



NPDES COMPLIANCE INSPECTION

Compliance Evaluation Inspection Cover: Site Information		
Permit No.: SC0001015		
Start Date of Inspection: 3/15/2021		
Entry Time: 0845		
End Date of Inspection (including sampling): 3/19/2021 (follow-up site visit)		
Exit Time: 1345		
Permit Effective Date: 01/01/2019		
Permit Expiration Date: 09/30/2014		
Name of Facility: New Indy-Catawa		
Location of Facility: 5300 Cureton Ferry Road, Catawba, SC		
County of Facility: York		
Compliance Evaluation Inspection Cover: Representative Information		
Facility/Department On - Site Representative Information		
Name	Title	Telephone Number
Bob Tourville	Facility Representative	803-493-2959
Pete Cleveland	Facility Representative	803-981-8206
Matt Miller	Inspector, DHEC BEHS Columbia	803-896-0620
Sonya Johnson	Inspector, DHEC BEHS Columbia	803-896-0620
Alex Tweardy	Inspector, DHEC BEHS Lancaster	803-285-7461
Rick Shepard	Inspector, DHEC BEHS Lancaster	803-285-7461
Angela Gorman	Inspector, DHEC BLWM	803-898-0929
Byron Amick	Inspector, DHEC BOW	803-898-4236
Compliance Evaluation Inspection Cover: Responsible Official Information		
Name: Charles (Pete) Cleveland		
Responsible Official Address: 5300 Cureton Ferry Road, Catawba, SC		
Responsible Official Title: Technical Manager		
Responsible Official Phone: 803-981-8206		
Roles: Wastewater Permit Contact		

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
The facility is operating under an expired permit. Permit requirements and conditions have been extended and are in effect until a new permit is issued by the Department. The Department has received and investigated (outside of this compliance inspection) a significant number of odor complaints in the surrounding area since the mill resumed operations.

Permit General Requirements	
1. Responsible Official/Permittee Name is correct? [Minor (Required)]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Responsible Official mailing address is correct? [Minor (Required)]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Location and number of discharge points are as described in the permit? [Minor (Required)]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Name and location of receiving water is correct on the permit? [Minor (Required)]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Compliance Schedule, Administrative Order, or Consent Order	
This Section applies to Enforcement, Compliance Schedules, AO's, CO's, and Permit Compliance Schedules	
1. Is the Permittee under a Compliance Schedule, Administrative Order, or Consent Order?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Is the permittee meeting the permit compliance schedule, administrative order, or consent order? If no, list correction in comments.	<input type="checkbox"/> YES <input type="checkbox"/> NO [<input type="checkbox"/> Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor (req.)] <input checked="" type="checkbox"/> N/A

Operator Information	
1. Does this facility have a certified operator requirement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Does this facility have a certified operator?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2a. Is the operator of proper grade performing the required inspections? [Critical]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2b. Is a Trainee operator being utilized at this facility?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
2c. Is the Trainee accompanied onsite by at least a level D licensed operator?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
3. Are inspections performed as required?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Records and Reports	
1. Is this facility required to maintain records?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1a. Plant and laboratory records and results maintained for required period and include all permitted parameters? (Bio - solids 5 years, all other records 3 years). [Major]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Operator's log contains documentation of daily maintenance activities, name of operator performing tasks and time activities performed? [Major]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Is this facility required to submit DMRs?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3a. Are all DMR records accurately completed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3b. Laboratory analytical results are consistent with DMR?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO [<input type="checkbox"/> Critical <input type="checkbox"/> Minor (req.)] <input type="checkbox"/> N/A
3c. DMR dates and parameters checked: November 2020, February 2021; BOD, TSS, Phosphorus, Ammonia, Total Residual Chlorine, Fecal Coliform, Copper, Total Organic Halogen	
4. Does the permit require self-monitoring of facility effluent?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4a. If facility monitors more frequently than required, are results reported on DMR? [Critical]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

