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Mr. Richard J. Powals, P.E. Executive Vice President and Chief Operating Officer Environmental Geo-Technologies, LLC 28470 Citrin Drive Romulus, Michigan 48174 December 16, 2016 NTH Project No. 73-140551-16

RE: 2016 Compliance Audit EGT Facility

Romulus Michigan

Dear Mr. Powals:

We are pleased to submit this compliance audit for the two underground injection wells at the Environmental Geo-Technologies, LLC (EGT) hazardous waste treatment, storage and disposal facility in Romulus, Michigan. We performed this audit in accordance with the scope of services outlined in our proposal (NTH Proposal No. 73-140551-16) dated November 4, 2016.

This audit was conducted to fulfill the requirements of permit condition Part II C.(8) of the U.S. Environmental Protection Agency's (U.S. EPA's) in each of the Underground Injection Control (UIC) Permits MI-163-1W-C010 and MI-163-1W-C011. This permit condition requires that, at least every 24 months after the initial 12 months after commencing injection, the permittee (EGT) obtain a compliance audit, including an on-site review, from an independent third party. The paragraph further states that the auditor's report evaluate the permittee's compliance with all provisions of the permit and shall be submitted to the permittee and the Director (of the U.S. EPA Region 5) within two months of the audit.

The audit identified several record keeping issues / findings that are inconsistent with permit conditions, which are described herein. In accordance with the permit conditions, the permittee must expeditiously address the noted items. In addition, some items were observed that were inconsistent with the permit, but which were immediately resolved or which cannot be resolved by EGT.

#### INTRODUCTION

The EGT facility is licensed by the State of Michigan to receive and treat nonhazardous fluids, characteristic hazardous waste fluids, and listed hazardous waste fluids. The EGT facility is permitted by the U.S. EPA to inject the fluids into two underground injection wells, the wellheads of which are adjacent to the treatment building. This audit is only of the U.S. EPA permit for the injection wells and not of the State of Michigan Hazardous Waste Management



Facility Operating License. The U.S. EPA permit references the following documents, the conditions of which were also evaluated as part of this audit:

- Waste Analysis Plan (prepared as part of the State of Michigan Operating Permit),
   Revision 4.0, dated January 20, 2012
- o Document Repository Plan, January 20, 2012
- o Corrosion Monitoring Plan, dated July 16, 2013

EGT injects fluids under pressure into sandstone formations between 3937 and 4550 feet below the ground surface. The injection tubing is fiberglass and is surrounded by brine/diesel fuel that serves as a leak detection annular fluid. The pressure of the annular fluid is maintained at a pressure exceeding that of the injected fluids. Therefore, a leak in the injection tubing would be identified by a decrease in the pressure differential between the injection and annular fluids. The U.S. EPA permits for the injection wells include a maximum allowed injection pressure, a minimum allowed annular pressure, as well as a minimum pressure differential between the annular and injection fluids.

The U.S. EPA permits require that EGT continuously monitor parameters associated with the injection well. Injections are conducted in batches, and a sample is required to meet certain physical and chemical parameters for compatibility prior to injection. In addition to documenting injection characteristics, the U.S. EPA permits require EGT to maintain documentation of received wastes, waste acceptance profiles, training, financial assurance, and mechanical integrity.

#### **METHODOLOGY**

The Audit was conducted from November 14 to November 21, 2016. The audit was therefore completed by the anniversary of commencing injection. The audit record review period was from the date of the previous audit commenced (November 13, 2014) through November 13, 2016. The Audit Team reviewed a portion of all of the following items:

- Approved waste profiles
- o Records on the nature and composition of received wastes
- o Records on the nature and composition of injected fluids
- o Results of continuous monitoring devices
- Mechanical integrity tests and calibrations
- o Results of injection and annulus pressures
- o Reporting and other permit required documents generated
- o Financial assurance documentation
- o Records of personnel training



Due to the large volume of approved waste profiles, received waste manifest records and monthly report documents generated during the period being audited, a thorough review of representative example documents was coupled with spot check reviews of the remaining documents in these categories for consistency with those records for which detailed reviews were conducted. One record of received waste per month was selected at random and approximately 10 percent of monthly reports (which include of candidate acceptable waste profiles and fingerprints of injected wastes) were randomly selected and reviewed in detail.

The audit team and the staff interviewed are identified in the table below. Resumes for the NTH audit team members are attached.

| Name                    | Title   |
|-------------------------|---|
| Bradley C. Venman       | Senior Vice President (NTH)                       |
| Steve Innes, CHMM, P.E. | Senior Project Engineer (NTH)                     |
| Richard J. Powals, P.E. | Vice President of Compliance and Client Relations |
| James Hawkins           | Laboratory Manager                                |

The NTH audit team conducted the required on-site review on November 14, 2014. The on-site portion of the audit lasted approximately 8 hours. During the on-site portion of the audit, the audit team toured the facility, including the receiving area, the laboratory, the treatment area, and the injection wells. While most documents were reviewed on-site, some documents were provided by e-mail after the on-site portion of the audit was completed.

To aid in the efficient completion of the audit, a checklist was used that incorporated the requirements of the U.S. EPA permits. The completed checklist allowed for easy identification of permit condition compliance and deficiencies.

#### SUMMARY OF AUDIT FINDINGS

The audit checklist is attached. The line items listed on the checklist include the permit requirement, the document or method used to evaluate the requirement (where appropriate), the results of the review, and an indication of the result of the review. A summary of the findings according to the related permit condition is presented below. Some of the summary information presented below may refer to more than one finding as identified in the audit checklist.

- Monitoring records for grab sampling and analysis of injections (fingerprint forms) did not include the time of sampling Part I E.9.(e)(1).
- The internal compliance audit completed by the permittee during 2015 was not submitted to the Director within two months of the Audit **Part II C.(8).**



- The following documents were not available on the EGT website in accordance with the Document Repository Plan: 2015 Annual Report, and the results of the 2015 or 2016 mechanical integrity tests (only a cover letter for the 2015 test was available). The following documents were not available at the Romulus Public Library in accordance with the Document Repository Plan: Monthly Reports after January 2015, 2015 Annual Report, the results of the 2015 or 2016 mechanical integrity tests, and other correspondence with EPA in 2015 or 2016 Part II D.
- The monthly reports reviewed did not include the following scaled graphs: one graph including the daily maximum injection pressure and daily average flow rate, and one graph displaying the daily maximum and minimum sight glass levels Part II D.1.(c).
- The monthly reports reviewed did not include a tabulation of the cumulative additions and cumulative subtractions of the amount of liquid added or removed from the annulus system for each of the past 12 months Part II D.1.(e).
- An alarm for annulus differential pressure occurred on August 28, 2015. Although a notification letter for this alarm was submitted on September 1, 2015, a statement of noncompliance was not included in the August 2015 monthly report submitted on September 30, 2015, or the September 2015 monthly report submitted on October 30, 2015 Part II D.1.(f).
- Some of the items listed on the repair and maintenance log did not include a reason the repair or maintenance activity was required. For components that did or had the potential to fail, the repair outcome and new life expectancy was not listed **Part II D.1.(h).**



#### **LIMITATIONS**

The investigations presented in this report have been completed in accordance with a proposal from NTH Consultants, Ltd. The evaluations and conclusions presented in this report have been made to assist the client in making a reasonable assessment of regulatory compliance with the specifically identified regulations at the identified property. Considering the identified scope of the present audit, our findings of compliance or non-compliance should not be construed as absolute certainties, but rather as probabilities based on our professional judgment.

