093009

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV
345 COURTLAND STREET
ATLANTA, GEORGIA 30365

AUG 15 1983

REF: 4WM-FP

Mr. Mike Oaks
Water Quality Specialist
Gulf Power Company
Post Office Box 1151
Pensacola, Florida 32520

Dear Mr. Oaks:

I would like to express my appreciation for the time and effort you and Bill Lyford, Ralph Calhoun, and P. V. Shefflin expended to help make my recent inspection of the Scholz plant a profitable one. A copy of the completed CEI report is enclosed for your use.

As I noted during my visit, you have a currently unpermitted discharge (i.e., the sanitary waste) which will be authorized once your permit is reissued. I am currently recommending an administrative order regarding that discharge, which would last until the new permit becomes effective.

A second potential problem is your level of chlorination. I have examined your letter of September 7, 1982, to Mr. Mike Levi furnishing data on both FAC and TRC (although your second column of data is also labeled FAC, I presume it is actually TRC) levels in your condenser discharge. I currently have our power plant experts evaluating the data. Once I get their opinion, I will advise you as to whether there is a real problem or not.

Sincerely,

for

William H. Cloward, Environmental Engineer
Florida/Mississippi Unit
Industrial Operations Section
Facilities Performance Branch
Water Management Division

Enclosure

Form Approved
OMB No. 158-R0073

NPDES COMPLIANCE INSPECTION REPORT (Coding Instructions on back of last page)

TRANSACTION CODE		NPDES	YR MO DA	TYPE	INSPECTOR	FAC TYPE	TIME
N	5	FL0002283	830809	C	J	2	a.m. / p.m.
1	2	3 11	12 17	18	19	20	

REMARKS

21 64

ADDITIONAL

65 70

SECTION A - Permit Summary

NAME AND ADDRESS OF FACILITY (Include County, State and ZIP code)	EXPIRATION DATE
GULF PWR. CO. - SCHOLZ STM. PLANT PO BOX 35 CHATTAHOOCHEE, FLA 32324	2-16-81
	ISSUANCE DATE 12-31-75

RESPONSIBLE OFFICIAL	TITLE	PHONE
WM T LYFORD	PLT. SUPT	
FACILITY REPRESENTATIVE: MIKE OAKS, PV SHEFFLIN, RALPH CALHOUN	TITLE: ENVIR. ENGR., LAB SUPV., ASST PLT SUPT.	PHONE

SECTION B - Effluent Characteristics (Additional sheets attached ____)

PARAMETER/ OUTFALL		MINIMUM	AVERAGE	MAXIMUM	ADDITIONAL
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				
	SAMPLE MEASUREMENT		NOT TAKEN BY EPA		
	PERMIT REQUIREMENT		STATE WILL SUBMIT		
	SAMPLE MEASUREMENT		SEPARATE REPORT		
	PERMIT REQUIREMENT				
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				

SECTION C - Facility Evaluation (S = Satisfactory, U = Unsatisfactory, N/A = Not applicable)

S	EFFLUENT WITHIN PERMIT REQUIREMENTS	S	OPERATION AND MAINTENANCE	S	SAMPLING PROCEDURES
S	RECORDS AND REPORTS	N/A	COMPLIANCE SCHEDULE	S	LABORATORY PRACTICES
?	PERMIT VERIFICATION	S	FLOW MEASUREMENTS		OTHER:

SECTION D - Comments

SECTION E - Inspection/Review

SIGNATURES	AGENCY	DATE
INSPECTED BY: [signature]	EPA	8/8/83
INSPECTED BY: RICK BRADBURN	FLA DER	8/8/83
REVIEWED BY: [signature]	EPA	8-15-83

ENFORCEMENT DIVISION USE ONLY

COMPLIANCE STATUS

☒ COMPLIANCE *

☐ NONCOMPLIANCE

* THERE IS AN UNPERMITTED DISCHARGE FOR WHICH APPLIC. HAS BEEN MADE

CODING INSTRUCTIONS

Column 1 — Transaction Code - Use N, C, or D for New, Change or Delete. All inspections will be new unless there is an error in the data keypunched into WENDB.

Column 2 — Card Code - Always 5 for this card.

Columns 3-11 — NPDES - The NPDES permit number. (The State permit number may be accommodated in the remarks or additional spaces).

Column 12-17 — Inspection Date - Entered in the year/month/day format (e.g. 77/06/30= June 30, 1977).

