MANIFEST - MANIFESTE

This Manifest conforms to all Federal and Provincial transport and environmental legislation requiring manifesting.
Ce manifeste est conforme aux législations fédérale et provinciale sur l'environnement et le transport, requérant un manifeste.

Manifest Reference No. / Nº de référence du manifeste: **WW05618-9**

A Consignor (Generator) / Expéditeur (Producteur)
Provincial ID No. / Nº d'id. provincial: IND000810861
Company name / Nom de l'entreprise: B.P. PRODUCTS NORTH AMERICA, INC.
Mailing address / Adresse postale: NE OF 119TH and FRONT STREETS, City / Ville: WHITING, Province: IN, Postal code / Code postal: 46394
Shipping site address / Origine de l'expédition: NORTH EAST OF 119TH AND FRONT STREET
City / Ville: WHITING, Province: IN, Postal code / Code postal: 46394
Intended consignee / Destinataire prévu: SAFETY-KLEEN LTD.
Provincial ID No. / No d'id. provincial: A031806
Address / Adresse: R.R. #1, 4090 TELFER ROAD, City / Ville, Province, Postal code / Code postal
Receiving site address / Destination de l'expédition: R.R. #1 4090 TELFER ROAD
City / Ville: CORUNNA, Province: ON, Postal code / Code postal: N0N 1G0

B Carrier / Transporteur
Provincial ID No. / Nº d'id. provincial: A8581
Company name / Nom de l'entreprise: SAFETY-KLEEN LTD.
Address / Adresse: R.R. #1, 4090 TELFER ROAD
City / Ville: CORUNNA, Prov.: ON, Postal code / Code postal: N0N 1G0

	Registration No. / Nº d'immatriculation	Prov.
Vehicle / Véhicule	PP2-625	ON
Trailer/Rail Car No. 1 / 1er remorque – wagon	Y61-291	ON
Trailer/Rail Car No. 2 / 2e remorque – wagon		ON

Point of entry / Point d'entrée: SARNIA, ON
Point of exit / Point de sortie: ******

Carrier Certification: I declare that I have received waste as offered by the consignor in Part A for delivery to the intended consignee and that the information contained in Part B is complete and correct. / Déclaration du transporteur : J'atteste avoir reçu les déchets offerts par l'expéditeur dans la partie A en vue de leur livraison au destinataire choisi et que les renseignements inscrits à la partie B sont exacts et complets.

Year / Année: 02, Month / Mois: 08, Day / Jour: 14
Name of authorized person (print) / Nom de l'agent autorisé (caractères d'imprimerie): GARY QUINN
Signature: Gary Quinn
Tel. No. / No de tél.: (519) 864-1201

Reference nos. of other Manifest(s) used / Nº's de références des autres manifestes utilisés: ZNA 1202399 / 99121

C Consignee (Receiver) / Destinataire (Réceptionnaire)
Provincial ID No. / Nº d'id. provincial:
Consignee information same as Intended Consignee in Part A / L'information à fournir par le destinataire est la même qu'en A: ☐ Yes / Oui ☐ No, complete the boxed area below / Non, compléter la boîte ci-dessous
Company name / Nom de l'entreprise
Address / Adresse
City / Ville, Province, Postal code / Code postal
Receiving site address / Destination de l'expédition
City / Ville, Province, Postal code / Code postal

Date received / Date de reception: Year / Année, Month / Mois, Day / Jour
Time / Heure: ☐ A.M. ☐ P.M.

Physical state / État physique	Shipping name of waste / Appellation réglementaire du déchet	Waste Identification / Identification du déchet: Provincial No. / Nº (Quebec-Ontario only) (Quebec-Ontario seul)	TDGA/PIN LTMD/NIP	Quantity shipped / Quantité expédiée	Units L or ou kg unites	Classification	Packing group / Groupe d'emballage	Packaging Contenants: No. Nbre	Codes int.-ext.	Quantity received / Quantité reçu	Units L or ou kg unites	Identify any shipment discrepancy problems. Attach addendum if necessary. / Indiquer toute différence relative à l'expédition. Annexer une feuille au besoin.	Handling code / Code de manutention	Decontamination / Décontamination: Packaging Contenants Yes Oui	Packaging Contenants No Non	Vehicle Véhicule Yes Oui	Vehicle Véhicule No Non
S	WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, NOS, (BENZENE)	251H	UN3077	7,180	Kg.	9.2	III	01	06								

Special handling/Emergency instructions / Manutention spéciale/instructions d'urgence: CODE 'A' ☐ Attached / Ci-jointes ☒ Below / Ci-dessous

EMERGENCY:- CONTACT SAFETY-KLEEN LTD.
24 HOURS AT: 519-864-1201 OR 800-265-7549
NOTICE #: 123820 ITEM #: 01 EXPIRES: FEBRUARY 18, 2003

Circulation no. – Quebec only / Nº de circulation – Réservée au Québec

Date shipped / Date d'expédition: Year / Année, Month / Mois, Day / Jour: 02 08 14
Time / Heure: 12:15 ☒ A.M. ☒ P.M.
Scheduled arrival date / Date d'arrivée prévue: Year / Année, Month / Mois, Day / Jour: 02 08 15

Consignor Certification: I declare that the information contained in Part A is correct and complete.
Déclaration de l'expéditeur : Je déclare que tous les renseignements à la partie A sont veridiques et complets.