This audit was completed for the purpose of determining regulatory compliance with the permit conditions of UIC Permits MI-163-1W-C010 and MI-163-1W-C011. In general, as they had already been reviewed and approved by the U.S. EPA and MDEQ staff as part of the permit and operating license approval, NTH did not evaluate EGT procedures and policies to determine if they were adequate or appropriate for use in the process at the site. The findings, conclusions and recommendations presented in this report have been, in part, based on information provided by EGT personnel. NTH does not warrant the accuracy or completeness of the information provided by these individuals. This report presents NTH's opinion of the documents reviewed as of this date, based on the results of this audit.



Should you have any questions or require additional information, please call us at 248-553-6300. Sincerely,

NTH Consultants, Ltd.

Steven Innes, CHMM, P.E. Senior Project Engineer

SI/BCV/mam

Attachment

Senior Vice President

| nit Condition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale | Result |
|--|---|--------|
| eral   |   |        |
|  |   |        |
| operation continued beyond the permit expiration date:   | Current date compared with permit expiration (10/26/21) - Permit Cover                      | ОК     |
|  |   |        |
| I  |   |        |
| 9 Records  |   |        |
| a Were the following records maintained at least 5 years from the measurement  |   |        |
| Calibration  | Records visually viewed on-site and / or on the EGT website.                                | ОК     |
| Maintenance  | Records visually viewed on-site and / or on the EGT website.                                | ОК     |
| Original chart recordings for continuous monitoring instrumentation  | Records visually viewed on-site.  | ОК     |
| Copies of reports required by the permit   | Reports visually viewed on-site.  | ОК     |
|  |   |        |
| b Were records of data to complete the permit app retained for at least 5 years from permit date                         | Audit conducted within the 5 year timeframe. Records visually viewed on-site.               | ОК     |
|  |   |        |
| <ul> <li>c Were records of the nature and composition of injections retained for least 3 years after plugging</li> </ul> | Audit conducted within the 3 year timeframe. Records visually viewed on-site.               | ОК     |
| c Were records of the nature and composition of injections retained for least 3 years after plugging                     |   | Ol     |

| mit Condition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale                           | Result  |
|--|---|---------|
| The Contaction   | Monitoring documented on standard form. Injection monitoring included in Monthly Report. 24 month                     |         |
|  | reports had been completed (October 2014 through September 2016) since the last independent audit.                    |         |
|  | Representative example reports were selected at an audit rate of approximately 10%. Therefore, 3                      |         |
|  | reports was selected for a thorough review. By a random number generator, 2, 5 and 19 were selected,                  |         |
|  | which correspond to the November 2014 (2 months from October), February 2015 and the April 2016                       |         |
|  |   |         |
| e Audit selected monitoring records for:   | monthly reports. In addition, other Monthly Reports were briefly perused; the results of the review were              | e       |
| e Addit selected monitoring records for.   | consistent.  On the injection fingerprint forms reviewed, the date of the grab sampling is recorded, but time is not. |         |
|  | For the automatic measurements recorded on the circle charts, the date and time are recorded. The                     |         |
| Data avact place and time of campling or measurement   | ·   | Finding |
| Date, exact place and time of sampling or measurement  | place of sampling is indicated in the Waste Analysis Plan.  | Finding |
| No. 11 of the least of the second of the sec | On the injection fingerprint forms reviewed, the name of the sampler is indicated. The circle charts                  | 01/     |
| Names of individuals who performed sampling or measurements  | record the results of automated measurements and no sample is collected.  | ОК      |
|  | A description of the sampling methodology and handling of samples are indicated in the Waste Analysis                 |         |
| Precise description of both sampling methodology and handling of samples   | Plan.   | ОК      |
|  | On the injection fingerprint forms reviewed, the date of analysis is indicated.                                       |         |
| Dates of analyses  |   | ОК      |
|  | On the injection fingerprint forms reviewed, the name of the person who performed the analysis is                     |         |
| Names of individuals who performed the analyses  | included.   | OK      |
|  | The analytical techniques or methods used are indicated in the Waste Analysis Plan.                                   |         |
| Analytical techniques or methods used  |   | ОК      |
|  | On the injection fingerprint forms reviewed, the results of the analysis are included.                                |         |
| Results of analyses  |   | OK      |
|  |   |         |
|  |   |         |
|  |   |         |
| 10 Monitoring  |   |         |
|  | See I E 9 e for a description of audit method.  |         |
| Audit selected monitoring for:   |   |         |
|  | The analytical techniques or methods used are indicated in the Waste Analysis Plan, and are consistent                |         |
| Were methods in App. I of 40 CFR 261 used  | with the requirements.  | ОК      |
|  | The results were reported at the required intervals.  |         |
| Were the results reported at the intervals in Part II(D) and III(A) of the permit  |   | ок      |
|  |   |         |
|  |   |         |
|  | See I E 9 e for a description of audit method.  |         |
| Audit selected monitoring on the nature of injected fluids for:  | See 123 e for a description of addic method.  |         |
| Selected monitoring on the nature of injected halds for  | The analytical techniques or methods used are indicated in the Waste Analysis Plan, and are consistent                | +       |
| a Were methods in Tables I A, B and C of 40CFR136.3 or App. II of 40CFR 261 used   | with the requirements.  | ок      |
| a were methods in Tables 1 A, b and c of 40crn 130.3 of App. If of 40crn 201 used  | Staff interviewed indicated that the method of sampling and analysis complied.  | OK .    |
| h Did Campling and analysis comply with Wasta Analysis Plan  | Stan interviewed indicated that the method of sampling and analysis complied.   | OK      |
| b Did Sampling and analysis comply with Waste Analysis Plan  |   | ОК      |
|  |   |         |

