



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

MAY 25 2010

REPLY TO THE ATTENTION OF:

SC-6J

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Terry Benish
Superintendent
City of Niles Wastewater Treatment Plant
322 East Main Street
Niles, Michigan 49120

RE: Complaint and Expedited Settlement Agreement
ESA Docket No. RMP-10-ESA-010
Docket No. **CAA-05-2010-0017**


BD# **2751003A018**

Dear Mr. Benish:

Enclosed please find a copy of the fully executed Expedited RMP Settlement Agreement (ESA). The ESA is binding on EPA and Respondent. EPA will take no further action against Respondent for the violations cited in the ESA. The ESA requires no further action on your part.

Please feel free to contact Monika Chrzaszcz at (312) 886-0181, or Chrzaszcz.monika@epa.gov, if you have any questions regarding the enclosed document or if you have any other question about the program. Thank you for your assistance in resolving this matter.

Sincerely,


Mark J. Horwitz, Chief
Chemical Emergency
Preparedness & Prevention Section

Enclosure



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

RECEIVED
REGIONAL HEARING CLERK
U.S. EPA REGION 5

2010 MAY 25 AM 10:33

**EXPEDITED SETTLEMENT
AGREEMENT (ESA)**

REPLY TO THE ATTENTION OF:

DOCKET NO: RMP-10-ESA-010

This ESA is issued to: City of Niles Wastewater Treatment Plant

At: 21 Marmont Street, Niles, Michigan 49120

for violating Section 112(r)(7) of the Clean Air Act. CAA-05-2010-0017

BH# 2751003A018

This Expedited Settlement Agreement (ESA) is being entered into by the United States Environmental Protection Agency (EPA), Region 5, by its duly delegated official, the Director, Superfund Division, and by Respondent pursuant to Section 113(a)(3) and (d) of the Clean Air Act (Act), 42 U.S.C. § 7413(a)(3) and (d), and by 40 C.F.R. § 22.13(b). On February 23, 2009, EPA obtained the concurrence of the U.S. Department of Justice, pursuant to Section 113(d)(1) of the Act, 42 U.S.C. §7413(d)(1), to pursue this administrative enforcement action.

ALLEGED VIOLATIONS

On February 19, 2010, EPA sent a Request for Information Pursuant to Section 114(a) of the Clean Air Act to the subject facility (Respondent) to determine compliance with the Risk Management Plan (RMP) regulations promulgated at 40 C.F.R. Part 68 under Section 112(r) of the Act. EPA found that the Respondent had violated regulations implementing Section 112(r) of the Act by failing to comply with the regulations as noted on the attached RMP Program Level 3 Process Checklist (FORM) which is hereby incorporated by reference.

SETTLEMENT

In consideration of Respondent's size of business, its full compliance history, its good faith effort to comply, and other factors as justice may require, and upon consideration of the entire record, the parties enter into this ESA in order to settle the violations, described in the attached FORM, for the total penalty amount of **\$1,000.00**

This settlement is subject to the following terms and conditions:

The Respondent, by signing below, waives any objections that it may have regarding jurisdiction, neither admits nor denies the specific factual allegations contained herein and in the FORM, and consents to the assessment of the penalty as stated above. Respondent waives its rights to a hearing afforded by Section 113(d)(2)(A) of the Act, 42 U.S.C §7413(d)(2)(A), and to appeal this ESA. Each party to this action shall bear its own costs and fees, if any. Respondent also certifies, subject to civil and criminal penalties for making a false submission to the United States Government, that the Respondent has corrected the violations listed in the attached FORM and has sent a cashier's check or certified check (payable to the "Treasurer, United States of America") in the amount of **\$1,000.00** in payment of the full penalty amount to the following address:

US Environmental Protection Agency
Fines and Penalties
Cincinnati Finance Center
PO Box 979077
St. Louis, MO 63197-9000

The DOCKET NUMBER OF THIS ESA **must be included on the check.** (The DOCKET NUMBER is located at the top left corner of this ESA.)

RECEIVED
REGIONAL HEARING CLERK
U.S. EPA REGION 5

2010 MAY 25 AM 10:33

This original ESA and a copy of the check must be sent by certified mail to:

Monika Chrzaszcz
Chemical Emergency
Preparedness and Prevention Section (SC-6J)
U.S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago, Illinois 60604-3590

Upon Respondent's submission of the signed original ESA, EPA will take no further civil action against Respondent for the alleged violations of the Act referenced in the FORM. EPA does not waive any other enforcement action for any other violation of the Clean Air Act or any other statute.

If the signed original ESA with an attached copy of the check is not returned to the EPA Region 5 office at the above address in correct form by the Respondent within 45 days of the date of Respondent's receipt of it (90 days if an extension is granted), the proposed ESA is withdrawn, without prejudice to EPA's ability to file an enforcement action for the violations identified herein and in the FORM.

This ESA is binding on the parties signing below.

This ESA is effective upon filing with the Regional Hearing Clerk.