Name of authorized person (print) / Nom de l'agent autorisé (caractères d'imprimerie): Michael G. LANKford
Signature: Michael G Lankford
Tel. no. / Nº de tél.: (219) 473-3588

If handling code "Other" (specify) / Si code de manutention "divers", spécifier
If waste to be transferred, specify intended company name / Si les déchets doivent être transférés, préciser le nom du destinataire
Provincial ID No. / Nº d'id. provincial
Address / Adresse, City / Ville, Prov.

Consignee Certification: I declare that the information contained in Part C is correct and complete.
Déclaration du l'expéditeur : Je déclare que tous les renseignements à la partie C sont véridiques et complets.
Name of authorized person (print) / Nom de l'agent autorisé (caractères d'imprimerie)
Signature
Tel. no. / Nº de tél.: ( )

MOE 04-1917 (06/99)

Retained by Consignor (Generator) - Gardée par l'expéditeur

Copy / Copie 2 (green / verte

MANIFEST INFORMATION

Manifest No. INA 1202544

TRACK # 1634

		Quantity	Charge	% of Total Waste (Clerk will complete)
Primary Solid Wastes:				
Sewer Sludge		yds		%
		yds		%
		yds		%
Grit Chamber Solids		yds		%
		yds		%
		yds		%
Bar Screen Debris Box# R20-~~086~~ 068		15,796 P ~~yds~~	B44610	%
		yds		%
		yds		%
Heat Exchanger Cleaning Sludge		yds		%
		yds		%
		yds		%
Benzene Contaminated Catalyst				
Specify reactor:		yds		%
Specify reactor:		yds		%
Benzene Contaminated Debris				
Specify material:		yds		%
Specify material:		yds		%
Benzene Contaminated Sludge				
Specify tank/vessel:		yds		%
Specify tank/vessel:		yds		%
Benzene Contaminated Soil				
Specify material:		yds		%
Specify material:		yds		%
Refractory Brick				
Specify furnace or vessel:		yds		%
Specify furnace or vessel:		yds		%
Spent Hydrotreating Catalyst				
Specify reactor:		yds		%
Specify reactor:		yds		%
Spent Treating Clay				
Specify drum:		yds		%
Spent Bender Catalyst				
Specify reactor:		yds		%
Other Waste Streams				
Specify:		yds		

State Form 47989(R/4-97)

NJF

IDEM	INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER MANAGEMENT **NPDES Facility Inspection Report**	100 NORTH SENATE AVENUE P. O. BOX 6015 INDIANAPOLIS, IN 46206-6015

NPDES PERMIT #:	YR/MO/DAY:	INSPECTION TYPE:	INSPECTOR:	FACILITY TYPE CODE:
IN 0000108	00-02-01	C	S	☐1 ☒2 ☐3 ☐4 ☐Major ☐Minor ☐Municipality ☒Industry ☐Semi-Public ☐State

OVERALL FACILITY EVALUATION RATING:	COMPLIANCE STATUS:
AMERICAN OIL CO	☐ Non-Compliance ☒ Compliance

Name and Location of Facility Inspected:	Receiving Waters/POTW:	Permit Effective Date:
AMOCO Oil company 2815 Indianapolis BLVD Town/City: Whiting, IN County: 46394 Lake	Lake Michigan Entry Time: Exit Time:	4-1-90 Permit Expiration Date: 2-28-95

Name(s) of On-Site Representatives:	Title(s):	Phone:
Pete Beronio	Environ. Engr	(219) 473-3740
Natalie Grimmer	Environ. Engr	Fax: ( )
		Phone: ( )
		Fax: ( )

Certified Operator:	Number:	Class:	Exp:	☐ Full Time ☐ Part Time (Hours per week:_____)
DAVID OLEN	1418	D	6-00	

Name, Address of Responsible Official:	Title:	Phone:
COLIN H. J. MacLean	Whiting Refinery	(219) 473-5379
	Contacted: ☐ Yes ☒ No	Fax: ( )

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, N/A=Not Applicable)

S	Effluent	N	Facility Site Review	N	Flow Measurement		Pretreatment
N	Receiving Waters	N	Operation & Maintenance	N	Laboratory		Other:
N	Permit	S	CSO/SSO (Sewer Overflow)	S	Self-Monitoring Program		
S	Compliance Schedules	N	Sludge Disposal	S	Records/Reports		

COMMENTS: This inspection was conducted to review the 1999 compliance. Amoco has had zero limit exceedences in 1999. All staff should be commended for their efforts that brought about this outstanding compliance record.

Amoco personnel identified a wash room facility at the Lakefront Wastewater Treatment Plant that was connected to the process sewer (before treatment) and outfall 001. This was identified in late September and completely removed from the system on October 8, 1999. Amoco did conduct fecal coliform monitoring with all results below 40 col/100ml after disconnection.