| Permit C | ondition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale                | Result |
|----------|--|--|--------|
|          |  |  |        |
| E 11     | Signatory Requirements   |  |        |
|          |  | See I E 9 e for a description of audit method.   |        |
|          | Audit selected reports and other information required to be submitted for:                         |  |        |
|          |  | The certification language matched the regulatory requirement.   |        |
|          | Were they signed and certified in accordance with 40CFR144.32                                      |  | OK     |
|          |  |  |        |
|          |  |  |        |
| F 43     | Described Described and the  |  |        |
| E 12     | Reporting Requirements   |  |        |
|          | a. Ware there physical alterations or additions  | Staff interviewed indicated that only in-kind alternations and no additions took place.                    |        |
|          | a Were there physical alterations or additions   | N/A  |        |
|          | If so, was there written notice to the director  | IN/A   | N/A    |
|          | 11 30, was there written notice to the director  |  | IN/A   |
|          |  |  |        |
|          |  | Staff interviewed indicated that there were no changes to the facility or activity that might have resulte | ed     |
|          | b Were there planned changes to the facility or activity that might have resulted in noncompliance | in noncompliance.  |        |
|          | <u> </u>   | N/A  |        |
|          | If so, was there advance notice to the director  |  | N/A    |
|          |  |  |        |
|          |  |  |        |
|          |  | See I E 9 e for a description of audit method.   |        |
|          | c Audit selected reports of compliance, noncompliance, and interim or final requirements           |  |        |
|          |  | The reports were submitted in accordance with the compliance schedule.                                     |        |
|          | Were they submitted no later than 30 days following the date in the compliance schedule            |  | OK     |
|          |  |  |        |
|          |  |  |        |

| Condition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale  | Res |
|---|--|-----|
| d Did any of the following occur:   |  |     |
| d Did any of the following occur.   | Staff interviewed indicated that no activities occurred that might have endangered human health.   |     |
| Activities that may have endangered human health  | Stan interviewed indicated that no activities occurred that might have endangered human health.  |     |
| Activities that may have endangered human health  | 1) An alarm activated at 2:16 pm on August 28, 2015  |     |
|   | 2) An alarm activated at 1:57 pm on September 3, 2015  |     |
|   | 3) An alarm activated at 11:33 am on September 5, 2015   |     |
| Alarm or shutdown device activated  | 4) An alarm activated at 4:09 pm on September 11, 2015   |     |
| Alam of shataown acvice activated   | 4) An diamin detivated at 4.05 pm on September 11, 2015  |     |
| If so was there:  |  |     |
|   | Oral notice was provided for all 4 alarms on the same day  |     |
| Oral notice within 24 hours   | The state of the provided to the state of th | ОК  |
| 5.5eside Wallin 2 i nodio   | 1) Written report submitted on September 1, 2015   |     |
|   | 2) Written report submitted on September 8, 2015   |     |
|   | 3) Written report submitted on September 8, 2015   |     |
| Written report within 5 days (refer to permit for required contents of report)                              | 4) Written report submitted on September 14, 2015  | Ok  |
|   | , , , , , , , , , , , , , , , , , , ,  |     |
|   |  |     |
|   | Staff interviewed indicated that no other noncompliance occurred.  |     |
| e Was there other noncompliance   | · ·  |     |
|   | N/A  |     |
| If so, did reports contain information in I(E)(12)(d)(3) of the permit                                      |  | N/  |
|   |  |     |
|   |  |     |
|   | Staff interviewed indicated that no relevant facts were not submitted or incorrect information was   |     |
| f Were there relevant facts not submitted with the application or incorrect information submitted?          | submitted.   |     |
|   |  |     |
| If so, was a report made within 10 days   |  | N/  |
|   |  |     |
|   |  |     |
|   | EGT indicated that the permit was received on October 11, 2011.  |     |
| g Was officer certification made that they have read and are familiar with permit within 30 days of receipt | The certification was made in a letter to the U.S. EPA, dated October 25, 2011.  | Ok  |
|   |  |     |
|   |  |     |
| Compulsion on with ACCEPA AA AA   |  |     |
| Compliance with 40CFR144.14   |  |     |
| 1 Notification  | Duo, disione fulfilled by Donnett  |     |
| 1 Notification  | Provisions fulfilled by Permit   | ОК  |

| Condition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale             | Res |
|--|---|-----|
|  |   |     |
| 2 Obtained EPA ID number   |   |     |
|  |   |     |
| Does the facility have an EPA ID Number  | MIR000016055  | ОК  |
|  |   |     |
| 3 Comply with manifest system  |   |     |
|  | One randomly selected manifest per month was reviewed. The selected random date for review was the      | 2   |
|  | 11th of each month. On that date each month, the manifest was reviewed for the first load received that | t   |
| Audit selected manifests for compliance with 264.71  | was hazardous waste and that had a profile not already reviewed.  |     |
|  |   |     |
| 4 Manifest discrepancies   |   |     |
|  | Occasional discrepancies in quantity were noted.  |     |
| Were there any manifest discrepancies (self reported or identified above)                    |   |     |
|  | The discrepancies were address in accordance with the requirement.                                      |     |
| If so, were they addressed in accordance with 264.72   |   | ОК  |
|  |   |     |
| 5 Does the operating record comply with 267.73 (a) and (b)                                   |   |     |
|  | The description and quantity of hazardous waste was identified on the waste manifests.                  |     |
| Description and quantity of hazardous waste received,  |   | OK  |
|  | The method of disposal is deep well injection. The date of disposal is documented on the injection      |     |
| And method and date of treatment, storage or disposal in accordance with 40CFR 246 App I     | fingerprints.   | OK  |
|  | The location of disposal is the sandstone formation between 3937 and 4550 feet . All manifested waste   |     |
| Location and quantity disposed, cross referenced with manifest number                        | loads were disposed at this location.   | ОК  |
|  |   |     |
| 6 Annual report  |   |     |
|  | The State of Michigan indicated receiving the biennial report on November 16, 2016 with no noted        |     |
| Was biennial report submitted and did it contain the items required by 264.75                | discrepancies.  | OK  |
|  |   |     |
| 7 Unmanifested waste report  |   |     |
|  | Staff interviewed indicated that no hazardous waste was accepted without a manifest.                    |     |
| Was any waste accepted without a manifest  | L. G.   |     |
|  | N/A   |     |
| If so, was a report submitted within 15 days and did it contain the items required by 264.76 |   | N/A |