FOR RESPONDENT:

Signature: Terry Benish Date: 5-5-2010

Name (print): TERRY BENISH

Title (print): SUPERINTENDENT

City of Niles

FOR COMPLAINANT:

Richard C. Karl Date: 5-19-10
Richard C. Karl, Director
Superfund Division

I hereby ratify the ESA and incorporate it herein by reference. It is so ORDERED.

Walter W. Vaughn Date: 5/20/10
Bharat Mathur,
Acting Regional Administrator

CAA-05-2010-0017

**RMP Program Level 3
Process Checklist CAA-05-2010-0017**

**Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772**

Section A – Management [68.15]

Management system developed and implemented as provided in 40 CFR 68.15? S M U N/A
Comments:

Has the owner or operator:

- | | |
|--|---|
| 1. Developed a management system to oversee the implementation of the risk management program elements? [68.15(a)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Assigned a qualified person or position that has the overall responsibility for the development, implementation, and integration of the risk management program elements? [68.15(b)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Documented other persons responsible for implementing individual requirements of the risk management program and defined the lines of authority through an organization chart or similar document? [68.15(c)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

Section B: Hazard Assessment [68.20-68.42]

Hazard assessment conducted and documented as provided in 40 CFR 68.20-68.42? S M U N/A
Comments:

Hazard Assessment: Offsite consequence analysis parameters [68.22]

- | | |
|---|---|
| 1. Used the following endpoints for offsite consequence analysis for a worst-case scenario: [68.22(a)]
<input type="checkbox"/> For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]
<input type="checkbox"/> For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]; or
<input type="checkbox"/> For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m ² for 40 seconds? [68.22(a)(2)(ii)]
<input type="checkbox"/> For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Used the following endpoints for offsite consequence analysis for an alternative release scenario: [68.22(a)]
<input type="checkbox"/> For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]
<input type="checkbox"/> For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]
<input type="checkbox"/> For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m ² for 40 seconds? [68.22(a)(2)(ii)]
<input type="checkbox"/> For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Used appropriate wind speeds and stability classes for the release analysis? [68.22(b)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Used appropriate ambient temperature and humidity values for the release analysis? [68.22(c)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Used appropriate values for the height of the release for the release analysis? [68.22(d)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Used appropriate surface roughness values for the release analysis? [68.22(e)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. Do tables and models, used for dispersion analysis of toxic substances, appropriately account for dense or neutrally buoyant gases? [68.22(f)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Were liquids, other than gases liquefied by refrigeration only, considered to be released at the highest daily maximum temperature, based on data for the previous three years appropriate for a stationary source, or at process temperature, whichever is higher? [68.22(g)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

Hazard Assessment: Worst-case release scenario analysis [68.25]

9. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated toxic substance from covered processes under worst-case conditions? [68.25(a)(2)(i)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
10. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated flammable substance from covered processes under worst-case conditions? [68.25(a)(2)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
11. Analyzed and reported in the RMP additional worst-case release scenarios for a hazard class if the worst-case release from another covered process at the stationary source potentially affects public receptors different from those potentially affected by the worst-case release scenario developed under 68.25(a)(2)(i) or 68.25(a)(2)(ii)? [68.25(a)(2)(iii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
12. Has the owner or operator determined the worst-case release quantity to be the greater of the following: [68.25(b)] <input type="checkbox"/> If released from a vessel, the greatest amount held in a single vessel, taking into account administrative controls that limit the maximum quantity? [68.25(b)(1)] <input type="checkbox"/> If released from a pipe, the greatest amount held in the pipe, taking into account administrative controls that limit the maximum quantity? [68.25(b)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.a. Has the owner or operator for <u>toxic substances</u> that are <u>normally gases</u> at <u>ambient temperature</u> and handled as a <u>gas or liquid under pressure</u> :	
13.a.(1) Assumed the whole quantity in the vessel or pipe would be released as a gas over 10 minutes? [68.25(c)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.a.(2) Assumed the release rate to be the total quantity divided by 10, if there are no passive mitigation systems in place? [68.25(c)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.b. Has the owner or operator for <u>toxic gases</u> handled as <u>refrigerated liquids</u> at <u>ambient pressure</u> :	
13.b.(1) Assumed the substance would be released as a gas in 10 minutes, if not contained by passive mitigation systems or if the contained pool would have a depth of 1 cm or less? [68.25(c)(2)(i)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.b.(2) If released substance would be contained by passive mitigation systems in a pool with a depth > 1 cm; <input type="checkbox"/> Assumed the quantity in the vessel or pipe (as determined per 68.25(b)) would be spilled instantaneously to form a liquid pool? [68.25(c)(2)(ii)] <input type="checkbox"/> Calculated the volatility rate at the boiling point of the substance and at the conditions specified in 68.25(d)? [68.25(c)(2)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.c. Has the owner or operator for <u>toxic substances</u> that are <u>normally liquids</u> at <u>ambient temperature</u> :	
13.c.(1) Assumed the quantity in the vessel or pipe would be spilled instantaneously to form a liquid pool? [68.25(d)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.c.(2) Determined the surface area of the pool by assuming that the liquid spreads to 1 cm deep, if there is no passive mitigation system in place that would serve to contain the spill and limit the surface area, or if passive mitigation is in place, was the surface area of the contained liquid used to calculate the volatilization rate? [68.25(d)(1)(i)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.c.(3) Taken into account the actual surface characteristics, if the release would occur onto a surface that is not paved or smooth? [68.25(d)(1)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.c.(4) Determined the volatilization rate by accounting for the highest daily maximum temperature in the past three years, the temperature of the substance in the vessel, and the concentration of the substance if the liquid spilled is a mixture or solution? [68.25(d)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.c.(5) Determined the rate of release to air from the volatilization rate of the liquid pool? [68.25(d)(3)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