Name(s) and Signature(s) of Inspector(s):	Date:	Office/Telephone:
Michael Kuss	2-1-00	317-233-2494 IDEM (219) 881-6712
Received By:	**Date:**	**Referred to:**
Section Chief: W. Feller	**Date:** 2/24/2000	**For:** ☐ Follow-up ☐ Enforcement ☐ NPDES ☐ Other

DISTRIBUTION: White - Public File; Canary - Site Copy; Pink - Inspector; Goldenrod - Supervisor

1999 SUMMARY OF NPDES PERMIT LIMIT VIOLATIONS

FACILITY AMOCO
NPDES PERMIT No. IN 0000108

1999
LIST OF NPDES PERMIT LIMIT VIOLATIONS

MONTH	DATE(S)	TYPE	OUTFALL	PARAMETER	REPORTED VALUE	PERMIT LIMIT	PERCENT DEVIATION
JAN	NONE						
FEB	NONE						
MAR	NONE						
APR	NONE						
MAY	NONE						
JUNE	NONE						
JULY	NONE						
AUG	NONE						
SEPT	NONE						
OCT	NONE						
NOV	NONE						
DEC	NONE						
TOTAL NUMBER OF VIOLATIONS:			0				

DMx - Daily Maximum MA - Monthly Average
DMn - Daily Minimum WA - Weekly Average

Report Prepared by Michael Kiss Title ENVIRON ENG 1-IDEM

AMOCO OIL COMPANY, WHITING REFINERY
2815 INDIANAPOLIS BLVD., WHITING, INDIANA 46394

PERMIT NO IN0000108 OUTFALL 001 PROCESS WATER EFFLUENT

PARAMETER	HX. CHRM	TL.CHRM	PHENOL	SELENIUM	FECAL C.
CODE	Q01032	Q00034	Q32730	CO1147	**
SAMPLE TYPE					
PERMIT	24	24	24	24	GRAB
ACTUAL	24	24	24	24	GRAB
FREQUENCY					
PERMIT	1/7	1/7	3/7	2/YR	5/7
ACTUAL	1/7	1/7	3/7	2/YR	5/7

LIMITS:	HX. CHRM		TL.CHRM		PHENOL		SELENIUM		FECAL C.
AVG.		2.01		23.90		20.33			200
MAX.		4.48		68.53		73.01			400
DATE	mg/l	LB/D	mg/l	LB/D	mg/l	LB/D	ug/l	LB/D	COLONIES
1	<0.001	<0.2	<0.01	<1.6	--	--	--	--	--
2	--	--	--	--	0.03	4.60	--	--	--
3	--	--	--	--	--	--	--	--	--
4	--	--	--	--	--	--	--	--	--
5	--	--	--	--	0.01	1.34	--	--	--
6	--	--	--	--	--	--	--	--	--
7	--	--	--	--	0.01	1.32	--	--	--
8	<0.001	<0.1	<0.01	<1.1	--	--	--	--	--
9	--	--	--	--	0.01	1.42	--	--	--
10	--	--	--	--	--	--	--	--	--
11	--	--	--	--	--	--	--	--	--
12	--	--	--	--	<0.01	<1.41	--	--	--
13	--	--	--	--	--	--	--	--	--
14	--	--	--	--	<0.01	<1.42	--	--	--
15	<0.001	<0.1	<0.01	<1.5	--	--	--	--	--
16	--	--	--	--	<0.01	<1.58	--	--	--
17	--	--	--	--	--	--	--	--	--
18	--	--	--	--	--	--	--	--	--
19	--	--	--	--	<0.01	<1.34	--	--	--
20	--	--	--	--	--	--	--	--	--
21	--	--	--	--	0.01	1.33	--	--	--
22	<0.001	<0.1	<0.01	<1.3	--	--	--	--	--
23	--	--	--	--	0.01	1.23	--	--	--
24	--	--	--	--	--	--	--	--	--
25	--	--	--	--	--	--	--	--	--
26	--	--	--	--	0.01	1.33	--	--	--
27	--	--	--	--	--	--	--	--	--
28	--	--	--	--	<0.01	<1.53	--	--	--
29	<0.001	<0.2	<0.01	<1.6	--	--	--	--	210
30	--	--	--	--	<0.01	<1.53	--	--	30
AVERAGE	<0.001	<0.1	<0.01	<1.4	<0.01	<1.64	--	--	80
HIGHEST VAL.	<0.001	<0.2	<0.01	<1.6	0.03	4.60	--	--	210
LOWEST VAL.	<0.001	<0.1	<0.01	<1.1	<0.01	1.23	--	--	30
OVER LIMIT		0		0		0			0

CERTIFIED OPERATOR : David J. Olen NO. 640 DATE : 10/27/99 AUTHORIZED AGENT : Natalie R Grimm

--MEANS NOT TESTED THIS DATE

**FECAL COLIFORM ARE LIMITED FROM APRIL 1 TO OCTOBER 31 WHEN REFINERY SANITARY SEWERS ARE DISCHARGING TO AMOCO WWTP.

AMOCO OIL COMPANY, WHITING REFINERY
2815 INDIANAPOLIS BLVD., WHITING, INDIANA 46394

PERMIT NO IN0000108 OUTFALL 001 PROCESS WATER EFFLUENT

PARAMETER	HX. CHRM	TL.CHRM	PHENOL	SELENIUM	FECAL C.
CODE	Q01032	Q00034	Q32730	CO1147	**
SAMPLE TYPE					
PERMIT	24	24	24	24	GRAB
ACTUAL	24	24	24	24	GRAB
FREQUENCY					
PERMIT	1/7	1/7	3/7	2/YR	5/7
ACTUAL	1/7	1/7	3/7	2/YR	5/7

