

Indiana Department of Environmental Management

We Protect Hoosiers and Our Environment.

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Eric J. Holcomb

Brian Rockensuess

Commissioner

May 30, 2024

<u>Via Email to:</u> dean125@hotmail.com Mr. Dean Smith, Town Council President Town of Millersburg PO 278 Millersburg, Indiana 46543

Dear Mr. Smith:

Re: Inspection Summary/ Noncompliance Letter

Millersburg Wastewater Treatment Facility NPDES Permit No. IN0040363 Millersburg, Elkhart County

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

Date(s) of Inspection: May 29, 2024

Type of Inspection: Reconnaissance Inspection Inspection Results: Violations were observed.

The following concerns were noted:

Maintenance was rated as unsatisfactory due to an inadequate preventative maintenance program. This is a violation of Part II. B. 1 of the permit which requires all facilities to be operated and maintained as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants. The Utility Superintendent stated that the blower and generator maintenance is contracted out to a third party. The blower maintenance is on a set schedule, but the generator maintenance only occurs when a concern arises.

For all other equipment, such as influent screen, pumps, and clarifier drives, no preventative maintenance plan or completed maintenance documentation is maintained. The Town has no written Preventative Maintenance Schedule. All critical units of treatment are required to be maintained and have a preventative maintenance schedule. Documentation of both preventative maintenance and reactionary maintenance is required.

The items above were also noted in the November 2023 inspection.

Lift station checks are now documented by the weekly recording of pump hours. However, there is no documentation of wet well inspection/cleaning, float inspection and/or wet well pumping. Please begin including these types of preventative maintenance activities completed at the lift stations.

- 2. Part I. A. 1 of the permit sets forth the effluent monitoring frequencies and type applicable to the discharge from Outfall 001. The samples for CBOD, TSS, and Ammonia are required to be collected as composite samples as defined in Part I. B. 4. b. (4) of the permit. Documentation of the composite sample is a required condition of the permit. In addition, Part I. B. 6 of the permit requires the permittee to record specific information as described for both composite and grab samples. These requirements include:
 - a. the date, exact place and time of sampling or measurements;
 - b. b. the person who performed the sampling or measurements;
 - c. c. the date(s) and time(s) sampling or measurements were performed

Self Monitoring was rated as unsatisfactory for the following:

- A. Plant personnel have began documenting the date, time and flow of the composite sample, but are not completing the calculation and actual sample proportioning to complete an accurate composite sample. A manual three part sample is being completed.
- B. Sample storage temperature is not being documented.
- C. Collection time and analysis time/person for chlorine is not being documented to ensure the sample is analyzed within the required 15 minute holding time.
- D. Collection time and analysis/person time for pH is not being documented to ensure the sample is analyzed within the required 15 minute holding time.
- E. Collection time and analysis time/person for dissolved oxygen is not being documented to ensure the sample is analyzed within the required 15 minute holding time.
- F. Collection and analysis time/person for E. coli to ensure the sample is being set up within the 8 hour timeframe.

With the exception of documenting the composite sample collection/date/flow information and the E. coli sampling violation, all the above was also brought to your attention in the November 2023 inspection. Additionally, nearly all of the above was also noted in a May 5, 2021 inspection.

- 3. Part I. B. 6 of the permit requires the permittee to record specific information as described, for each measurement or sample taken pursuant to the requirements of this permit. Additionally, Part I. B. 5 of the permit requires the analytical and sampling methods used to conform to the current version of 40 CFR, Part 136, unless otherwise specified. Laboratory was rated as unsatisfactory for the following:
 - A. TSS analysis requires that there remain a residual of at least 0.0025 g on the filter after drying in the oven. This calculation is not being

- completed and documented, but a review indicates you are not meeting this requirement for all final samples. You must increase sample volume, but the volume does not need to exceed 1000 ml. In addition, sample date and set up date needs better documentation/clarification, and oven drying time needs documentation. No QA/QC testing is being completed.
- B. CBOD blank depletion should not exceed 0.2 mg/L. All the final CBOD blanks reviewed greatly exceeded this value. You must investigate the cause of the problem. Additionally, it is unclear on the bench sheet if samples are being held or analyzed the day of collection. Improved sample/day and set up day/time/analyst needs to be completed. Only CBOD testing of 200 ml of sample is being completed, no dilutions. A duplicate effluent sample is being completed.
- C. No Ammonia QA/QC is being completed.
- D. E. coli No testing documentation is completed. Sample collection date/time, sample set up date/time and date/time of reading results must be included. This also needs to include the time in the incubator. Testing method needs to be included. Number of small/large wells counted needs included. QA/QC testing must be completed.
- E. The pH meter calibration is not being documented. Meter calibration documentation is required each day of use.
- F. You are not recording any temperatures. These include CBOD incubator, TSS oven, sample storage refrigerator, and E. coli incubator.
- G. The DO meter calibration is not being documented. Meter calibration documentation is required each day of use.
- H. Chlorine sample collection and sample analysis time are not recorded to ensure the required timelines. Also noted in Self Monitoring.

All of the above were brought to the Council's attention in inspections completed on May 5, 2021 and November 30, 2023. IDEM bench sheets have been provided to plant personnel. If you would like IDEM laboratory assistance, please reach out to Becky Ruark at bruark@idem.in.gov. Since the last inspection, duplicates samples have begun for CBOD testing.

Part II. A. 1. of your permit requires you to comply with its terms and conditions. Any noncompliance with the terms of your permit may subject you to an enforcement action which can include the imposition of penalties. You are required to immediately take all necessary measures to comply with the terms and conditions of your NPDES Permit, specifically those violations identified above.