<p>13.c.(6) Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(d)(3)]</p> <p>What modeling technique did the owner or operator use? [68.25(g)] _____</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>13.d. Has the owner or operator for <u>flammables</u>:</p>	
<p>13.d.(1) Assumed the quantity in a vessel(s) of flammable gas held as a gas or liquid under pressure or refrigerated gas released to an undiked area vaporizes resulting in a vapor cloud explosion? [68.25(e)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>13.d.(2) For refrigerated gas released to a contained area or liquids released below their atmospheric boiling point, assumed the quantity volatilized in 10 minutes results in a vapor cloud? [68.25(f)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>13.d.(3) Assumed a yield factor of 10% of the available energy is released in the explosion for determining the distance to the explosion endpoint, if the model used is based on TNT-equivalent methods? [68.25(e)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>14. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.25(g)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>15. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(g)]</p> <p>What modeling technique did the owner or operator use? [68.25(g)] _____</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>16. Ensured that the passive mitigation system, if considered, is capable of withstanding the release event triggering the scenario and will still function as intended? [68.25(h)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>17. Considered also the following factors in selecting the worst-case release scenarios: [68.25(i)]</p> <p><input type="checkbox"/> Smaller quantities handled at higher process temperature or pressure? [68.25(i)(1)]</p> <p><input type="checkbox"/> Proximity to the boundary of the stationary source? [68.25(i)(2)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Hazard Assessment: Alternative release scenario analysis [68.28]</p>	
<p>18. Identified and analyzed at least one alternative release scenario for each regulated toxic substance held in a covered process(es) and at least one alternative release scenario to represent all flammable substances held in covered processes? [68.28(a)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>19. Selected a scenario: [68.28(b)]</p> <p><input type="checkbox"/> That is more likely to occur than the worst-case release scenario under 68.25? [68.28(b)(1)(i)]</p> <p><input type="checkbox"/> That will reach an endpoint off-site, unless no such scenario exists? [68.28(b)(1)(ii)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

<p>20. Considered release scenarios which included, but are not limited to, the following: [68.28(b)(2)]</p> <p><input type="checkbox"/> Transfer hose releases due to splits or sudden hose uncoupling? [68.28(b)(2)(i)]</p> <p><input type="checkbox"/> Process piping releases from failures at flanges, joints, welds, valves and valve seals, and drains or bleeds? [68.28(b)(2)(ii)]</p> <p><input type="checkbox"/> Process vessel or pump releases due to cracks, seal failure, or drain, bleed, or plug failure? [68.28(b)(2)(iii)]</p> <p><input type="checkbox"/> Vessel overfilling and spill, or overpressurization and venting through relief valves or rupture disks? [68.28(b)(2)(iv)]</p> <p><input type="checkbox"/> Shipping container mishandling and breakage or puncturing leading to a spill? [68.28(b)(2)(v)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>21. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.28(c)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>22. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.28(c)]</p> <p>What modeling technique did the owner or operator use? [68.25(g)] _____</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>23. Ensured that the passive and active mitigation systems, if considered, are capable of withstanding the release event triggering the scenario and will be functional? [68.28(d)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>24. Considered the following factors in selecting the alternative release scenarios: [68.28(e)]</p> <p><input type="checkbox"/> The five-year accident history provided in 68.42? [68.28(e)(1)]</p> <p><input type="checkbox"/> Failure scenarios identified under 68.50? [68.28(e)(2)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Hazard Assessment: Defining off-site impacts–Population [68.30]</p>	
<p>25. Estimated population that would be included in the distance to the endpoint in the RMP based on a circle with the point of release at the center? [68.30(a)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>26. Identified the presence of institutions, parks and recreational areas, major commercial, office, and industrial buildings in the RMP? [68.30(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>27. Used most recent Census data, or other updated information to estimate the population? [68.30(c)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>28. Estimated the population to two significant digits? [68.30(d)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Hazard Assessment: Defining off-site impacts–Environment [68.33]</p>	
<p>29. Identified environmental receptors that would be included in the distance to the endpoint based on a circle with the point of release at the center? [68.33(a)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>30. Relied on information provided on local U.S.G.S. maps, or on any data source containing U.S.G.S. data to identify environmental receptors? [Source may have used LandView to obtain information] [68.33(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Hazard Assessment: Review and update [68.36]</p>	
<p>31. Reviewed and updated the off-site consequence analyses at least once every five years? [68.36(a)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>32. Completed a revised analysis and submit a revised RMP within six months of a change in processes, quantities stored or handled, or any other aspect that might reasonably be expected to increase or decrease the distance to the endpoint by a factor of two or more? [68.36(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