LIMITS:	HX. CHRM		TL.CHRM		PHENOL		SELENIUM		FECAL C.
AVG.		2.01		23.90		20.33			200
MAX.		4.48		68.53		73.01			400
DATE	mg/l	LB/D	mg/l	LB/D	mg/l	LB/D	ug/l	LB/D	COLONIES
1	--	--	--	--	--	--			110
2	--	--	--	--	--	--			
3	--	--	--	--	0.01	1.63			
4	--	--	--	--	--	--			150
5	--	--	--	--	0.01	1.59			10
6	<0.005	<0.8	<0.01	<1.6	--	--			10
7	--	--	--	--	0.01	1.59			20
8	--	--	--	--	--	--			<10
9	--	--	--	--	--	--			
10	--	--	--	--	<0.01	<1.53			
11	--	--	--	--	--	--			10
12	--	--	--	--	<0.01	<1.46			<10
13	<0.005	<0.8	<0.01	<1.6	--	--			20
14	--	--	--	--	0.01	1.63			<10
15	--	--	--	--	--	--			40
16	--	--	--	--	--	--			
17	--	--	--	--	<0.01	<1.41	55.0	7.7	
18	--	--	--	--	--	--			
19	--	--	--	--	<0.01	<1.48			
20	<0.005	<0.6	<0.01	<1.2	--	--			
21	--	--	--	--	<0.01	<1.58			
22	--	--	--	--	--	--			
23	--	--	--	--	--	--			
24	--	--	--	--	0.01	1.55			
25	--	--	--	--	--	--			
26	--	--	--	--	0.01	1.41			
27	<0.005	<0.7	<0.10	<13.5	--	--			
28	--	--	--	--	<0.01	<1.30			
29	--	--	--	--	--	--			
30	--	--	--	--	--	--			
31	--	--	--	--	0.01	1.19			
AVERAGE	<0.005	<0.7	<0.03	<4.5	<0.01	<1.49	55.0	7.7	<20.5
HIGHEST VAL.	<0.005	<0.8	<0.01	<13.5	0.01	1.63	55.0	7.7	150
LOWEST VAL.	<0.005	<0.6	<0.10	<1.2	<0.01	1.19	55.0	7.7	<10
OVER LIMIT		0		0		0			0

CERTIFIED OPERATOR David P. Olen NO. 6484 DATE: 11/22/99 AUTHORIZED AGENT: Natalie R Freeman

--MEANS NOT TESTED THIS DATE

**FECAL COLIFORM ARE LIMITED FROM APRIL 1 TO OCT. 1 WHEN REFINERY SANITARY SEWERS ARE DISCHARGING TO AMOCO WWTP.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We make Indiana a cleaner, healthier place to live.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
(800) 451-6027
www.IN.gov/idem

FEBRUARY 15, 2007

VIA CERTIFIED MAIL 7002 0510 0003 8210 2865

Mr. Richard Harris, Health, Safety, and Environmental Manager
BP Amoco Oil Company
2815 Indianapolis Boulevard
Whiting, IN 46394

Re: **Inspection Summary/Violation Letter**
BP Amoco Oil Company
NPDES Permit No. IN0000108
Whiting, Lake County

Dear Mr. Harris:

On December 22 and December 27, 2006, a representative of the Indiana Department of Environmental Management, Northwest Regional Office, conducted an inspection of the BP Amoco Oil Company located in Whiting, Indiana. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection: X Compliance Evaluation Inspection

Results of Inspection:
___ Violations were observed but corrected during the inspection.
X Violations were observed
___ Violations were observed and will be referred to the Office of Enforcement.

An unsatisfactory rating was given in sludge disposal. This was due to sludge on the ground between two of the circular clarifiers. This was a violation of IC 13-30-2-1(A).

A marginal rating was given under records and reports. This was due to the number of exceedences not always being completed. Even if the number of exceedences is zero (0), the box should be filled. The number of exceedences was not completed on the Discharge Monitoring Reports for all outfalls in March 2004 and outfall 002 in June 2006.

A marginal rating was given to effluent exceedences. During a review of DMR's and daily summaries from January 2004 through October 2006, total suspended solids was noted to be in exceedences twice. The first exceedence was on December 5, 2004, the second on March 15, 2006.

Within thirty (30) days of receipt of this letter, a written detailed explanation, documenting compliance with each of the requirements listed above, must be submitted to: Indiana Dept. of Environmental Management, Office of Water Quality – Mail Code 65-42, 100 North Senate Avenue, Indianapolis, IN 46204-2251. Failure to respond adequately to this Violation Letter may result in a referral

NL ~~REVISED~~ Revision of 12/22/06

NPDES FACILITY NOTICE OF INSPECTION

State Form 47989 (R6 / 5-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Facility and Inspection Information

NPDES Permit #:	Facility Type Code:	Classification Per Permit:
IN0000108	☐ 1 = Municipality ☒ 2 = Industry/Semi-Public ☒ Major ☐ 3 = Agricultural ☐ 4 = State/Federal ☐ Minor	D

This is to notify you that on 12/27/06 *(month, day, year)* an inspection of the specified facility was conducted by the undersigned representative of the Indiana Department of Environmental Management, Office of Water Quality.