5. O&M manual available onsite? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO [<input type="checkbox"/> Major <input type="checkbox"/> Minor (req.)] <input type="checkbox"/> N/A
5a. O&M manual last updated: July 2010
6. Are BMPs required for the facility's treatment plan? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6a. Is the BMP manual available for review? (if required) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO [<input type="checkbox"/> Major <input type="checkbox"/> Minor (req.)] <input type="checkbox"/> N/A
6b. BMP manual last updated: July 2014
7. Is an Odor Abatement Plan required for this facility? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7a. Is the Odor abatement plan available for review? (if required) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO [<input type="checkbox"/> Major <input type="checkbox"/> Minor (req.)] <input type="checkbox"/> N/A
7b. Odor abatement plan last updated: July 2010
8. Is Groundwater monitoring required for this facility? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8a. Are Groundwater monitoring records maintained? (if required) [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. Is Soil monitoring required for this facility? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9a. Are Soil monitoring records available? (if required) [Minor (Required)] <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
<p>The facility's manuals and plans have not been updated to reflect the change in manufacturing process and the changes/modifications to the wastewater treatment process. The facility representative stated that the manuals and plans would be updated by a contract engineering firm to reflect the current operating status of the facility.</p> <p>A complete Operation and Maintenance (O&M) manual is required to be maintained per the permit (Part II.E.3) and per SCDHEC Water Pollution Control Regulation 61-9 (122.41.e.2).</p> <p>Best Management Practices (BMP) are required per the permit (Part V.E.11) and per SCDHEC Water Pollution Control Regulation 61-9 (122.44.k). The permit requires the facility to maintain an up-to-date BMP plan.</p> <p>The odor abatement plan is required to be updated and maintained as necessary per the permit (Part V.D.3.f) and per SCDHEC Water Pollution Control Regulation 61-9 (503.50.a) and should reflect the current operating conditions of the manufacturing process and wastewater treatment.</p>

Sampling and Analysis Data: Onsite Laboratory
Onsite Laboratory: (not applicable only if evaluated within the last 6 months) <input checked="" type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> N/E
Expiration Date: 06/12/2022
Date of last certification inspection: 03/05/2019
CWA Certification Number: [Critical] 46001
Are onsite labs certified for all parameters contracted under CWA? [Critical] <input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A

Solid and Hazardous Waste Act Certification Number: [Critical]
Are onsite labs certified for all parameters contracted under the Solid and Hazardous Waste Act? [Critical] <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
1. Date, times, location, and individual collecting sample listed? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Date, time, analytical methods used, analyst, and analytical result listed? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Sampler environment temp for composite samples is correct? (0.5 - 6°C, no ice in sample) Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Sample preservatives are correct? (H2SO4, ice, etc) Bacteria samples must indicate Sodium Thiosulfate for dechlorination. Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Program area, sample matrix, and analytical methods are listed and correct? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. Date, time, analyst, and analytical result listed? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
The facility's onsite lab is certified for the following parameters: pH, Dissolved Oxygen, color, BOD, and TSS. The laboratory was not visited during the inspection. Laboratory records were requested and compared to data on the corresponding Discharge Monitoring Reports submitted to the Department.

Sampling and Analysis Data: Outside Laboratory
Outside Laboratory <input checked="" type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE
Lab Name: Pace Analytical
CWA Certification Number: [Critical] 32010
Parameters contracted: Phosphorus, Ammonia, Total Residual Chlorine, Fecal Coliform
Are outside labs certified for all parameters contracted under CWA? [Critical] <input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A
Solid and Hazardous Waste Act Certification Number: [Critical]
Parameters contracted:
Are outside labs certified for all parameters contracted under the Solid and Hazardous Waste Act? [Critical] <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
1. Date, times, location, and individual collecting sample listed? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Sample type (eg. Grab), # of containers and type (eg. Plastic) listed? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Sampler environment temp for composite samples is correct? (0.5 - 6°C, no ice in sample) Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Sample preservatives are correct? (H2SO4, ice, etc) Bacteria samples must indicate Sodium Thiosulfate for dechlorination. Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Program area, sample matrix, and analytical methods are listed and correct? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

6. Date, time, analyst, and analytical result listed? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Sampling and Analysis Data: Outside Laboratory
Outside Laboratory <input checked="" type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE
Lab Name: Test America
CWA Certification Number: [Critical] 98001
Parameters contracted: Total Organic Halogen
Are outside labs certified for all parameters contracted under CWA? [Critical] <input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A
Solid and Hazardous Waste Act Certification Number: [Critical]
Parameters contracted:
Are outside labs certified for all parameters contracted under the Solid and Hazardous Waste Act? [Critical] <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
1. Date, times, location, and individual collecting sample listed? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Sample type (eg. Grab), # of containers and type (eg. Plastic) listed? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Sampler environment temp for composite samples is correct? (0.5 - 6°C, no ice in sample) Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Sample preservatives are correct? (H2SO4, ice, etc) Bacteria samples must indicate Sodium Thiosulfate for dechlorination. Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Program area, sample matrix, and analytical methods are listed and correct? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. Date, time, analyst, and analytical result listed? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
Laboratory records for the contract laboratories were requested and compared to data on the corresponding Discharge Monitoring Reports submitted to the Department.