Hazard Assessment: Documentation [68.39]

33. For worst-case scenarios: a description of the vessel or pipeline and substance selected, assumptions and parameters used, the rationale for selection, and anticipated effect of the administrative controls and passive mitigation on the release quantity and rate? [68.39(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
34. For alternative release scenarios: a description of the scenarios identified, assumptions and parameters used, the rationale for the selection of specific scenarios, and anticipated effect of the administrative controls and mitigation on the release quantity and rate? [68.39(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
35. Documentation of estimated quantity released, release rate, and duration of release? [68.39(c)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
36. Methodology used to determine distance to endpoints? [68.39(d)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
37. Data used to estimate population and environmental receptors potentially affected? [68.39(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Hazard Assessment: Five-year accident history [68.42]

38. Has the owner or operator included all accidental releases from covered processes that resulted in deaths, injuries, or significant property damage on site, or known offsite deaths, injuries, evacuations, sheltering in place, property damage, or environmental damage? [68.42(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
39. Has the owner or operator reported the following information for each accidental release: [68.42(b)] <ul style="list-style-type: none"> <input type="checkbox"/> Date, time, and approximate duration of the release? [68.42(b)(1)] <input type="checkbox"/> Chemical(s) released? [68.42(b)(2)] <input type="checkbox"/> Estimated quantity released in pounds and percentage weight in a mixture (toxics)? [68.42(b)(3)] <input type="checkbox"/> NAICS code for the process? [68.42(b)(4)] <input type="checkbox"/> The type of release event and its source? [68.42(b)(5)] <input type="checkbox"/> Weather conditions (if known)? [68.42(b)(6)] <input type="checkbox"/> On-site impacts? [68.42(b)(7)] <input type="checkbox"/> Known offsite impacts? [68.42(b)(8)] <input type="checkbox"/> Initiating event and contributing factors (if known)? [68.42(b)(9)] <input type="checkbox"/> Whether offsite responders were notified (if known)? [68.42(b)(10)] <input type="checkbox"/> Operational or process changes that resulted from investigation of the release? [68.42(b)(11)] 	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Section C: Prevention Program

Implemented the Program 3 prevention requirements as provided in 40 CFR 68.65 - 68.87? S M U N/A
Comments:

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

Prevention Program- Safety information [68.65]

<p>1. Has the owner or operator compiled written process safety information, which includes information pertaining to the hazards of the regulated substances used or produced by the process, information pertaining to the technology of the process, and information pertaining to the equipment in the process, before conducting any process hazard analysis required by the rule? [68.65(a)]</p> <p>Does the process safety information contain the following for hazards of the substances: [68.65(b)]</p> <p><input type="checkbox"/> Material Safety Data Sheets (MSDS) that meet the requirements of the OSHA Hazard Communication Standard [29 CFR 1910.1200(g)]? [68.48(a)(1)]</p> <p><input type="checkbox"/> Toxicity information? [68.65(b)(1)]</p> <p><input type="checkbox"/> Permissible exposure limits? [68.65(b)(2)]</p> <p><input type="checkbox"/> Physical data? [68.65(b)(3)]</p> <p><input type="checkbox"/> Reactivity data? [68.65(b)(4)]</p> <p><input type="checkbox"/> Corrosivity data? [68.65(b)(5)]</p> <p><input type="checkbox"/> Thermal and chemical stability data? [68.65(b)(6)]</p> <p><input type="checkbox"/> Hazardous effects of inadvertent mixing of materials that could foreseeably occur? [68.65(b)(7)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>2. Has the owner documented information pertaining to technology of the process?</p> <p><input type="checkbox"/> A block flow diagram or simplified process flow diagram? [68.65(c)(1)(i)]</p> <p><input type="checkbox"/> Process chemistry? [68.65(c)(1)(ii)]</p> <p><input type="checkbox"/> Maximum intended inventory? [68.65(c)(1)(iii)]</p> <p><input type="checkbox"/> Safe upper and lower limits for such items as temperatures, pressures, flows, or compositions? [68.65(c)(1)(iv)]</p> <p><input type="checkbox"/> An evaluation of the consequences of deviation? [68.65(c)(1)(iv)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>3. Does the process safety information contain the following for the equipment in the process: [68.65(d)(1)]</p> <p><input type="checkbox"/> Materials of construction? 68.65(d)(1)(i)]</p> <p><input type="checkbox"/> Piping and instrumentation diagrams [68.65(d)(1)(ii)]</p> <p><input type="checkbox"/> Electrical classification? [68.65(d)(1)(iii)]</p> <p><input type="checkbox"/> Relief system design and design basis? [68.65(d)(1)(iv)]</p> <p><input type="checkbox"/> Ventilation system design? [68.65(d)(1)(v)]</p> <p><input type="checkbox"/> Design codes and standards employed? [68.65(d)(1)(vi)]</p> <p><input type="checkbox"/> Material and energy balances for processes built after June 21, 1999? [68.65(d)(1)(vii)]</p> <p><input type="checkbox"/> Safety systems? [68.65(d)(1)(viii)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>4. Has the owner or operator documented that equipment complies with recognized and generally accepted good engineering practices? [68.65(d)(2)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>5. Has the owner or operator determined and documented that existing equipment, designed and constructed in accordance with codes, standards, or practices that are no longer in general use, is designed, maintained, inspected, tested, and operating in a safe manner? [68.65(d)(3)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Prevention Program- Process Hazard Analysis [68.67]</p>	
<p>6. Has the owner or operator performed an initial process hazard analysis (PHA), and has this analysis identified, evaluated, and controlled the hazards involved in the process? [68.67(a)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