TYPE OF INSPECTION (may include more than one):

- X Compliance Evaluation Inspection (C)
- ___ Reconnaissance Inspection (R)
- ___ Industrial User Inspection (I)
- ___ Sanitary Sewer Overflow Inspection (V)
- ___ Complaint (J)
- ___ Multi-media Screening Evaluation (M)
- ___ Combined Sewer Overflow Inspection (Y)
- ___ Compliance Sampling Inspection (S)
- ___ Other ___

Name and Location of Facility Inspected: *(number, street, city, zip code)*	Receiving Waters/POTW:	Permit Expiration Date:
BP AMOCO OIL COMPANY 2815 INDIANAPOLIS BLVD WHITING IN 46394 County: LAKE	LAKE MICHIGAN	2/28/95

Name(s) of On-Site Representatives:	Title(s):	Phone:
RICH HARRIS	ENV. ENGR Health, SAFETY, AND ENVR.	(219) 473-3321 Fax: ( )

Certified Operator:	Number:	Class:	
DAVE OLEN	14118	D	☒ Full Time ☐ Part Time
	Renewal Effective Date: 7/31/06	Expiration Date: 6/30/08	Hours per Week: 40+

Name and Address of Responsible Official: *(number, street, city, zip code)*	Title:	Phone:
RICHARD HARRIS 2815 INDIANAPOLIS BLVD WHITING IN 46394	ENVR. ENGR. Health, SAFETY, AND ENVR	(219) 473-3321 Fax: ( )
	Contacted: ☒ Yes ☐ No	Facility Design Flow: NA

Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated, NA = Not Applicable)

S	Receiving Waters Appearance (2)	S	Facility/Site (4)	S	Self-Monitoring Program (6)	NA	Compliance Schedules
S	Effluent Appearance (2)	S	Operation	S	Flow Measurement	NA	Pretreatment
S	Permit (3)	S	Maintenance	S	Laboratory	M	Effluent Limits Violations (7)
NA	CSO/SSO (Sewer Overflow)	U	Sludge Disposal (1)	M	Records/Reports (5)	/	Other:

Preliminary Inspection/Screening Findings*

*These findings are considered preliminary and identify specific compliance issues discovered during the above-noted inspection that the designated agent of IDEM believes may be a violation of a statute(s), rule(s) or permit(s) issued by IDEM.

SINGLE MEDIA INSPECTION:

- ___ No violations were discovered with respect to the particular items observed during the inspection. (5)
- ___ Violations were discovered but corrected during the inspection. (4)
- X Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2)
- ___ Violations were discovered and may subject you to an appropriate enforcement response. (1)
- ___ Additional information/review is required to evaluate overall compliance. (6)
- ___ Potential problems were discovered or observed. (3)

Comments Regarding Unsatisfactory Ratings – Including Rule or Permit Citation(s):

(1) SLUDGE FROM THE CLARIFIER TREATMENT PROCESS WAS NOTED ON THE GROUND BETWEEN TWO CIRCULAR CLARIFIERS. THIS IS A VIOLATION OF ~~THE PERMIT, PART~~ NR IC 13-30-2-1(A).

Distribution: White - IDEM Public File; Canary - OPPTA (if OPPTA assistance requested); Pink - Owner/Agent Representative; Gold - Inspector

Revised 12/22/06

Additional Comments Regarding Unsatisfactory Ratings – Including Rule or Permit Citation(s):

Comments Regarding Marginal Ratings – Conclusions and Recommendations:

② THE EFFLUENT AND RECEIVING STREAM WERE BOTH Clear and Odorless during THE TIMES OF INSPECTION ON 12/22/06 AND 12/27/06.

③ THE PERMIT EXPIRED ON 2/28/95, BUT HAS BEEN ADMINISTRATIVELY EXTENDED.

④ ALARMS ARE AVALABLE FOR MANY OF THE TREATMENT PROCESSES.

⑥ THE NUMBER OF EXCEEDENCES COLUMN SHOULD ALWAYS BE COMPLETED, EVEN IF Ø. THE NUMBER OF EXCEEDENCES WAS NOT COMPLETED FOR OUTFALL 002 for 6/06 AND NONE IN 3/02.

Multi-Media Screening (please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):

X Multi-media screening not conducted. * BP IS ON Exemption List

____ No violations were observed during the limited multi-media screening conducted by IDEM.

____ Potential violations were discovered but corrected during the inspection.

____ Potential problems were discovered and may be further investigated.

Pollution Prevention

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Summary and Correction Information

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X A written inspection summary will be provided within 45 days. In accordance with IC 13-14-5-4, matters not evident to IDEM at the time of the inspection might not be included in either the verbal or written inspection summary.

____ Written report provided at the conclusion of the inspection. If upon subsequent review, any changes to this report are deemed necessary, a revised report will be sent to the subject facility within 45 days.