Flow Measurement: General Requirements
3. Facility design flow: (in MGD)
4. Average facility flow: (in MGD) 25
Outfall and Flow Measurement Information
1. Outfall designation. 001
2. Does this facility have a Flow measurement device? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2a. What type of flow measurement device is at this facility outfall? in-line magnetic meter
3. Routine calibration check frequency: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> as needed

4. Date of last calibration:
5. Flow meter calibration frequency: <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> as needed
6. Recorded Flow: (in MGD)
7. Actual Flow: (in MGD)
8. Error (in %) [Critical]
9. Is primary flow measurement equipment located in a confined space? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
The facility does not have a primary flow device to do a flow comparison.

Flow Measurement: Flow
1. Proper flow tables used by facility? Explain deficiencies in the comments. [Major] <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
2. Effluent flow measured after all return lines? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Flow measurement equipment adequate to handle expected ranges of flow? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Flow Measurement: Flumes
Does this facility have a flume? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
1. Outfall designation. 01A (internal sanitary outfall)
2. Type and size of flume: 8-inch Palmer-Bowlus
3. Flow well distributed and free of turbulence across flume channel and cross - sectional velocities appear relatively uniform? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Flume appears to be properly installed and maintained? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Flume walls and throat appear vertical and smooth with correct dimensions? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> N/E
6. Flume clean and free of debris or deposits? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Operating under free - flow conditions? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Self-monitoring Program
Does this facility require Self - Monitoring? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. Was composite sampler set up properly? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> N/E
2. DO, pH, TRC analyses performed within 15 minutes of collection? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

3. Sampling and analyses completed at required frequencies and on day specified in permit? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Composite sample method used as defined in permit? (Flow proportional unless the flow varies by 15% and they have Department approval.) Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Composite sampler refrigerated or iced and sample environment temp recorded? (0.5 - 6°C, no ice in sample) Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> N/E
6. Proper sample preservation techniques used? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Sample collection time consistent with permit? (eg. 8, 16, or 24 hours) Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. Sample containers and holding times conform to 40 CFR 136.3? Explain deficiencies in the comments. [Major] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. Sampler tubing and container clean and intake header located in proper position to collect representative sample? Explain deficiencies in the comments. [Minor (Recommended)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> N/E
10. Fecal/E. Coli samples collected directly into sterilized container and sample incubation started no later than 8 hours from collection? Explain deficiencies in the comments. [Critical] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Facility Site Review: General Requirements
1. Standby power or equivalent available and able to power entire plant? Explain deficiencies in the comments. Equivalent could be a shut - down plan. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Does this facility use Chlorine gas? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2a. Chlorine safety precautions (standing cylinders chained, leak detector with alarm, stored in ventilated area) in place? Explain deficiencies in the comments. [Minor (Recommended)] <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
3. Facility marked with weather durable sign w/ 24 hour emergency phone #? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Is the facility secure? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Is this facility required to have a Back Flow Prevention device? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5a. Backflow prevention devices installed and inspected by a certified tester annually? Explain deficiencies in the comments. [Minor (Recommended)] <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
5b. Date of last inspection or replacement:
6. Facility grounds and access road are maintained? Explain deficiencies in the comments. [Minor (Required)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Sludge dewatering type: [Minor (Required)] geotubes
7a. Is the Sludge Dewatering being performed satisfactorily? <input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
The facility shuts down during power loss. A generator is maintained to keep the discharge pumps operating.

Facility Site Review: Monitoring Wells	
Does this facility have monitoring wells?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Complete this section if evaluating monitoring wells required by the permit.	
1. Were the facility monitoring wells evaluated?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
2. Do all wells have secure locking caps? Explain deficiencies in the comments. [Minor (Required)]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Do all wells have permanent ID plate? Explain deficiencies in the comments. [Minor (Required)]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Concrete pad surface is free of cracks or damage? Explain deficiencies in the comments. [Minor (Required)]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Wells were free of deficiencies or problems? (Explain in comments and include well ID # below if answered "No") [Minor (Required)]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
The monitoring wells were not evaluated.