7. Has the owner or operator determined and documented the priority order for conducting PHAs, and was it based on an appropriate rationale? [68.67(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
8. Has the owner used one or more of the following technologies to conduct process PHA: [68.67(b)] <input type="checkbox"/> What-if? [68.67(b)(1)] <input type="checkbox"/> Checklist? [68.67(b)(2)] <input type="checkbox"/> What-if/Checklist? [68.67(b)(3)] <input type="checkbox"/> Hazard and Operability Study (HAZOP) [68.67(b)(4)] <input type="checkbox"/> Failure Mode and Effects Analysis (FMEA) [68.67(b)(5)] <input type="checkbox"/> Fault Tree Analysis? [68.67(b)(6)] <input type="checkbox"/> An appropriate equivalent methodology? [68.67(b)(7)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
9. Did the PHA address: <input type="checkbox"/> The hazards of the process? [68.67(c)(1)] <input type="checkbox"/> Identification of any incident that had a likely potential for catastrophic consequences? [68.67(c)(2)] <input type="checkbox"/> Engineering and administrative controls applicable to hazards and interrelationships?[68.67(c)(3)] <input type="checkbox"/> Consequences of failure of engineering and administrative controls? [68.67(c)(4)] <input type="checkbox"/> Stationary source siting? [68.67(c)(5)] <input type="checkbox"/> Human factors? [68.67(c)(6)] <input type="checkbox"/> An evaluation of a range of the possible safety and health effects of failure of controls? [68.67(c)(7)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
10. Was the PHA performed by a team with expertise in engineering and process operations and did the team include appropriate personnel? [68.67(d)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
11. Has the owner or operator established a system to promptly address the team's findings and recommendations; assured that the recommendations are resolved in a timely manner and documented; documented what actions are to be taken; completed actions as soon as possible; developed a written schedule of when these actions are to be completed; and communicated the actions to operating, maintenance, and other employees whose work assignments are in the process and who may be affected by the recommendations? [68.67(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
12. Has the PHA been updated and revalidated by a team every five years after the completion of the initial PHA to assure that the PHA is consistent with the current process? [68.67(f)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13. Has the owner or operator retained PHAs and updates or revalidations for each process covered, as well as the resolution of recommendations for the life of the process? [68.67(g)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Prevention Program- Operating procedures [68.69]	
14. Has the owner or operator developed and implemented written operating procedures that provide instructions or steps for conducting activities associated with each covered process consistent with the safety information? [68.69(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