Column 18 — Inspection Type - An inspection will fall into one of two possible categories: 'C' for Compliance Evaluation or 'S' for Compliance Sampling.

Column 19 — Inspector Code - An inspection may be performed by the Region, State or NEIC (U.S. EPA National Enforcement Investigations Center). It may also be the result of a joint effort. (Credit in FPRS for a joint inspection is given to the lead agency.) Acceptable codes for WENDB are:

R - EPA Regional inspections
S - State inspections
J - Joint EPA and State inspections - EPA lead
T - Joint EPA and State inspections - State lead
N - NEIC inspections

Column 20 — Facility Type - This code describes the type of facility that was inspected. Acceptable codes are:

1 - Municipal - Publicly-Owned Treatment Works (POTWs) with 1972 Standard Industrial Classification (SIC) 4952.

2 - Industrial - Other than Municipal, Agricultural, and Federal facilities.

3 - Agricultural - Those facilities classified with 1972 SIC 0111-0971.

4 - Federal - Those facilities identified as Federal by EPA Regional office.

Columns 21-70 — Remarks - This remarks field provides the inspector with a vehicle to store descriptive information about the inspection. There is no set format within this 50-position field. Individual Regions or States may choose to set aside portions of this field for their own specific needs.

Form Approved
OMB No. 158 - R0073

Sections F, thru L: Complete on all inspections, as appropriate. N/A = Not Applicable	PERMIT NO.

SECTION F - Facility and Permit Background

ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY *(Including City, County and ZIP code)*	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE
	FINDINGS

SECTION G - Records and Reports

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. ☒ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) ADEQUATE RECORDS MAINTAINED OF:				
(i)	SAMPLING DATE, TIME, EXACT LOCATION	☒ YES	☐ NO	☐ N/A
(ii)	ANALYSES DATES, TIMES	☒ YES	☐ NO	☐ N/A
(iii)	INDIVIDUAL PERFORMING ANALYSIS	☒ YES	☐ NO	☐ N/A
(iv)	ANALYTICAL METHODS/TECHNIQUES USED	☒ YES	☐ NO	☐ N/A
(v)	ANALYTICAL RESULTS *(e.g., consistent with self-monitoring report data)*	☒ YES	☐ NO	☐ N/A
(b) MONITORING RECORDS *(e.g., flow, pH, D.O., etc.)* MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS *(e.g. continuous monitoring instrumentation, calibration and maintenance records)*.		☒ YES	☐ NO	☐ N/A
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.		☒ YES	☐ NO	☐ N/A
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.		☒ YES	☐ NO	☐ N/A
(e) QUALITY ASSURANCE RECORDS KEPT.		☒ YES	☐ NO	☐ N/A
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES *(and their compliance status)* USING PUBLICLY OWNED TREATMENT WORKS.		☐ YES	☐ NO	☒ N/A

SECTION H - Permit Verification

INSPECTION OBSERVATIONS VERIFY THE PERMIT. ☒ YES ☒ NO * ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	☒ YES	☐ NO	☐ N/A
(b) FACILITY IS AS DESCRIBED IN PERMIT.	☒ YES	☐ NO	☐ N/A
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	☒ YES	☐ NO	☐ N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	☐ YES	☐ NO	☐ N/A
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES. *	☐ YES	☒ NO	☐ N/A
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	☒ YES	☐ NO	☐ N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT. *	☐ YES	☒ NO	☐ N/A
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	☒ YES	☐ NO	☐ N/A
(i) ALL DISCHARGES ARE PERMITTED. *	☐ YES	☒ NO	☐ N/A

SECTION I - Operation and Maintenance

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. ☐ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.	☐ YES	☐ NO	☒ N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	☐ YES	☐ NO	☒ N/A
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	☐ YES	☐ NO	☒ N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED.	☒ YES	☐ NO	☐ N/A
(e) ALL TREATMENT UNITS IN SERVICE. CAUSTIC ADDITION	☒ YES	☐ NO	☐ N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS. SO. SERVICES	☒ YES	☐ NO	☐ N/A
(g) QUALIFIED OPERATING STAFF PROVIDED.	☒ YES	☐ NO	☐ N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.	☒ YES	☐ NO	☐ N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	☒ YES	☐ NO	☐ N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.	☒ YES	☐ NO	☐ N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	☒ YES	☐ NO	☐ N/A
(l) SPCC PLAN AVAILABLE.	☒ YES	☐ NO	☐ N/A
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. *(Dates _____ _____)*	☐ YES	☐ NO	☒ N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.	☐ YES	☒ NO	☐ N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	☐ YES	☒ NO	☐ N/A

* A SANITARY DISCHARGE EXISTS WHICH HAS BEEN REPORTED IN THE REAPPLICATION BUT IS NOT COVERED NOW.