Operation and Maintenance	
1. All treatment units in service or operational? Explain deficiencies in the comments. [Critical]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
1a. All backup units capable of being in service or operational? Explain deficiencies in the comments. [Minor (Required)]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
2. Routine and preventive maintenance performed on equipment? Explain deficiencies in the comments. [Major]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Treatment Units [Major]	
3a. Screening	<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A
3b. Grinder/Comminutor	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
3c. Grit Chamber	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
3d. Primary Sedimentation	<input type="checkbox"/> SAT <input checked="" type="checkbox"/> UNSAT <input type="checkbox"/> N/A
3e. Trickling Filters	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
3f. Rotating Biological Contactor	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
3g. Aeration	<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A
3g.A. What is the aeration type?	mechanical
3h. Secondary Sedimentation	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
3i. Digester	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A
3j. Pond(s)	<input type="checkbox"/> SAT <input checked="" type="checkbox"/> UNSAT <input type="checkbox"/> N/A
3j.A. What is the pond type?	EQ, aeration, holding
3k. Disinfection	<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A

3k.A. What is the disinfection type? hypochlorite for sanitary waste	
3k.B. If Chlorine, are 150lbs or ton cylinders being used? <input type="checkbox"/> 150 lbs <input type="checkbox"/> TON	
3l. Contact Chamber <input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A	
3m. Dechlorination <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A	
3m.A. What is the dechlorination type?	
3m.B. If SO ₂ , are 150lbs or ton cylinders being used? <input type="checkbox"/> 150 lbs <input type="checkbox"/> TON	
3n. Other process	
Process Type:	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT
Process Type:	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT
Process Type:	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT
3n.1. Were all added processes Satisfactory? (If no, specify which process(s) were Unsatisfactory and why in comments) <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A	
4. Effluent appearance [Critical] (Describe in comments if Unsatisfactory) <input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A	
5. Facility receives other waste (e.g. Septic waste)? If yes, list: [Not Rated] <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input checked="" type="checkbox"/> N/A	

<p>Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)</p> <p>The facility has undergone a recent process change, switching from manufacturing bleached paper (white paper) to containerboard (cardboard). From September 2020 to January 2021 the facility was shut down to implement the process changes. The facility resumed manufacturing activities in February 2021. The manufacturing process uses heat, pressure, and chemicals, to include caustic and sodium sulfide, to pulp the wood chips. One of the main residuals of the process is total reduced sulfide (TRS), which commonly produces a "rotten egg" odor.</p> <p>The wastewater treatment process consists of an influent bar screen, primary clarifier, in-ground sanitary treatment system, equalization (EQ) basin, aeration basin, sludge dewatering, sludge storage basin, holding basin, and post-aeration basin (see Figure 1). The influent to the bar screen is the process waste stream. The sanitary waste stream is mixed with the decant from the primary clarifier before entering the aeration basin. The settled solids in the clarifier are sent to the EQ basin. This was a process change made through a construction permit (20098-IW) issued in 2017. There is no approval to operate from the Department for the construction permit modifications.</p> <p>The decant from the clarifier is sent to the aeration basin. The aeration basin is divided into multiple cells. There are fifty-two (52) floating aerators in the basin that operate continuously. At one time the facility had a stripper to treat foul condensate from the manufacturing process to aid in removing volatiles from the waste stream. The stripper is no longer being used, and the foul condensate is piped directly to the aeration basin. The aeration basin discharges to a holding pond. The effluent from the holding pond is pumped from the bottom of the pond to the post-aeration basin and then to the outfall in the Catawba River.</p> <p>Observations during the facility tour: The clarifier had a layer of solids during the initial site visit. During the follow-up site visit, these solids were not present.</p>
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The EQ basin was nearly full with accumulated solids. There was significant vegetative growth across the basin. Facility representatives stated that the basin would be dredged beginning in 2-3 months.

The aeration basin had a significant blanket of foam across most of the pond. In some areas the foam blanket appeared to be several feet thick. This foam was observed to be flaking as the wind was hitting the surface of the foam during the inspection. In other investigations by Department staff the foam debris has been observed off-site.