<p>15 Do the procedures address the following: [68.69(a)]</p> <p><u>Steps for each operating phase: [68.69(a)(1)]</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial Startup? [68.69(a)(1)(i)] <input type="checkbox"/> Normal operations? [68.69(a)(1)(ii)] <input type="checkbox"/> Temporary operations? [68.69(a)(1)(iii)] <input type="checkbox"/> Emergency shutdown including the conditions under which emergency shutdown is required, and the assignment of shutdown responsibility to qualified operators to ensure that emergency shutdown is executed in a safe and timely manner? [68.69(a)(1)(iv)] <input type="checkbox"/> Emergency operations? [68.69(a)(1)(v)] <input type="checkbox"/> Normal shutdown? [68.69(a)(1)(vi)] <input type="checkbox"/> Startup following a turnaround, or after emergency shutdown? [68.69(a)(1)(vii)] <p><u>Operating limits: [68.69(a)(2)]</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Consequences of deviations [68.69(a)(2)(i)] <input type="checkbox"/> Steps required to correct or avoid deviation? [68.69(a)(2)(ii)] <p><u>Safety and health considerations: [68.69(a)(3)]</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Properties of, and physical hazards presented by, the chemicals used in the process [68.69(a)(3)(i)] <input type="checkbox"/> Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment? [68.69(a)(3)(ii)] <input type="checkbox"/> Control measures to be taken if physical contact or airborne exposure occurs? [68.69(a)(3)(iii)] <input type="checkbox"/> Quality control for raw materials and control of hazardous chemical inventory levels? [68.69(a)(3)(iv)] <input type="checkbox"/> Any special or unique hazards? [68.69(a)(3)(v)] <input type="checkbox"/> <u>Safety systems and their functions? [68.69(a)(4)]</u> 	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>16. Are operating procedures readily accessible to employees who are involved in a process? [68.69(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>17. Has the owner or operator certified annually that the operating procedures are current and accurate and that procedures have been reviewed as often as necessary? [68.69(c)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>18. Has the owner or operator developed and implemented safe work practices to provide for the control of hazards during specific operations, such as lockout/tagout? [68.69(d)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Prevention Program - Training [68.71]</p>	
<p>19 Has each employee involved in operating a process, and each employee before being involved in operating a newly assigned process, been initially trained in an overview of the process and in the operating procedures? [68.71(a)(1)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>20. Did initial training include emphasis on safety and health hazards, emergency operations including shutdown, and safe work practices applicable to the employee's job tasks? [68.71(a)(1)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>21. In lieu of initial training for those employees already involved in operating a process on June 21, 1999, an owner or operator may certify in writing that the employee has the required knowledge, skills, and abilities to safely carry out the duties and responsibilities as specified in the operating procedures [68.71(a)(2)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>22. Has refresher training been provided at least every three years, or more often if necessary, to each employee involved in operating a process to assure that the employee understands and adheres to the current operating procedures of the process? [68.71(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

23. Has owner or operator ascertained and documented in record that each employee involved in operating a process has received and understood the training required? [68.71(c)] Y N N/A

24. Does the prepared record contain the identity of the employee, the date of the training, and the means used to verify that the employee understood the training? [68.71(c)] Y N N/A

Prevention Program - Mechanical Integrity [68.73]

25. Has the owner or operator established and implemented written procedures to maintain the on-going integrity of the process equipment listed in 68.73(a)? [68.73(b)] Y N N/A

26. Has the owner or operator trained each employee involved in maintaining the on-going integrity of process equipment? [68.73(c)] Y N N/A

27. Performed inspections and tests on process equipment? [68.73(d)(1)] Y N N/A

28. Followed recognized and generally accepted good engineering practices for inspections and testing procedures? [68.73(d)(2)] Y N N/A

29. Ensured the frequency of inspections and tests of process equipment is consistent with applicable manufacturers' recommendations, good engineering practices, and prior operating experience? [68.73(d)(3)] Y N N/A

30. Documented each inspection and test that had been performed on process equipment, which identifies the date of the inspection or test, the name of the person who performed the inspection or test, the serial number or other identifier of the equipment on which the inspection or test was performed, a description of the inspection or test performed, and the results of the inspection or test? [68.73(d)(4)] Y N N/A

31. Corrected deficiencies in equipment that were outside acceptable limits defined by the process safety information before further use or in a safe and timely manner when necessary means were taken to assure safe operation? [68.73(e)] Y N N/A

32. Assured that equipment as it was fabricated is suitable for the process application for which it will be used in the construction of new plants and equipment? [68.73(f)(1)] Y N N/A

33. Performed appropriate checks and inspections to assure that equipment was installed properly and consistent with design specifications and the manufacturer's instructions? [68.73(f)(2)] Y N N/A

34. Assured that maintenance materials, spare parts and equipment were suitable for the process application for which they would be used? [68.73(f)(3)] Y N N/A

Prevention Program - Management Of Change [68.75]

35. Has the owner or operator established and implemented written procedures to manage changes to process chemicals, technology, equipment, and procedures, and changes to stationary sources that affect a covered process? [68.75(a)] Y N N/A

36. Do procedures assure that the following considerations are addressed prior to any change: [68.75(b)] Y N N/A

- The technical basis for the proposed change? [68.75(b)(1)]
- Impact of change on safety and health? [68.75(b)(2)]
- Modifications to operating procedures? [68.75(b)(3)]
- Necessary time period for the change? [68.75(b)(4)]
- Authorization requirements for the proposed change? [68.75(b)(5)]

37. Were employees, involved in operating a process and maintenance, and contract employees, whose job tasks would be affected by a change in the process, informed of, and trained in, the change prior to start-up of the process or affected parts of the process? [68.75(c)] Y N N/A

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

- | | |
|--|---|
| 38. If a change resulted in a change in the process safety information, was such information updated accordingly? [68.75(d)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 39. If a change resulted in a change in the operating procedures or practices, had such procedures or practices been updated accordingly? [68.75(e)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

Prevention Program - Pre-startup Safety Review [68.77]