IDEM Representative:

Printed Name:	Signature:	Phone Number:	Date:	Time
NICHOLAS K. REAHM		(219) 757-0265	12/27/06	In: 1230 Out: 1530

Owner/Agent Representative/Title:

Printed Name:	Signature:	Title:	Phone Number:	Date:

For IDEM Internal Use:

Section Chief or Regional Deputy Director:	Date:	For:
	2/6/07	☐ Follow-up ☐ Enforcement ☐ NPDES Permits ☐ Other

Distribution: White - IDEM Public File; Canary - OPPTA (if OPPTA assistance requested); Pink - Owner/Agent Representative; Gold - Inspector

State Form 44229(R/4-97)

IDEM	NPDES Facility Inspection Report **Comments and/or Recommendations**	PAGE 3 OF 4

NPDES PERMIT #:	FACILITY:	CITY:	YR/MO/DAY:
IN0000108	BP Amoco Oil Co.	Whiting	06/12/27

(6) THE EFFLUENT AUTO-SAMPLER WAS OFF-LINE AT THE TIME OF THE INSPECTION. GRAB SAMPLES WERE BEING USED AND RECORDED.

(7) A REVIEW OF THE DMR'S AND DAILY SUMMARIES ~~SHOW~~ NR FOUND THE FOLLOWING REPORTED EXCEEDENCES:

12/5/~~05~~ 04 NR TSS DMX 6042 lb/Day
3/15/06 TSS DMX 5846 lb/Day

THE REPORTS FROM 1/04 TO 10/06 WERE REVIEWED.

Inspected by:	Received by:	Date:
Nicholas K. Rex		12/27/06

DISTRIBUTION: White - Public File; Canary - Site Copy; Pink - Inspector; Goldenrod - Supervisor

State Form 35969 (R3/10-97)

IDEM

NPDES Facility Inspection Report
Industrial Wastewater Facility

NPDES PERMIT #:	FACILITY:	CITY:	YR/MO/DAY:
IN0000108	BP Amoco	WHITING	06/12/27

FACILITY DESCRIPTION: ~~OUTFALLS 001 AND 002 NR~~
WASTEWATER BIOLOGICAL TREATMENT

Outfall	Water Use	Treatment	Avg Discharge/Flow	Appearance/Violations
001				
002	NON-CONTACT COOLING			
003	STORMWATER	SETTLING		
004	STORMWATER	SETTLING		

	S	M	U	(S - Satisfactory M - Marginal U - Unsatisfactory)
TREATMENT SYSTEMS				
Operations and maintenance	X			
O&M manual & maint records	X			
Preventative maintenance	X			
Bypasses/Overflows	X			
Flow meter(s) and recorder(s)	X			
Meter calibration(s)	X			ON SITE CALIBRATIONS
Sample type, frequency, location	X			
TTO monitoring	X			
Biomonitoring (whole eff toxicity)	—			NA
Toxic Reduction Evaluation Plan	—			NA
Sludge handling	X			
Sludge disposal			X	SLUDGE ON GROUND NEAR CLARIFIERS
RCRA manifest records	X			
Laboratory methods	X			
Quality control	X			
Calibration of equipment	X			
Contract lab(s) used:	X			Chlorine contracted out
DMR, MRO and records		X		Needs Number Exceedances completed
SPCC plan	X			
Housekeeping	X			
Self-monitoring program	X			

NPDES Compliance	NON-Compliant
Notice of Violation	NO
Agreed Order	NA
Compliance Schedule	NA
Properly certified operator	YES
Letter needed	YES

Inspected by:	Received by:	Date:
NICHOLAS K. BEAM		12/27/06

DISTRIBUTION: White - Public File; Canary - Site Copy; Pink - Inspector; Goldenrod - Supervisor

NPDES FACILITY NOTICE OF INSPECTION

State Form 47989 (R6 / 5-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Facility and Inspection Information

NPDES Permit #:	Facility Type Code:	Classification Per Permit:
IN 0000108	☐ 1 = Municipality ☒ 2 = Industry/Semi-Public ☒ Major ☐ 3 = Agricultural ☐ 4 = State/Federal ☐ Minor	D

This is to notify you that on 12/22/06 *(month, day, year)* an inspection of the specified facility was conducted by the undersigned representative of the Indiana Department of Environmental Management, Office of Water Quality.

TYPE OF INSPECTION (may include more than one):

- X Compliance Evaluation Inspection (C)
- ____ Reconnaissance Inspection (R)
- ____ Industrial User Inspection (I)
- ____ Sanitary Sewer Overflow Inspection (V)
- ____ Complaint (J)
- ____ Multi-media Screening Evaluation (M)
- ____ Combined Sewer Overflow Inspection (Y)
- ____ Compliance Sampling Inspection (S)
- ____ Other _____

Name and Location of Facility Inspected: *(number, street, city, zip code)*	Receiving Waters/POTW:	Permit Expiration Date:
BP Amoco Oil Company 2815 Indianapolis Blvd Whiting IN 46394 County: Lake	Lake Michigan	2/28/95

Name(s) of On-Site Representatives:	Title(s):	Phone: ( )
Rose Herrera	Environmental Engr	Fax: ( )

Certified Operator:	Number:	Class:	☒ Full Time ☐ Part Time
Dave Olen	14118	D	
	Renewal Effective Date: 7/31/06	Expiration Date: 6/30/08	Hours per Week: 40+

Name and Address of Responsible Official: *(number, street, city, zip code)*	Title:	Phone: (219) 473-3321
Richard Harris 2815 Indianapolis Blvd Whiting IN 46394		Fax: ( )
	Contacted: ☐ Yes ☒ No	Facility Design Flow: NA

Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated, NA = Not Applicable)

S	Receiving Waters Appearance	N	Facility/Site	N	Self-Monitoring Program	N	Compliance Schedules
S	Effluent Appearance	N	Operation	N	Flow Measurement	N	Pretreatment
S	Permit	N	Maintenance	N	Laboratory	N	Effluent Limits Violations
NA	CSO/SSO (Sewer Overflow)	N	Sludge Disposal	N	Records/Reports		Other:

Preliminary Inspection/Screening Findings*

*These findings are considered preliminary and identify specific compliance issues discovered during the above-noted inspection that the designated agent of IDEM believes may be a violation of a statute(s), rule(s) or permit(s) issued by IDEM.