| Condition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale             | Re       |
|---|---|----------|
| 8 Personnel training  |   |          |
| o resonner duning   | HAZWOPER, RCRA and site-specific training approved by the MDEQ were provided between Novemb             | ,r       |
| Is the program compliant with 264.16 (a)3   | 10 and 11, 2015.  | C        |
| 13 the program compliant with 204.10 (a)3   | Dr. Harding from Integrated Environmental provided the training.  | $\dashv$ |
| Is it directed by a person trained in hazardous waste management procedures               | bi. Harding from integrated Environmental provided the training.  | О        |
|   | There are 4 operators. Records of all were reviewed.  | $\dashv$ |
| Audit selected training records for:  |   |          |
|   | Training records for the operators were reviewed and they were trained within the required timefran     | e.       |
| Was training received within 6 months of hire or job assignment                           |   | o        |
|   | Training records for the operators were reviewed and they received an annual review within the          |          |
| Was there annual review   | previous 12 months.   | С        |
|   | The required items are in the MDEQ operating license and on certificates provided in the Annual Rep     | rt.      |
| Is it documented as in 264.16 (d)   |   | С        |
|   |   |          |
|   |   |          |
| Burgada Marika da da Luara da Tanda.  |   |          |
| Periodic Mechanical Integrity Testing   | December of the testing conducted on July 25, 2016 were resiliented                                     |          |
| a Long string casing, injection tubing and annular seal test within the last 12 months or | Records of the testing conducted on July 25, 2016, were reviewed.                                       | o        |
| a Long string casing, injection tubing and annular searcest within the last 12 months of  | Staff interviewed indicated that no such conditions have occurred.                                      | $\dashv$ |
| whenever there is a well workover, the packer is reset or loss of integrity is suspected  | Start interviewed indicated that no sacin conditions have occurred.                                     | N        |
|   |   |          |
|   |   |          |
|   | The survey completed on August 8, 2016 confirmed a leak free condition of the tubing.                   |          |
| b Bottom hole cement tested by tracer survey within the last 12 months                    |   | 0        |
|   |   |          |
|   |   |          |
|   | The survey conducted on July 25, 2016 did not indicate a loss of external mechanical integrity or indic |          |
| c Temperature, noise, oxygen activation within the last 24 months (or less if approved)   | a sign of upward fluid movement.  | 0        |
|   |   |          |
|   | Staff intensioused indicated that no such conditions have assured                                       |          |
| d Casing inspection after a workover in which the tubing is pulled                        | Staff interviewed indicated that no such conditions have occurred.                                      | , .      |
| d Casing inspection after a workover in which the tubing is pulled                        |   | N        |
|   |   |          |
|   | The director was notified on June 20, 2016 for the testing that occurred between July 25 and August 8   | , [      |
| Was Director notified at least 30 days prior to testing mechanical integrity              | 2016  | C        |
|   | The results were received in September 2016 and submitted on September 19, 2016.                        |          |
| Were results reported within 30 days  |   | o        |
|   |   |          |

| mit Condition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale             | Result |
|--|---|--------|
|  | Calibration conducted prior to the June 25, 2016 test indicated an accuracy of 1.44 psig, or 0.024% FS. |        |
| 4 Were gauges calibrated to within 0.5% FS before the mechanical integrity test            |   | ок     |
|  | The gauge provided an accuracy of less than 5 psi.  |        |
| Is the gauge marked in no greater than 5psi increments                                     |   | ОК     |
|  |   |        |
|  |   |        |
|  | Staff interviewed indicated that no such conditions has occurred, and a review of mechanical integrity  |        |
| 5 Did a mechanical integrity test fail   | documentation was consistent with this statement.   |        |
|  | N/A   |        |
| If so, were operations halted and results reported   |   | N/A    |
|  |   |        |
|  |   |        |
|  |   |        |
| 1 Financial responsibility   |   |        |
|  | Staff interviewed indicated there are no post closure responsibilities for the wells.                   |        |
| Has FAM been updated to include post closure costs   |   | N/A    |
|  | The closure cost estimate was updated by Advanced Resource Management in a letter dated May 29,         |        |
| a Is there a cost estimate for closure and post-closure in current dollars                 | 2015, in current dollars.   | ОК     |
|  | A FAM financial review was conducted by the MDEQ on July 27, 2016. The MDEQ indicated the FAM was       |        |
| b Have the cost estimates been updated yearly within 30 days of the fist estimate          | acceptable in a letter, dated August 5, 2016.   | ОК     |
|  | The update was conducted by obtaining a new cost estimate from a well services contractor and is        | 01/    |
| Was the estimate updated using the Oil and Gas Field Equipment Cost Index inflation factor |   | ОК     |
| a. Haa tha alaawa ay waat alaawa wlay ahaasaad   | Staff interviewed indicated that the closure and post-closure plans have not changed.                   |        |
| c Has the closure or post-closure plan changed   | N/A   |        |
| If so has the cost estimate been updated   | IN/A  | N/A    |
| il so llas tile cost estilllate been upuateu   | The current cost estimate does not exceed the FAM.  | IN/A   |
| d Does the current cost estimate exceed the current FAM                                    | The current cost estimate does not exceed the FAIVI.  | ок     |
| d Does the current cost estimate exceed the current FAIVI                                  | N/A   | UK     |
| If so, has a revised FAM been submitted within 90 days                                     |   | N/A    |
| ii su, iias a reviseu FAIVI beeli subiliitteu Witiliii 30 days                             | A copy of the documents were visually observed on-site.   | IN/A   |
| e Is a copy of the closure and post closure cost estimates available on site               | A copy of the documents were visually observed on-site.   | ок     |
| e is a copy of the closure and post closure cost estimates available on site               |   | UK     |
|  |   |        |
|  | 1   | I      |

| Permit Co | ndition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale                 | Result |
|-----------|--|---|--------|
| 2         | Insolvency   |   |        |
| 2         | insolvency   |   |        |
|           | Have any of the following occurred:  |   |        |
|           |  | Comerica Bank holds the FAM. Staff interviewed indicated this condition has not occurred. Audit staff       |        |
|           | Bankruptcy of the trustee or FAM institution                               | are also unaware of this condition occurring.   | ок     |
|           |  | Comerica Bank holds the FAM. Staff interviewed indicated this condition has not occurred. Audit staff       |        |
|           | Suspension or revocation of the authority of the trustee                   | are also unaware of this condition occurring.   | ок     |
|           |  | Comerica Bank holds the FAM. Staff interviewed indicated this condition has not occurred. Audit staff       |        |
|           | Loss of the FAM institution to issue the instrument                        | are also unaware of this condition occurring.   | ОК     |
|           |  | N/A   |        |
|           | If so, was the Director notified within 10 days                            |   | N/A    |
|           | ·  |   |        |
|           |  |   |        |
|           |  | Staff interviewed indicated this condition has not occurred.  |        |
| 3         | Has there been bankruptcy and if so was the Director notified              |   | ОК     |
|           |  |   |        |
|           |  |   |        |
|           |  | N/A   |        |
| 4         | Was another FAM obtained within 60 days if 2 or 3 occurred                 |   | N/A    |
|           |  |   |        |
|           |  |   |        |
|           |  | Staff interviewed indicated this condition has not been observed.   |        |
| J 3       | Has upward migration of fluids been discovered                             |   |        |
|           |  | N/A   |        |
|           | If so, did operations cease and were EPA and MDEQ notified within 24 hours |   | N/A    |
|           |  |   |        |
|           |  |   |        |
|           |  | Staff interviewed indicated that no releases have occurred from the wellhead or from the well.              |        |
| 4         | Have any releases of hazardous waste occurred                              |   |        |
|           |  | N/A   |        |
|           | If so, has corrective action been instituted                               |   | N/A    |
|           |  |   |        |
|           |  |   |        |
|           |  | See I E 9 e for a description of audit method.  |        |
| K Audit   | selected injections and determine if:                                      |   |        |
|           |  | Staff interviewed indicated that the land ban exemption is still effective and audit staff are not aware of | of     |
| 1         | Land ban exemption is still in effect or concentrations below UTS          | the exemption being revoked.  | ОК     |

| Permit | Condition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale                | Result |
|--------|--|--|--------|
|        |  | The reviewed manifests and profiles and injection fingerprints did not include characteristics or          |        |
| 2      | Are characteristics and concentrations below limits in permit Att. D                       | concentrations inconsistent with Attachment D of the Permit.   | ОК     |
|        |  | The reviewed injection ranges did not exceed the limits in Attachment A of the Permit.                     |        |
|        | Are monthly average injection rage below limits in permit Att. A                           |  | ОК     |
|        |  | Staff interviewed indicated that this condition has not occurred.  |        |
| 4      | Has there been a false, inaccurate or incomplete information in a request for an exemption |  |        |
|        |  | N/A  |        |
|        | If so, was the Director notified within 48 hours   |  | N/A    |
|        |  | Staff interviewed indicated that the land ban exemption is still effective and audit staff are not aware o | f      |
| 5      | Was an exemption terminated  | the exemption being revoked.   |        |
|        |  | N/A  |        |
|        | If so, was prohibited waste injected after that date                                       |  | N/A    |