- | | |
|---|---|
| 40. If the facility installed a new stationary source, or significantly modified an existing source, (as discussed at 68.77(a)) did it perform a pre-startup safety review prior to the introduction of a regulated substance to a process to confirm: [68.77(b)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| <input type="checkbox"/> Construction and equipment was in accordance with design specifications? [68.77(b)(1)] | |
| <input type="checkbox"/> Safety, operating, maintenance, and emergency procedures were in place and were adequate? [68.77(b)(2)] | |
| <input type="checkbox"/> For new stationary sources, a process hazard analysis had been performed and recommendations had been resolved or implemented before startup? [68.77(b)(3)] | |
| <input type="checkbox"/> Modified stationary sources meet the requirements contained in management of change? [68.77(b)(3)] | |
| <input type="checkbox"/> Training of each employee involved in operating a process had been completed? [68.77(b)(4)] | |

Prevention Program - Compliance audits [68.79]

- | | |
|--|---|
| 41. Has the owner or operator certified that the stationary source has evaluated compliance with the provisions of the prevention program at least every three years to verify that the developed procedures and practices are adequate and being followed? [68.79(a)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 42. Has the audit been conducted by at least one person knowledgeable in the process? [68.79(b)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 43. Are the audit findings documented in a report? [68.79(c)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 44. Has the owner or operator promptly determined and documented an appropriate response to each of the findings of the audit and documented that deficiencies had been corrected? [68.79(d)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 45. Has the owner or operator retained the two most recent compliance reports? [68.79(e)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

Prevention Program - Incident investigation [68.81]

- | | |
|---|---|
| 46. Has the owner or operator investigated each incident that resulted in, or could reasonably have resulted in a catastrophic release of a regulated substance? [68.81(a)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 47. Were all incident investigations initiated not later than 48 hours following the incident? [68.81(b)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 48. Was an accident investigation team established and did it consist of at least one person knowledgeable in the process involved, including a contract employee if the incident involved work of a contractor, and other persons with appropriate knowledge and experience to thoroughly investigate and analyze the incident? [68.81(c)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 49. Was a report prepared at the conclusion of every investigation? [68.81(d)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 50. Does every report include: [68.81(d)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| <input type="checkbox"/> Date of incident? [68.81(d)(1)] | |
| <input type="checkbox"/> Date investigation began? [68.81(d)(2)] | |
| <input type="checkbox"/> A description of the incident? [68.81(d)(3)] | |
| <input type="checkbox"/> The factors that contributed to the incident? [68.81(d)(4)] | |
| <input type="checkbox"/> Any recommendations resulting from the investigation? [68.81(d)(5)] | |

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

51. Has the owner or operator established a system to address and resolve the report findings and recommendations, and are the resolutions and corrective actions documented? [68.81(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
52. Was the report reviewed with all affected personnel whose job tasks are relevant to the incident findings including contract employees where applicable? [68.81(f)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
53. Has the owner or operator retained incident investigation reports for at least five years? [68.81(g)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Section D - Employee Participation [68.83]

1. Has the owner or operator developed a written plan of action regarding the implementation of the employee participation required by this section? [68.83(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Has the owner or operator consulted with employees and their representatives on the conduct and development of process hazards analyses and on the development of the other elements of process safety management in chemical accident prevention provisions? [68.83(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Has the owner or operator provided to employees and their representatives access to process hazards analyses and to all other information required to be developed under the chemical accident prevention rule? [68.83(c)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Section E - Hot Work Permit [68.85]

1. Has the owner or operator issued a hot work permit for each hot work operation conducted on or near a covered process? [68.85(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Does the permit document that the fire prevention and protection requirements in 29CFR 1910.252(a) have been implemented prior to beginning the hot work operations? [68.85(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Does the permit indicate the date(s) authorized for hot work and the object(s) upon which hot work is to be performed? [68.85(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
4. Are the permits being kept on file until completion of the hot work operations? [68.85(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Section F - Contractors [68.87]

1. Has the owner or operator obtained and evaluated information regarding the contract owner or operator's safety performance and programs when selecting a contractor? [68.87(b)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Informed contract owner or operator of the known potential fire, explosion, or toxic release hazards related to the contractor's work and the process? [68.87(b)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Explained to the contract owner or operator the applicable provisions of the emergency response or the emergency action program? [68.87(b)(3)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
4. Developed and implemented safe work practices consistent with §68.69(d), to control the entrance, presence, and exit of the contract owner or operator and contract employees in the covered process areas? [68.87(b)(4)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Periodically evaluated the performance of the contract owner or operator in fulfilling their obligations (as described at 68.87(c)(1) – (c)(5))? [68.87(b)(5)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Section G - Emergency Response [68.90 - 68.95]

Developed and implemented an emergency response program as provided in 40 CFR 68.90-68.95? Comments:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> N/A
1. Is the facility designated as a "first responder" in case of an accidental release of regulated substances"	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
1.a. If the facility is not a first responder:	