SINGLE MEDIA INSPECTION:

- ____ No violations were discovered with respect to the particular items observed during the inspection. (5)
- ____ Violations were discovered but corrected during the inspection. (4)
- ____ Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM. (2)
- ____ Violations were discovered and may subject you to an appropriate enforcement response. (1)
- X Additional information/review is required to evaluate overall compliance. (6)
- ____ Potential problems were discovered or observed. (3)

Comments Regarding Unsatisfactory Ratings – Including Rule or Permit Citation(s):

Distribution: White - IDEM Public File; Canary - OPPTA (if OPPTA assistance requested); Pink - Owner/Agent Representative; Gold - Inspector

Additional Comments Regarding Unsatisfactory Ratings – Including Rule or Permit Citation(s):

Comments Regarding Marginal Ratings – Conclusions and Recommendations:

THE OUTFALLS WERE OBSERVED AND SOME TREATMENT EQUIPMENT WERE INSPECTED. ~~THE INSPECTION WILL CONTINUE ON ANOTHER DAY.~~ NR MORE INFORMATION IS NEEDED TO COMPLETE THE EVALUATION. (1) THE OUTFALLS 001, 002, 003, AND 004 WERE ALL OBSERVED DISCHARGING. NO VIOLATIONS OF ~~THE~~ NR WERE NOTED WITH THE EFFLUENT APPEARANCE AT THE TIME OF INSPECTION. (2) THE PERMIT HAS BEEN ADMINISTRATIVELY EXTENDED.

Multi-Media Screening (please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):

- X Multi-media screening not conducted.
- ____ No violations were observed during the limited multi-media screening conducted by IDEM.
- ____ Potential violations were discovered but corrected during the inspection.
- ____ Potential problems were discovered and may be further investigated.

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IDEM Representative:

Printed Name:	Signature:	Phone Number:	Date:	Time
NICHOLAS K. REAM	[signature]	(219) 757-0265	12/22/06	In: 0900 Out: ~1300

Owner/Agent Representative/Title:

Printed Name:	Signature:	Title:	Phone Number:	Date:

For IDEM Internal Use:

Section Chief or Regional Deputy Director:	Date:	For:
[signature]	2/6/07	☐ Follow-up ☐ Enforcement ☐ NPDES Permits ☐ Other

Distribution: White - IDEM Public File; Canary - OPPTA (if OPPTA assistance requested); Pink - Owner/Agent Representative; Gold - Inspector

IDEM	NPDES Facility Compliance Evaluation Inspection Checklist Revised 03-1-06	
NPDES Permit #: IN 0000108	Facility Name: BP Amoco Oil Company	Month/Day/Year: 12/27/06

All evaluations indicated on this form are based upon the Inspector's observations at the time of the inspection.

A. Receiving Waters Appearance

				1. The receiving stream is visibly:
Yes	No	N/E	N/A	a. Free of excessive deposits of settled solids.
Yes	No	N/E	N/A	b. Free of excessive floating debris, oil, scum, or foam.

B. Effluent Appearance

				1. At the time of the inspection, effluent is essentially:
Yes	No	N/E	N/A	a. Free of excessive solids.
Yes	No	N/E	N/A	b. Free of excessive floating debris, oil, scum, or foam.

C. Permit

Yes	No	N/E	N/A	1. Expired Permit has been administratively extended.
Yes	No	N/E	N/A	2. The permit has been properly transferred.
Yes	No	N/E	N/A	3. Receiving waters are accurately described in permit.

D. CSO/SSO (Sewer Overflow)

Yes	No	N/E	N/A	1. CSOs are regularly monitored, and results are reported as required.
Yes	No	N/E	N/A	2. Facility has met SSO reporting requirements.

E. Facility/Site

Yes	No	N/E	N/A	1. Facility has standby power or equivalent provision.
Yes	No	N/E	N/A	2. An adequate alarm or notification system for power or equipment failure is available.
Yes	No NR	N/E	N/A	3. Facility grounds are maintained in a manner which allows adequate access and/or view of all units.

F. Operation

				1. All facilities and systems necessary for achieving compliance with the terms and conditions of the permit are operated in a manner consistent with the following:
Yes	No	N/E	N/A	a. All facilities and systems are operated efficiently.
Yes	No	N/E	N/A	b. An adequate, qualified operating staff is provided to carry out the operation of the facility.
Yes	No	N/E	N/A	2. Sufficient sludge is wasted from treatment system at proper time intervals to maintain process efficiency.