#### Part II

| ved indicated that there have been no alterations have occurred to the well.  N/A  a description of audit method. |
|---|
| N/A   |
|   |
|   |
|   |
| a description of audit method.  |
|   |
|   |
| pressures were below the limits in Attachment A.  |
| OK  |
| ved indicated that this condition has not occurred.   |
| OK  |
|   |
|   |
| indication in the documents reviewed that this condition occurred, and staff interviewed                          |
| this condition has not occurred.  |
| t was in the last paragraph of the 2015 Annual Report letter.   |
|   |
| at  |

| ndition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale  | Res         |
|--|--|-------------|
|  | Based on the reviewed and spot checked documents, positive pressure was maintained.  |             |
| 3 Was positive pressure maintained within annulus  |  | ОК          |
|  | Staff interviewed indicated that this condition has not occurred.  |             |
| Was annular fluid changed from what was originally approved                                    |  | ОК          |
|  |  |             |
|  |  |             |
|  |  |             |
| 4 Warning and Shutoff System   |  |             |
|  | Staff interviewed indicated that this condition has not occurred.  |             |
| Was the warning and shutoff system modified since injection began                              |  |             |
|  | N/A  |             |
| If so, does it meet the requirements of this section   |  | N/          |
|  | Staff interviewed indicated the system has been continuously operated.   |             |
| Has the system been continuously operated  |  | OK          |
|  | The most recent system test was conducted on September 17, 2015. Staff interviewed indicated that  |             |
| Has the system been tested within the last 12 months   | Director or representative has not yet scheduled the 2016 system test.   | Ob          |
|  | Yes  |             |
| Did the test involve simulated failure conditions  |  | Ok          |
|  | Yes  |             |
| Was the test witnessed by the Director or representative                                       |  | ОК          |
|  |  |             |
|  |  |             |
|  |  |             |
| 5 Trained Operator   |  |             |
|  | Staff interviewed indicated that operators were on-site during well operation.   | 01/         |
| Has a trained operator been onsite at all times during well operation                          | Total and a definition of the first of the f | Ok          |
| Her each appropriate and appropriate least 24 hours of volume by volume and volume and volume. | Training records indicated that required refresher training was conducted  | 01/         |
| Has each operator undergone at least 24 hours of refresher training each year                  |  | Ok          |
|  |  |             |
|  |  |             |
| 6 Blowout Prevention   |  |             |
| 6 Blowout Prevention   | Raced on the reviewed and spot checked documents, positive prossure was maintained. Staff  |             |
|  | Based on the reviewed and spot-checked documents, positive pressure was maintained. Staff  |             |
| a Has pressure been maintained to prevent return of injected fluids                            | interviewed indicated that the required pressure to prevent the return of fluids varied based on the   | Ok          |
| a Has pressure been maintained to prevent return of injected fluids                            | previously injected fluids and that this requirement had been met.  Staff interviewed indicated that this condition has not occurred.  | - OK        |
| Has there been a well workover   | Start interviewed indicated that this condition has not occurred.  |             |
| nas there been a well workover   | N/A  |             |
| If so, was the sacing filled with a high SC fluid or a plug installed                          | IN/A   | <br>  N1 /  |
| If so, was the casing filled with a high SG fluid or a plug installed                          | N/A  | N/          |
|  | N/A  | <b> </b> ,, |
| Is an operational blowout preventer onsite during workovers                                    |  | N/A         |

| Condition |  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale  | Res      |
|-----------|--|--|----------|
|           |  |  |          |
|           |  | Staff interviewed indicated that this condition has not occurred.  |          |
| b         | Have injected wastes had the potential to reacted with the formation to generate gasses  |  |          |
| •         |  | N/A  |          |
|           | If so has the temperate, pH or acidity been limited  |  | N/A      |
|           |  | N/A  |          |
|           | If so have procedures been generated to assure pressure imbalances do not occur  |  | N/A      |
|           |  |  |          |
|           |  | Staff interviewed indicated that this condition has not occurred.  |          |
| С         | Has a blowout occurred   |  |          |
|           |  | N/A  |          |
|           | If so, has operation been suspended until written authorization is received from the Director  |  | N/A      |
|           |  |  |          |
|           |  |  |          |
|           |  |  |          |
| onitoring |  |  |          |
| 1 Sam     | ipling point   |  |          |
| ı Jum     | iping point  | The WAP does not specify the location for sample collection. Staff interviewed indicated that samples  |          |
|           |  | are collected from the SST (location visually observed). This is the final tank before injections. This  |          |
|           | Are injection fluid samples taken at the locations specified in the WAP  | appears the be the proper collection point to the audit staff.   | ОК       |
| •         |  |  |          |
| 2 Cont    | tinuous Monitoring Devices   |  |          |
|           |  | Observed circle charts. An interpretative table is also included in the monthly reports  |          |
|           | Are the following monitored by continuous monitoring devices   |  |          |
|           | Injection pressure   | Yes  | OK       |
|           | Injection volume Sight glass level   | Yes  | OK       |
|           | Sight glass level  | Yes  | OK<br>OK |
|           | pH<br>Flow rate  | Yes<br>Yes   | OK       |
|           | Annulus pressure   | Yes  | OK       |
|           | Aimulus pressure   | 163  | OK       |
|           | Have the results been submitted to the Director and maintained at the facility   |  |          |
|           | The state of the s | In monthly reports. Observed on-site and/or on the EGT website   |          |
|           | In accordance with permit II D   | The state of the s | ок       |
|           | ili accordance with permit ii D  |  |          |
|           | in accordance with permit in D   | In monthly reports. Observed on-site and/or on the EGT website   |          |