Within 30 days of receipt of this letter, a written detailed response documenting correction of the concerns listed above and/or a plan for assuring future compliance must be submitted to this office. Failure to respond adequately to this letter may result in formal enforcement action. Please direct your response to this letter to our letterhead address or via email to wwViolationResponse@idem.IN.gov. Any questions should be directed to Lynn Stackhouse at 317-691-0099 or by email to lstack@idem.IN.gov. Thank you for your attention to this matter.

Sincerely,

James E. Weingart, Director Northern Regional Office

Enclosure



NPDES Wastewater Facility Inspection Report INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NPDE	S Permit Number:	Facility Type						Facility C	lassification:	TEMPO AI ID
IN0040363		Municipality				Minor			I	
Date	(s) of Inspection: May	29, 2024								•
		nnaissance	Inspec	tion						
	and Location of Facility Inspec					Receiving Wa	iters:		F	Permit Expiration Date:
	ersburg Wastewater Tre	atment Fa	-						_	10/31/2024
198 Wastewater Drive		County: IN 46543 Elkhart				Stoney Creek			[Design Flow:
	ersburg	IN 4054	13 E	iknart						0.12MGD
	te Representative(s): Name Last Name ry Ferguson	Title Utility Su	perinter	Email ndent aferç	gusc	on@millersb	ourg.org		Pho 26	one 0-214-0874
	Was a verbal summa	ary of find	ings pr	esented to	the	e on-site r	epresen	tative?	Yes	
Certifi	ed Operator:	Number:	Class:	Effective Date:	Ex	piration Date:	Email:			
Harley Asher		19461 II 7-1-22				6-30-25 Livefree.asher@gmail.com				
Cyb	er Security Contact:									
Name				Email:						
	onsible Official: Dean Smith, Town Counci	l President				Permittee:	Town of	Millersb	urg	
PO		Email: dean125@hotmail.com Phone: Contacted?								
						Phone:				Contacted?
Mille	ersburg, Indiana 46543 INSPECTION FINDINGS				No					
				NSPECTIO	N FI	NDINGS				
	O Conditions evaluated w	ere found to	be satis	sfactory at the	e tin	ne of the insp	pection. (5	5)		
	O Violations were discovered but corrected during the inspection. (4)									
	O Potential problems were discovered or observed. (3)									
	● Violations were discovered and require a submittal from you and/or a follow-up inspection by IDEM. (2)									
	O Violations were discove									
				/ALUATED				,	. ,	
				= Marginal, U				aluated		
N	Receiving Waters	S	Facility	//Site	U	Self-Monite	oring	N	Enforceme	ent
S	Effluent	N	Opera	tion	N	Flow Meas	surement	: N	Pretreatm	ent
S	Permit	U	Mainte	nance	U	Laboratory	/	N	Effluent Li	mits Compliance
N	Collection System	N	Sludge	Disposal	Ν	Records/R	Reports	Ν	Other:	
			DETA	AILED AREA	4 E/	ALUATION	NS			
Insp impr	inspection was conducte ection which generated a ovements in the Laborate	Noncompl	iance Le	etter for seve	eral	items. The	focus of	this insi	pection was	to evaluate
Comr The	uent: nents: effluent was viewed at the	e end of the	e contac	ct tank and w	vas	clear and fr	ee of col	or at the	time of the	inspection.
Perr										
	_{nents:} current permit expires in 2	2024. A pe	rmit ren	ewal applica	ition	has been s	submitted	to IDE	М.	
	lity/Site:									
Comments:										
l	reas of the facility were e	asily acces	sible for	rinspection	and	appeared to	o be well	mainta	ined.	
Comr	ntenance: nents: ntenance was rated as un	satisfactor	y due to	an inadequa	ate	preventative	e mainter	nance p	rogram. Th	is is a

violation of Part II. B. 1 of the permit which requires all facilities to be operated and maintained as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants. The Utility Superintendent stated that the blower and generator maintenance is contracted out to a third party. The blower maintenance is on a set schedule, but the generator maintenance only occurs when a concern arises.

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Self-Monitoring:

Comments:

Part I. A. 1 of the permit sets forth the effluent monitoring frequencies and type applicable to the discharge from Outfall 001. The samples for CBOD, TSS, and Ammonia are required to be collected as composite samples as defined in Part I. B. 4. b. (4) of the permit. Documentation of the composite sample is a required condition of the permit. In addition, Part I. B. 6 of the permit requires the permittee to record

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Laboratory:

The following laboratory records were reviewed:

CBOD Bench Sheets TSS Bench Sheets Ammonia Bench Sheets

pH Bench Sheets E. coli Bench Sheets

- U 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 found to be used.
 - d. Calibration and maintenance of instruments was found to be adequate.
 - e. QA/QC procedures were found to be adequate.
 - f. Dates of analyses (and times where required) were recorded.
 - g. Name of person performing analyses was recorded.

U 2. Review of lab records and/or on-site field testing equipment and protocols was found to be adequate.

Comments:

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Effluent Limits Compliance:

No 1. Were DMRs reviewed as part of the inspection?

Comments:

IDEM REPRESENTATIVE								
Inspector Name:	Email:	Phone Number:						
Lynn Stackhouse	lstack@idem.IN.gov	317-691-0099						
IDEM MANAGER REVIEW								
IDEM Manager:		Date:						
James E. Weingart		5/30/2024						