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

1.a.(1) For stationary sources with any regulated substances held in a process above threshold quantities, is the source included in the community emergency response plan developed under 42 U.S.C. 11003? [68.90(b)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
1.a.(2) For stationary sources with only regulated flammable substances held in a process above threshold quantities, has the owner or operator coordinated response actions with the local fire department? [68.90(b)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
1.a.(3) Are appropriate mechanisms in place to notify emergency responders when there is need for a response? [68.90(b)(3)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. An emergency response plan is maintained at the stationary source and contains the following? [68.95(a)(1)] <input type="checkbox"/> Procedures for informing the public and local emergency response agencies about accidental releases? [68.95(a)(1)(i)] <input type="checkbox"/> Documentation of proper first-aid and emergency medical treatment necessary to treat accidental human exposures? [68.95(a)(1)(ii)] <input type="checkbox"/> Procedures and measures for emergency response after an accidental release of a regulated substance? [68.95(a)(1)(iii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. The emergency response plan contains procedures for the use of emergency response equipment and for its inspection, testing, and maintenance? [68.95(a)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
4. The emergency response plan requires, and there is documentation of, training for all employees in relevant procedures? [68.95(a)(3)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. The owner or operator has developed and implemented procedures to review and update, as appropriate, the emergency response plan to reflect changes at the stationary source and ensure that employees are informed of changes? [68.95(a)(4)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Did the owner or operator use a written plan that complies with other Federal contingency plan regulations or is consistent with the approach in the National Response Team's Integrated Contingency Plan Guidance ("One Plan")? If so, does the plan include the elements provided in paragraph (a) of 68.95, and also complies with paragraph (c) of 68.95? [68.95(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
7. Has the emergency response plan been coordinated with the community emergency response plan developed under EPCRA? [68.95(c)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

Section H – Risk Management Plan [40 CFR 68.190 – 68.195]

1. Does the single registration form include, for each covered process, the name and CAS number of each regulated substance held above the threshold quantity in the process, the maximum quantity of each regulated substance or mixture in the process (in pounds) to two significant digits, the five- or six-digit NAICS code that most closely corresponds to the process and the Program level of the process? [68.160(b)(7)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Did the facility assign the correct program level(s) to its covered process(es)? [68.160(b)(7)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**RMP Program Level 3
Process Checklist**

Facility Name: City of Niles Wastewater Treatment Plant
EPA Facility ID: 100000070772

<p>3. Has the owner or operator reviewed and updated the RMP and submitted it to EPA [68.190(a)]? Reason for update:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Five-year update. [68.190(b)(1)] <input type="checkbox"/> Within three years of a newly regulated substance listing. [68.190(b)(2)] <input type="checkbox"/> At the time a new regulated substance is first present in an already regulated process above threshold quantities. [68.190(b)(3)] <input type="checkbox"/> At the time a regulated substance is first present in a new process above threshold quantities. [68.190(b)(4)] <input type="checkbox"/> Within six months of a change requiring revised PHA or hazard review. [68.190(b)(5)] <input type="checkbox"/> Within six months of a change requiring a revised OCA as provided in 68.36. [68.190(b)(6)] <input type="checkbox"/> Within six months of a change that alters the Program level that applies to any covered process. [68.190(b)(7)] 	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>4. If the owner or operator experienced an accidental release that met the five-year accident history reporting criteria (as described at 68.42) subsequent to April 9, 2004, did the owner or operator submit the information required at 68.168, 68.170(j) and 68.175(l) within six months of the release or by the time the RMP was updated as required at 68.190, whichever was earlier. [68.195(a)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>5. If the emergency contact information required at 68.160(b)(6) has changed since June 21, 2004, did the owner or operator submit corrected information within thirty days of the change? [68.195(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>

RECEIVED
REGIONAL HEARING CLERK
U.S. EPA REGION 5

2010 MAY 25 No. 18-5533



123 SYCAMORE ST.
NILES, MI 49120
888-982-1400

TRANSACTION DOCUMENT

Account Detail	Account #	Amount	Balance Available
FROM AP IMPREST	156575S62.2	1000.00	2200.53 2200.53

Payee TREASURER, UNITED STATES OF AMERICA

CITY OF NILES
PO BOX 217
NILES MI 49120

Ref: DOCKET# RMP-10-ESA-010

NON-NEGOTIABLE Chk 185533 07 MAY 10 09:02 Br 31-237 Amt 1000.00

THIS DOCUMENT CONTAINS A VOID PANOGRAPH, MICRO-PRINTING, ARTIFICIAL WATERMARK ON REVERSE SIDE. HOLD AT ANGLE TO VIEW.



123 SYCAMORE ST.
NILES, MI 49120
888-982-1400

74-7807
2724

No. 18-5533

CENTRAL CREDIT UNION OF MICHIGAN
SOUTHFIELD, MICHIGAN N.A.

Ref: DOCKET# RMP-10-ESA-010

Date: 07 MAY 10

TO THE ORDER OF	TREASURER, UNITED STATES OF AMERICA *****	\$1,000.00
	ONE THOUSAND DOLLARS ONLY	

we'll get you there.

TREASURER, UNITED STATES OF AMERICA

THIS CHECK IS VOID AFTER 60 DAYS.

⑈ 185533⑈ ⑆ 272478075⑆ 2724848941800⑈

CAA-05-2010-0017

BD # 2751003A018