| Condition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale | Resi |
|---|---|------|
|   |   |      |
|   |   |      |
| 2. Marta Analisia Blas  |   |      |
| 3 Waste Analysis Plan   | See Separate Checklist.   |      |
| Audit compliance with - See separate checklist  | See Separate Checklist.   | N/A  |
| riadic compilance with see separate officialist   | The plan was observed on-site.  | ,,,  |
| Is a copy at the facility   |   | ОК   |
|   | The affirmation was included in the Annual Reports.   |      |
| Was certification of WAP accuracy and analysis representativeness in annual report                        |   | OK   |
|   |   |      |
|   |   |      |
| 4 Ambient Monitoring  |   |      |
| T AMBIETE MONITORING  | The testing that occurred between July 25 and August 8, 2016                                |      |
| Has falloff monitoring been completed within the last 12 months   |   | ок   |
|   | The director was notified on June 20, 2016.   |      |
| Were plans submitted to the Director 30 days prior to testing   |   | ОК   |
|   |   |      |
|   |   |      |
| 5 Compatibility of Well Material  |   |      |
| Have construction materials been subject to monthly testing for visual deterioration, weight or dimension | Yes - documentation is provided in the Monthly Reports.                                     |      |
| change  | res adeantentation is provided in the Monthly Reports.                                      | ок   |
|   | Yes - indications of corrosion were noted for both fiberglass and stainless steel.          |      |
| Has there been loss of mass, thickness, cracking or other signs of corrosion                              |   |      |
|   | The indications of corrosion were reported in the monthly reports.                          |      |
| If so, have they been included in monthly reports   |   | N/A  |
|   |   |      |
|   |   |      |
| 6 Temperature Monitoring  |   |      |
| o remperature monitoring  | Temperature is documented on the circle charts.   |      |
| Has temperature of injectate been monitored once per day,   | ,   | ок   |
| · · · ·   | Temperature monitoring is continuous  |      |
| Or every 6 hours if injecting for more than 8 hours   |   | ОК   |
|   | The circle charts are included in the Monthly Reports.                                      |      |
| Are results submitted in accordance with permit II D  |   | ОК   |
|   |   |      |
|   |   |      |

| t Condition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale           | Resul |
|---|---|-------|
| 7. Calibration  |   |       |
| 7 Calibration   |   |       |
| Has there been calibration of the following within the last 12 months - or during maintenance |   |       |
|   | As included in the Annual Report, dated December 31, 2015, the meter were calibrated on June 29,      |       |
| flow meters   | 2015, which was within the previous 12 months.  | ок    |
|   | As included in the Annual Report, dated December 31, 2015, the meters were calibrated on December 3   |       |
| injection and annular pressure monitoring recorders   | 2015, which was within the previous 12 months.  | ОК    |
|   | As included in the Annual Report, dated December 31, 2015, the meter was calibrated on April 15, 2015 | 5,    |
| pH meters   | which was within the previous 12 months.  | ОК    |
|   |   |       |
| 8 Compliance Audit  |   |       |
|   | Injection commenced on November 21, 2013. An audit was conducted completed on November 13,            |       |
| Was there a compliance audit during the first 12 months of operation by a third party         | 2014.   | ОК    |
|   | A third party audit was conducted completed on November 13, 2014.                                     |       |
| Was there a compliance audit during the past 24 months by a third party                       |   | ОК    |
|   | An internal audit was completed on November 15, 2015  |       |
| Was there an internal audit between third party audits  |   | ОК    |
|   | The November 13, 2014 audit was submitted on December 3, 2014.  |       |
| Were the audits submitted within 2 months of the audit  | The November 15, 2015 audit was not submitted.  | Find  |
|   | Deficiencies for the November 13, 2014 audit were addressed on December 3, 2014 by a Corrective       |       |
| Were deficiencies expeditiously addressed   | and/or Preventative Action(s) letter.   | OK    |
|   |   |       |
| porting   |   |       |
| Have reports been submitted by the end of the following month                                 | A monthly report was dated within the appropriate time each month through October 2016.               | Ok    |
|   | The reports are available on the website: http://envgeotech.com/epa-documents/                        |       |
| Are reports publicly available nearby or on a website   | and at the Romulus Public Library (visited on October 29, 2014)                                       | ок    |

| ondition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale           | Resu  |
|--|---|-------|
| Document Repository plan - Are the following present:  |   |       |
|  | The monthly reports were available on the website.  |       |
| Monthly reports  | The most recent monthly report available at the library was January 2015.                             | Findi |
| Monday reports   | The most recent annual report available on the website was October, 24 2014.                          | 1     |
| Annual Reports   | The most recent annual report available at the library was October, 24 2014.                          | Findi |
|  | The cover letter only for the 2015 mechanical integrity testing was available on the website.         |       |
|  | No information for the 2015 or 2016 mechanical integrity testing was available at the library.        |       |
| Demonstrations of mechanical integrity, well workovers under Permit II(D)3                     | Well workovers have not occurred.   | Find  |
|  | No changes were proposed.   |       |
| Proposed changes   |   | N/A   |
|  | Correspondence was available on the website.  |       |
| EPA inspection reports and correspondence with EPA   | No 2015 or 2016 correspondence was available at the library   | Find  |
| Are 5 years of documents at the following locations and updated within the most recent quarter |   |       |
| <b>6 7 7</b>   | Documents were available.   |       |
| EGT offices  |   | ок    |
|  | The documents (other than as indicated above), were available.  |       |
| Internet   |   | ок    |
|  | The documents (other than as indicated above), were available.  |       |
| Romulus Public Library   |   | ОК    |
|  | See I E 9 e for a description of audit method.  |       |
| 1 Audit select monthly report for:   |   |       |
|  |   |       |
| a Results of injection fluid analysis specified in App. A and E and WAP including:             |   |       |
|  | The injection fingerprints do not include these items. However, Attachment A, Page 1 does not require |       |
| waste components by common name chemical name, structure and concentration                     | these items. The fingerprint analysis, which includes the items required by the WAP, was completed fo | r OK  |