G. Maintenance

Yes	No	N/E	N/A	1. A maintenance record system has been established and includes:
Yes	No	N/E	N/A	a. Maintenance history.
Yes	No	N/E	N/A	b. Repair history.
Yes	No	N/E	N/A	2. A preventative maintenance (PM) plan has been established.
Yes	No	N/E	N/A	3. Lift station inspections are adequate.
Yes	No	N/E	N/A	4. Lift station cleaning and maintenance procedures are adequate.
Yes	No	N/E	N/A	5. Collection system maintenance is adequate.

L. Records/Reports

Yes	No	N/E	N/A	1. Records and reports are maintained on site as required by permit.
Yes	No	N/E	N/A	2. Information is maintained on site for 3 years.
Yes	No	N/E	N/A	3. DMRs, MROs or MMRs, and CSO DMRs are completed properly and accurately.
Yes	No	N/E	N/A	a. "No Ex" column is accurate.
Yes	No	N/E	N/A	b. Signatory requirements are met.
Yes	No	N/E	N/A	c. Reports are prepared by or under the direction of a certified operator.
				4. Monitoring records are adequate and include:
Yes	No	N/E	N/A	a. Lab bench sheets.
Yes	No	N/E	N/A	b. Sample logs.
Yes	No	N/E	N/A	c. Flow meter strip or circle charts and calibration records.
Yes	No	N/E	N/A	d. Laboratory instrument calibration and maintenance records.
				5. Pretreatment records include:
Yes	No	N/E	N/A	a. Inventory of Industrial Waste Contributors.
Yes	No	N/E	N/A	b. Monitoring data.
Yes	No	N/E	N/A	c. Inspection reports.
Yes	No	N/E	N/A	d. Compliance status records.
Yes	No	N/E	N/A	e. Enforcement actions.

M. Compliance Schedules

Yes	No	N/E	N/A	1. Monitoring milestones in the Schedule of Compliance have been met.
Yes	No	N/E	N/A	2. Reporting milestones in the Schedule of Compliance have been met.

N. Pretreatment

Yes	No	N/E	N/A	1. Industrial or commercial discharges are regulated as required by the permit.
Yes	No	N/E	N/A	2. The permittee has developed a Sewer Use Ordinance.
Yes	No	N/E	N/A	3. The permittee enforces the Sewer Use Ordinance.
Yes	No	N/E	N/A	4. The facility operates without significant interference from industrial or commercial discharges.

O. Summary of Monitoring Records Review

MO/YR	Effluent Limit Violations	Date(s)	Type	Outfall	Parameter	Reported Value	Permit Limit
1/04	Yes No						
2/04	Yes No						
3/04	Yes No						
4/04	Yes No						
5/04	Yes No						
6/04	Yes No						
7/04	Yes No						
8/04	Yes No						
9/04	Yes No						
10/04	Yes No						
11/04	Yes No						
12/04	Yes No	12/5/04	Dmx	001	TSS	6042 lb/Day	5694 lb/Day
1/05	Yes No						
2/05	Yes No						
3/05	Yes No						
4/05	Yes No						
6/05	Yes No						

Comments Regarding Shaded YES Evaluations

E. FACILITY SITE - MOST EQUIPMENT USED IN THE WATER TREATMENT HAS ALARMS

Name and Location of Facility to be Inspected:	NPDES Permit #:	GPS Coordinates Recorded:	Date to be Inspected:	Inspector:
Name: BP Amoco wn/City: WHITING County: LAKE	IN0000108	YES	12/22/06	NKR

1.	REVIEW RELEVANT PROGRAM PERMIT AND PERMIT APPLICATIONS	CHECK ONE: YES / NO / N/A / N/E
IF NO, N/A, N/E:	Provide explanation or description why: PERMIT COULD NOT BE LOCATED IN NWRO - OBTAIN DURING INSPECTION.	
IF YES:	Info Source/ Location/Date Reviewed	Inspector Notations Pertinent to Upcoming Inspection:

2.	REVIEW PRIOR INSPECTION HISTORY & REPORTS RELEVANT TO THE PROGRAM INSPECTION, PARTICULARLY ANY OUTSTANDING OR UNRESOLVED ISSUES.	CHECK ONE: YES / NO / N/A / N/E
IF NO, N/A, N/E:	Explanation:	
ES:	Info Source/Location/Date Reviewed NWRO FILES 12/22/06	Inspector Notations Pertinent to Upcoming Inspection: CLARITY PROBLEMS

3.	REVIEW PRIOR COMPLIANCE AND ENFORCEMENT HISTORY RELEVANT TO PROGRAM INSPECTION, PARTICULARLY WARNINGS AND MINOR VIOLATIONS, FORMAL ACTIONS (OE &/OR EPA)?	CHECK ONE: YES / NO / N/A / N/E
IF NO, N/A, N/E:	Explanation:	
IF YES:	Info Source/Location/Date Reviewed NWRO FILES 12/22/06	Inspector Notations Pertinent to Upcoming Inspection: NONE

4.	REVIEW FACILITY RESPONSES TO ALL OF THE ABOVE.	CHECK ONE: YES / NO / N/A / N/E
IF NO, N/A, E:	Explanation:	
YES:	Info Source/Location/Date Reviewed NWRO FILES 12/22/06	Inspector Notations Pertinent to Upcoming Inspection: NONE