 1. A maintenance record system has been established and includes maintenance/repair history and preventative maintenance plan.
- S 2. Facility maintenance activities appeared adequate.

Comments

Maintenance was rated as satisfactory. The facility utilizes a computer program called SAP to track PM activities via work order and record all maintenance activities within the program.

#### Sludge:

N 1. Sludges, screenings, and slurries were found to be handled and disposed of properly.

Comments:

Sludge is not a byproduct of the cooling tower blow down and is not a problem at the site.

#### **Self-Monitoring:**

- S 1. Samples were found to be taken at pre-designated locations and were found to be representative.
- S 2. Flow-proportioned samples were found to be obtained where needed.
- S 3. The facility was found to conduct sampling of all waste streams, including type and frequency, as required in the permit.
- S 4. Sample collection procedures, including automatic sampling, include:
  - a. Samples refrigerated during compositing.
  - b. Proper preservation techniques used.
  - c. Containers and holding times conform to 40 CFR 136.3.
- S 5. Sample documentation was adequate and includes:
  - a. Dates, times, and locations of sampling.
  - b. Name of individual performing sampling.
  - c. Instantaneous flow for flow-weighted aliquots.
  - d. Chain of Custody records.
- S 6. NPDES Permit Total Toxic Organic (TTO) requirements were being met.
- S 7. NPDES Permit Whole Effluent Toxicity (WET) testing requirements were being met.

Comments:

The Self Monitoring Program was rated as satisfactory. All sampling practices are conducted accurately and at the frequency required by the permit. The facility utilizes an auto sampler for collection and has adequate

documentation for all samples.

#### Flow Measurement:

- S 1. Flow was found to be properly monitored as required by the permit.
- S 2. Flow data and calibration records were available for review, and document that monitoring equipment has been calibrated at the frequency required in the permit.

Comments:

The facility's flow measurement program, including all documentation, is adequate and representative.

#### Laboratory:

The following laboratory records were reviewed:

On-site Sampling Log

Contract Lab Reports

Chain-of-Custody

pH Bench Sheets

- S 1. The laboratory practices and protocol reviewed were adequate, including:
  - a. A written laboratory QA/QC manual was available.
  - b. Samples were found to be properly stored.
  - c. Approved analytical methods were used.
  - d. Calibration and maintenance of instruments was adequate.
  - e. QA/QC procedures were adequate.
  - f. Dates of analyses (and times, where required) were recorded.
  - g. Name of person performing analyses was recorded.
- S 2. Review of lab records and/or on-site field testing equipment and protocols was found to be adequate.

Contract Lab Information					
Pace Analytical	Indianapolis, IN				

Comments:

The bench sheets reviewed during the inspection appeared to be accurate and complete.

#### Records/Reports:

The following records/reports were reviewed:

DMRs for the period of June 2023 to May 2024 were reviewed as part of the inspection.

- S 1. All facility records for the period including the previous three years were available for review.
- M 2. DMRs and MMRs were completed properly and accurately including:
  - a. "No Ex" column was accurate.
  - b. Signatory requirements were met.
  - c. Reports were prepared by or under the direction of a certified operator.
- N 3. Bypass and Noncompliance reporting are adequate.

Comments:

The Records/Reports evaluation generated a marginal rating. A review of the MMR forms indicate the facility is currently using an outdated MMR. The most current MMR available is from April of 2024 and is available at the IDEM website. Additionally, the facility is leaving the "No Ex" column of the DMR submittal blank. The facility should fill in the appropriate number of violations in that column to indicate how many exceedances occurred for any given parameter in a month.

#### **Enforcement:**

N 1. Agreed Order compliance milestones have been met.

Comments:

There was no Agreed Order at the time of the inspection.

## **Effluent Limits Compliance:**

Yes 1. Were DMRs reviewed as part of the inspection?

DMRs for the period of June 2023 to May 2024 were reviewed as part of the inspection.

Yes 2. Were violations noted during the review of DMRs?

The Effluent Limits Compliance area was rated marginal due to the following self-reported violations of the limits detailed in Part I. A. of the NPDES Permit:

Month	Year	Outfall	Parameter	Number
February	2024	003	Temperature	2

March	March 2024 003		Temperature		2				
Comments:									
		טו	EM REPRESENTATIVE						
Inspector Name:			Email:	Phone Number:					
Jason Palin japalin@			japalin@idem.IN.gov	317-504-0007					
IDEM MANAGER REVIEW									
IDEM Manager:				Date:					
Kim Rohr				7/2/2024					