Attachment I: **Operation and Maintenance of the Collection and Treatment Systems** General Description, Plan Checklist and Certification

Reproduce and complete this entire form for	or each permit that you a	re applying for.	
Type of receiving water (check one):	Surface Water	□ POTW	

Type of	receiving	water ((check	one)):
				/	

Surface Water POTW Ground Water

Part A: General Description

Please provide a general description of the methods and provisions for the operation and maintenance of the collection and treatment systems, specifically addressing Plan Elements No. 1, 6, and 9 outlined in Part B: Plan Checklist. Be sure to label this description by identifying it as "Attachment I - Part A" and attach the description to this Plan Checklist.

Part B: Plan Checklist

Review the following plan elements to ensure that each element is included and adequately addressed in your Operation and Maintenance Plan. A copy of this plan must be maintained on-site at all times. Certify that the plan is adequate with respect to each element by inserting your initials in the space provided. For elements which are determined to be not applicable to the collection and treatment systems, please indicate "N/A" next to the element and provide a brief explanation.

	Plan Elements	Initial/Not Applicable
1.	A detailed description of all wastewater treatment equipment on site including:	
	 A description of treatment unit sizes, their operating capacities, retention times, manufacturers and models. 	
	 A functional description of each treatment system and subsystem including a discussion of how each item functions and variables that might affect performance. 	
2.	A detailed description of collection and treatment system operation, start-up, shut-down and power outage procedures, including the positions of all switches, valves, instrument settings and precautions. For batch systems, include operating instructions describing testing procedures to be performed for each batch, when different treatments are to be used and instructions for operating the different types of treatments.	
3.	A list of instrument calibration and alarm testing frequencies. This should include but not be limited to the frequency that the pH meters and alarms, flow meters, and level alarms are tested or calibrated.	
4.	An inventory of all spare parts and equipment kept at the facility for the wastewater treatment system.	
5.	A list of all treatment chemicals, quantities stored at the facility and dosage rates.	

Part B: Plan Checklist (continued)

	Plan Elements	Initial/Not Applicable
6.	A maintenance plan for the collection and treatment system, both preventive and corrective, with proposed daily, weekly, monthly, semi-annual and annual inspections and procedures.	
7.	The number of full or part time waste water treatment system operators needed to properly run the system and a detailed description of any training the operators have had in the proper operation of the treatment system. For domestic sewage treatment facilities, the plan must include documentation of operator certification as required by RCSA Sections 22a-416-1 through 22a-416-10.	
8.	A description of the log(s) to be kept near the treatment system, or readily accessible, for operational monitoring and inspections. All entries must show time, date and be initialed. These log books must be bound, pre-numbered and contain the following information, as applicable: a. for batch treatment systems:	
	 number of gallons of each batch discharged treatment chemicals added to each batch the results of any chemical analysis done on each batch what the wastewater of each batch consisted of (what processes contributed to the batch) the pH of each batch at time of discharge when meters and probes were calibrated and/or replaced any maintenance performed on the system any observations the operator may have noticed about the discharge (clarity, foam, etc.) 	

Part B: Plan Checklist (continued

	Plan Elements	Initial/Not Applicable
8.	 b. for flow through systems: total daily/shift flow treatment chemical dosage rates daily/shift treatment chemical tank levels (4) the results of any chemical analysis performed on the discharge the range of pH during the day/shift when meters and probes were calibrated and/or replaced any maintenance performed on the system the reason for any upsets that may have occurred any observations the operator may have noticed about the discharge (clarity, foam, etc.) 	
9.	A description of any security measures to prevent vandalism of the collection and treatment systems.	
10.	A flow diagram of the treatment system generating the discharge. The diagram must show all incoming waste streams, treatment units and their sizes, treatment chemical additions, all pumps and valves, electrical equipment (pH sensors and controllers, high level sensors and alarms, etc.) and connections between electrical units. Average, maximum, and design flow rates of incoming waste streams between treatment units and from discharge points and pumps must be indicated.	

Applicant Certification of an Operation and Maintenance Plan Checklist

Applicant Name: (as indicated on the *Application Form*)

Application Number (if known):

Facility I.D. Number (renewals only):

Permit Number (renewals only):

I have personally examined and am familiar with the information contained in the Operation and Maintenance Plan required for this application, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for preparing the Operation and Maintenance Plan, such plan contains all applicable information listed in the Operation and Maintenance Plan Checklist. I further certify that I will submit this plan to the Department of Energy and Environmental Protection (DEEP) upon request.

Applicant Signature

Date

In the space below, please provide the names of the persons who prepared the Operation and Maintenance Plan and a brief description of the qualifications of each preparer, (i.e., professional certifications, education background, related work experience, etc.).