|          |   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale  |    |
|----------|---|--|----|
| L -      |   |  |    |
| b Ta     | abulation of:   | The transport of dealth the relative   |    |
|          |   | The item was included in the tabulation.   |    |
|          | maximum injection pressure  |  |    |
|          |   | The item was included in the tabulation.   |    |
|          | maximum and minimum sight glass levels  |  |    |
|          |   | The item was included in the tabulation.   |    |
|          | maximum and minimum annulus pressure  |  |    |
|          |   | The item was included in the tabulation.   |    |
|          | injectate pH  |  |    |
|          |   | The item was included in the tabulation.   |    |
|          | flow rate   |  |    |
|          | minimum differential between simultaneous measurements of injection pressure and annulus pressure   | The item was included in the tabulation.   |    |
|          | for each day  |  |    |
|          |   |  |    |
|          |   |  |    |
|          |   |  |    |
| c So     | caled graphs representing the continuous monitoring of (from Permit II(C)2)   |  |    |
| c 50     | calca graphs representing the continuous monitoring of (non-remit in(c)2)   | The item was included on the circle chart.   |    |
|          |   | The item was included on the chall.  |    |
|          | Injection proceure  |  |    |
|          | Injection pressure  | The transport of the dead of the state days  |    |
|          |   | The item was included on the circle chart.   |    |
|          | Injection pressure  Injection volume  |  |    |
|          | Injection volume  | The item was included on the circle chart.  No graph with this item was included.  |    |
|          |   | No graph with this item was included.  |    |
|          | Injection volume  |  |    |
|          | Injection volume  | No graph with this item was included.  The item was included on the circle chart.  |    |
|          | Injection volume Sight glass level  | No graph with this item was included.  |    |
|          | Injection volume Sight glass level  | No graph with this item was included.  The item was included on the circle chart.  |    |
|          | Injection volume  Sight glass level  pH   | No graph with this item was included.  The item was included on the circle chart.  |    |
|          | Injection volume  Sight glass level  pH  Flow rate  | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  |    |
|          | Injection volume  Sight glass level  pH   | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  |    |
| A        | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  |    |
| <u>A</u> | Injection volume  Sight glass level  pH  Flow rate  | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.   |    |
|          | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  and Graph 1 daily maximum injection pressure and daily average flow for month   | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  |    |
|          | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.   |    |
|          | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  and Graph 1 daily maximum injection pressure and daily average flow for month   | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.   |    |
|          | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  and Graph 1 daily maximum injection pressure and daily average flow for month   | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.  No graph with these items was included.  |    |
|          | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  and Graph 1 daily maximum injection pressure and daily average flow for month   | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.  No graph with these items was included.  The total volume injected to date and in the current month was included. The volume injected in the |    |
| <u>A</u> | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  and Graph 1 daily maximum injection pressure and daily average flow for month  and Graph 2 daily maximum and minimum sight glass levels | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.  No graph with these items was included.  |    |
| <u>A</u> | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  and Graph 1 daily maximum injection pressure and daily average flow for month   | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.  No graph with these items was included.  The total volume injected to date and in the current month was included. The volume injected in the |    |
| <u>A</u> | Injection volume  Sight glass level  pH  Flow rate  Annulus pressure  and Graph 1 daily maximum injection pressure and daily average flow for month  and Graph 2 daily maximum and minimum sight glass levels | No graph with this item was included.  The item was included on the circle chart.  The item was included on the circle chart.  The item was included on the circle chart.  No graph with these items was included.  No graph with these items was included.  The total volume injected to date and in the current month was included. The volume injected in the | t. |

| nit Condition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale   | Result  |
|---|---|---------|
|   | There was no liquid added to the annulus during for the reviewed months. However, for other months (March and June 2016) that were subsequently selected at random, the reports indicate the required | OK      |
| e Table of dates, amounts and types of liquid added and removed from annulus during the month         | items on the Monthly Maintenance Log.  A maximum of one addition or subtraction was noted for each month reviewed.  | ОК      |
| cumulative additions and subtractions for the current month   | A maximum of one addition of subtraction was noted for each month reviewed.   | N/A     |
|   | A 12 month cumulative summary was not included in any of the reviewed reports.  | ,       |
| and cumulative for past 12 months   |   | Finding |
|   |   |         |
| f Indication of noncompliance including event that exceeds pressures or triggers alarm or shutdown    | An alarm for annulus differential pressure occurred on August 28, 2015.   |         |
|   | Although a notification letter was submitted on September 1, 2015, a statement of noncompliance was   |         |
|   | not included in the August 2015 monthly report submitted on September 30, 2015, or the September  |         |
| If there has been noncompliance reported, verify it is in the corresponding monthly report            | 2015 monthly report submitted on October 30, 2015.  | Finding |
|   | Results of the coupon testing are included.   |         |
| g Results of continuous corrosion monitoring from Permit II(C)(5)                                     |   | ОК      |
|   |   |         |
|   | Monthly maintenance logs are included.  |         |
| h Description of repair and maintenance on injection or annulus during the previous month             | Some items on the Monthly Maintenance Log didn't include a reason.  | ОК      |
| Including reason  | Some items on the Monthly Maintenance Log didn't include a reason.  | Finding |
| morading reason   | This was not included on the Monthly Maintenance Log.   | 1       |
| If the component did or had the potential to fail, the repair outcome and new life expectancy         |   | Finding |
|   |   |         |
| Annual Report   | Annual reports were submitted an October 24, 2014 and December 21, 2015   |         |
| Have annual reports been submitted at least every 12 months from the date of the permit (8/27/13)     | Annual reports were submitted on October 24, 2014 and December 31, 2015.  The December 31, 2015 report was selected for evaluation of the following items.  |         |
| Trave difficult reports seen submitted at least every 12 months from the date of the permit (0/27/13) | The report incorporates by reference the previously submitted monthly reports.  |         |
| a Does it include injection analyses from monthly (a), above  |   | ОК      |
| Done it include statements showing the appring of UEVA UEVA AUTO AUTO A                               | The statements are included.  | 0.4     |
| Does it include statements showing the requirements of I(E)10, II(B)2 and II(C)3 have been met        | The report incorporates by reference the previously submitted reports.  | ОК      |
| b Results of fall off testing, and temperature and noise from I(H)(2)c                                | The report incorporates by reference the previously submitted reports.  | ОК      |
|   | The calibration testing was included.   |         |
| c Results of calibration from II(C)7  |   | ОК      |

| Permit Condition  | Document Reviewed or Other Source. If audit of selected items, which selected and rationale | Result |
|---|---|--------|
|   | The training certificates to document operator training were included.                      |        |
| d Documentation of training required by II(B)5                                |   | ок     |
|   | The report incorporates by reference the previously submitted compliance report.            |        |
| e Compliance report from II(C)8   |   | ОК     |
|   |   |        |
|   |   |        |
| 3 Report on Well Tests and Workover   |   |        |
|   | A well test was conducted and documented in a report received in September 2016.            |        |
| Has there been a well test, demonstration of mechanical integrity or workover |   | ОК     |
|   | The report was submitted on September 19, 2016.   |        |
| Were the results submitted within 30 days                                     |   | ОК     |

#### **Waste Analysis Plan**

| aste Anai  | ysis Plan  |   |     |
|------------|--|---|-----|
|            |  | See I E 13 for a description of audit method. 24 profiles representing each of the 24 evaluated manifests |     |
| 1 Audit se | elect generators waste profiles for  | were reviewed.  |     |
|            |  | A waste profile sheet was provided for the approval corresponding to each load.                           |     |
| V          | Vas Waste Profile Sheet provided by generator  |   | ОК  |
|            |  | Analysis of a submitted sample, or analytical reports or generator knowledge documentation were           |     |
| V          | Vas a representative sample submitted, or analytical provided by the generator               | provided for each profile evaluated.  | ОК  |
| _          |  | A SW-846 method was used for the laboratory analysis.   |     |
| V          | Vas sample analyzed by SW-846  |   | ОК  |
|            |  |   |     |
| a A        | audit selected waste shipments (Receiving and Approval forms) for                            |   |     |
|            | · · · · · · · · · · · · · · · · · · ·  |   |     |
|            | discrepancies from waste profile   |   |     |
|            | <del></del>  | No discrepancies were noted.  |     |
|            | Are there discrepancies  |   |     |
|            | <u> </u>   | N/A   |     |
|            | If so, verify resolution or waste rejection  |   | N/A |
|            |  | No discrepancies were noted.  |     |
| b A        | audit selected annual review of waste characterization for discrepancies from waste profiles |   |     |
| -          | · · · · · · · · · · · · · · · · · · ·  | N/A   |     |
|            | If so, verify resolution or waste rejection  |   | N/A |
|            |  |   |     |
| c A        | audit selected generator waste profiles for  |   |     |
|            |  | Staff interviewed discussed the process by which profiles are accepted or rejected. The reviewed profiles |     |
|            | To ensure EGT reviewed to evaluate if facility can accept the waste                          | were consistent with this process.  | ок  |