PERMIT NO.

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE. ☐ YES ☐ NO ☒ N/A *(Further explanation attached _____)*

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING *(mortgage commitments, grants, etc.)*.
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.
- ☐ (h) START-UP HAS COMMENCED.
- ☐ (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

SECTION K - Self-Monitoring Program

Part 1 – Flow measurement *(Further explanation attached _____)*

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	☒ YES	☐ NO	☐ N/A
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. PUMP CAPACITY FOR 001	☒ YES	☐ NO	☐ N/A
TYPE OF DEVICE: ☒ WEIR 002 ☐ PARSHALL FLUME ☐ MAGMETER ☐ VENTURI METER ☐ OTHER *(Specify _____)*			
(b) CALIBRATION FREQUENCY ADEQUATE. *(Date of last calibration _____)*	☐ YES	☒ NO	☐ N/A
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.	☐ YES	☐ NO	☐ N/A
(d) SECONDARY INSTRUMENTS *(totalizers, recorders, etc.)* PROPERLY OPERATED AND MAINTAINED.	☐ YES	☐ NO	☐ N/A
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.	☒ YES	☐ NO	☐ N/A

Part 2 – Sampling *(Further explanation attached _____)*

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	☒ YES	☐ NO	☐ N/A
(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	☒ YES	☐ NO	☐ N/A
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.	☒ YES	☐ NO	☐ N/A
(c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. IF NO, ☐ GRAB ☐ MANUAL COMPOSITE ☐ AUTOMATIC COMPOSITE FREQUENCY _____	☒ YES	☐ NO	☐ N/A
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.	☒ YES	☐ NO	☐ N/A
(i) SAMPLES REFRIGERATED DURING COMPOSITING	☐ YES	☐ NO	☒ N/A
(ii) PROPER PRESERVATION TECHNIQUES USED	☒ YES	☐ NO	☐ N/A
(iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT	☐ YES	☐ NO	☒ N/A
(iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3	☒ YES	☐ NO	☐ N/A
(e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT.	☐ YES	☒ NO	☐ N/A
(f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT.	☐ YES	☐ NO	☒ N/A

Part 3 – Laboratory *(Further explanation attached _____)*

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	☐ YES	☐ NO	☐ N/A
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. *(40 CFR 136.3)*	☒ YES	☐ NO	☐ N/A
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED.	☐ YES	☐ NO	☒ N/A
(c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED.	☐ YES	☒ NO	☐ N/A
(d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.	☒ YES	☐ NO	☐ N/A
(e) QUALITY CONTROL PROCEDURES USED.	☒ YES	☐ NO	☐ N/A
(f) DUPLICATE SAMPLES ARE ANALYZED. _____ % OF TIME. AT TIMES	☒ YES	☐ NO	☐ N/A
(g) SPIKED SAMPLES ARE USED. _____ % OF TIME.	☐ YES	☒ NO	☐ N/A
(h) COMMERCIAL LABORATORY USED. EVERYTHING BUT PH	☒ YES	☐ NO	☐ N/A
(i) COMMERCIAL LABORATORY STATE CERTIFIED.	☒ YES	☐ NO	☐ N/A

LAB NAME VESTER J THOMPSON

LAB ADDRESS MOBILE

PERMIT NO.

SECTION L - Effluent/Receiving Water Observations *(Further explanation attached _____)*

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	NO	NO	NO	NO	NO	—	
002	NO	NO	NO	NO	NO	—	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations *(Further explanation attached _____)*

- ☐ GRAB SAMPLES OBTAINED
- ☐ COMPOSITE OBTAINED
- ☐ FLOW PROPORTIONED SAMPLE
- ☐ AUTOMATIC SAMPLER USED
- ☐ SAMPLE SPLIT WITH PERMITTEE
- ☐ CHAIN OF CUSTODY EMPLOYED
- ☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

N/A

COMPOSITING FREQUENCY _____ PRESERVATION _____

SAMPLE REFRIGERATED DURING COMPOSITING: ☐ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE _____

SECTION N - Analytical Results *(Attach report if necessary)*