To summarize, there have been several changes or modifications to the treatment process (for example, stripper no longer in use, EQ sludge storage) that were not approved changes or modifications. There also appear to be operational issues with the wastewater treatment process, such as the volume of sludge in the basins and the excessive foam present in the aeration basin.

Closing Conference

1. Has a closing conference with the Responsible Party been performed? YES NO

1a. If no closing conference was performed, was contact made with the Responsible Party afterwards to perform the closing conference? YES NO N/A

1b. If no closing conference was able to be performed, explain why and what efforts were made to perform one. If a closing conference was performed enter "NA" YES NO N/A

WW Supplement 1 (CEI/CSI) - Sludge (Non-Land Application, Treatment Unit Monitoring Wells)

Sludge Handling/Disposal: Non-Land Application of Sludge	
1. Groundwater monitoring required? [Not Rated]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
1a. Lab ID:	
1b. Lab Name:	
2. Groundwater monitoring records available? Explain deficiencies in the comments. [Minor (Required)]	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
3. Sludge dewatering type is as permitted?	<input type="checkbox"/> SAT <input checked="" type="checkbox"/> UNSAT <input type="checkbox"/> N/A
3a. Dewatering type:	geotubes; sludge was also being stored without being dewatered
4. Volume of sludge generated on an annual basis?	
4a. Units of measure used?	<input type="checkbox"/> GAL <input type="checkbox"/> LBS <input type="checkbox"/> DRY TON
5. Volume of sludge disposed of on an annual basis?	
5a. Units of measure used?	<input type="checkbox"/> GAL <input type="checkbox"/> LBS <input type="checkbox"/> DRY TON
6. Sludge disposal site(s): (check for approval letter or permit approval and list the site in the comment area) [Critical]	<input checked="" type="checkbox"/> SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A
6a. If no disposal in past year, approximate date of next disposal:	
6b. Contract service used for land application:	

Deficiencies, Explanation (please provide a description of any deficiencies or items not evaluated)
<p>The facility is currently dredging portions of the aeration basin. At the time of the inspection the dredger was in the southeast corner of the basin. This dredged sludge is placed in geotubes for dewatering. The dewatered sludge is stored onsite in sludge basin #4, which is essentially acting as a landfill. Sludge was also being removed from the northwest corner of the aeration basin using an excavator and earth moving vehicles to transport the sludge to sludge basin #4. This sludge was not being dewatered.</p> <p>The EQ basin is scheduled to be dredged starting in approximately 2-3 months. The solids accumulating in the EQ basin are the result of modifications that were proposed in a construction permit application approved by the Department in 2017 (Construction Permit 20098-IW). Some of the modifications began as a pilot study; however it does not appear that all of the proposed modifications were constructed and implemented. The only item listed in the construction permit that is currently in place is the piping to convey the sludge from the clarifier to the EQ basin. This has resulted in the sludge being conveyed to the EQ basin with no means to further process the sludge. There is no record of the constructed modifications being given a final approval to place in operation by the Department, and according to the permit the expiration date to obtain approval to place in operation was April 25, 2020. A new construction permit application needs to be submitted for review and approval before the planned dredging and dewatering activities begin.</p> <p>Overall, the issues with the sludge handling are the incomplete and unapproved modifications with the EQ basin, which has resulted in a considerable amount of sludge being stored in the EQ basin without being further processed. In addition, there are improper sludge handling processes with the removal, transportation, and storage of sludge that has not been dewatered.</p>

Photographs



Photo ID: 1
Date/Time: 3/15/2021; 1046
Description: Process Influent



Photo ID: 2
Date/Time: 3/15/2021; 1101
Description: Primary clarifier with ash layer



Photo ID: 3
Date/Time: 3/15/2021; 1102
Description: Clarifier decant and sanitary waste



Photo ID: 4
Date/Time: 3/15/2021; 1127
Description: Aeration basin with foam layer



Photo ID: 5
Date/Time: 3/15/2021; 1138
Description: Aeration basin with foam layer



Photo ID: 6
Date/Time: 3/15/2021; 1132
Description: Dredging barge in aeration basin



Photo ID: 7
Date/Time: 3/15/2021; 1159
Description: Geotube sludge dewatering system



Photo ID: 8
Date/Time: 3/15/2021; 1233
Description: Holding basin # 1



Photo ID: 9
Date/Time: 3/15/2021; 1214
Description: Post-aeration basin



Photo ID: 10
Date/Time: 3/15/2021; 1132
Description: Discharge location in river