| Permit Condition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale           | Result |
|--|---|--------|
| A2 Audit selected manifests to ensure waste only arrived by  |   |        |
| Thank selected mannests to ensure waste only armed by  | All manifests indicated one of these methods of transport.  |        |
| Drums, totes, tanker trucks, vacuum trucks or railcars   | The mannests managed one of these methods of transports   | ОК     |
|  | The facility keeps LDR notifications with the profiles.   |        |
| a Does facility review manifests and LDR notifications for   |   |        |
| completeness   | The reviewed documents were complete.   | ОК     |
| compare manifest and LDR for consistency   | The reviewed documents were consistent.   | ОК     |
| compare manifest and waste profile for consistency   | The reviewed documents were consistent.   | ОК     |
| compare analytical from the generator to that of the waste shipment for consistency                            | The reviewed documents were consistent.   | ОК     |
| compare manifest to the number of containers, volume and/or weight for consistency                             | Discrepancies were addressed in accordance with appropriate regulations                               | ОК     |
| determination if the waste is Subpart CC and must go to receiving tank (RT-10)                                 | Staff interviewed indicated that this is standard practice.   | ОК     |
| b Does facility visually inspect between 1 and all containers for and compare the results to the waste profile | The appropriate number of containers were inspected. Results were documented on Fingerprint form.     | ОК     |
| color  | This item is included on the form.  | OK     |
| physical state   | This item is included on the form.  | OK     |
| pH pH  | This item is included on the form.  | ОК     |
| consistency  | This item is included on the form.  | ОК     |
| oil  | This item is included on the form.  | ОК     |
| <u>- CII</u>   | Staff interviewed indicated that at least 1 load needed to be reevaluated. Staff indicated that the   | O.K    |
|  | generator was contacted to determine the reason for deviation from the profile or previous loads. New |        |
|  | profiles were generated where necessary based on new information from the generator. The new profiles |        |
|  | was reviewed and it was consistent with the corresponding manifest.                                   |        |
| Are wastes with discrepancies rejected, reevaluated or transferred   | 3 · · · · · · · · · · · · · · · · · · ·   | ОК     |
|  | Staff interviewed indicated that no wastes needed to be rejected.                                     |        |
| Has facility had wastes that needed to be rejected, and what did they do                                       |   | N/A    |
|  | The required analysis was performed and documented on the fingerprint form.                           |        |
| c Audit selected waste shipments for compliance with screening in Table A3.A.1                                 |   | ок     |
| <u> </u>   |   |        |
| ci Audit select Receiving and Approval Form to evaluate if wastes were accepted with nonconformance of         |   |        |
|  | Discrepancies were addressed in accordance with appropriate regulations                               |        |
| variation greater than 10% if weight   |   | ок     |
|  | Discrepancies were addressed in accordance with appropriate regulations                               |        |
| variation in piece count   |   | ок     |
|  | Staff interviewed indicated that this condition did not occur.  |        |
| obvious difference in waste makeup of toxic constituents not reported on manifest                              |   | N/A    |
|  | Staff interviewed this has not occurred, other than noted above.                                      |        |
| Have waste shipments other than one time variation occurred  |   |        |
|  | Pre-acceptance procedures were repeated for the loads identified.                                     |        |
| Was the generator required to repeat pre-acceptance procedures   |   | ОК     |

| Staff interviewed this has not occurred, other than noted above.  A new waste profile was prepared and pre-acceptance procedures were completed.  The PCB concentration was less than 50 ppm, as indicted by either laboratory analysis or generator knowledge. In addition, staff interviewed indicated oily wastes are not accepted  | ОК  |
|--|---|
| The PCB concentration was less than 50 ppm, as indicted by either laboratory analysis or generator   | ОК  |
| The PCB concentration was less than 50 ppm, as indicted by either laboratory analysis or generator   | ОК  |
|  | ОК  |
|  |   |
|  |   |
|  |   |
|  |   |
| Internet addition, court internet instituted only institute and the description  | ок  |
|  | +   |
|  |   |
| See WAP A1A  | -   |
|  | ок  |
| Saa WAD A1A  |   |
| See WAI AIA  | ок  |
| For containerized leads, the number of camples was consistent with the required camples  | - OK  |
| For containenzed loads, the number of samples was consistent with the required samples.  | OK  |
| A decretation of the constitution of the address of constitution of the decretation of th | ОК  |
|  |   |
|  | ОК  |
| Offsite waste shipments from January through August 2015 were reviewed and met the requirement.  |   |
|  | ОК  |
| Offsite waste shipments from January through August 2015 were reviewed and met the requirement.  |   |
|  | OK  |
| Offsite waste shipments from January through August 2015 were reviewed and met the requirement.  |   |
|  | OK  |
| Offsite waste shipments from January through August 2015 were reviewed and met the requirement.  |   |
|  | OK  |
| See I E 9 e and I E 13 for a description of audit method.  |   |
|  |   |
| This item was included.  | ОК  |
|  | ОК  |
|  | 1   |
| 25 days.   | ок  |
| N/Δ  | +   |
|  | N/A   |
|  | This item was included. |

| Permit Condition   | Document Reviewed or Other Source. If audit of selected items, which selected and rationale            | Result |
|--|--|--------|
|  | Foreign sources have been accepted.  |        |
| C7 Has waste from a foreign source been accepted   |  |        |
|  | Notifications were provided within the appropriate timeframe.  |        |
| If so, was MDEQ and EPA notified at least 4 months before first shipment   |  | ок     |
|  | Appropriate notifications were provided.   |        |
| Audit select waste profiles and verify that EGT's sent notice of license and capacity, and acceptance of the waste |  | ОК     |
|  | A copy of the QA/QC Plan was provided by e-mail. A review of the contents of the QA/QC Plan was not    |        |
| C8 Verify QA/QC plan is present  | conducted as part of this audit.   | ок     |
|  | See I E 9 e for a description of audit method.   |        |
| D1 Audit select injection batches to verify fingerprint was tested and includes                                    |  |        |
| SG   | This item was included.  | ОК     |
| TSS  | This item was included.  | ОК     |
| рН   | This item was included.  | ОК     |
| Temperature  | This item was included.  | ОК     |
| TDS  | This item was included.  | ОК     |
| Visual solids  | This item was included.  | ОК     |
| Flashpoint   | This item was included.  | OK     |
| Conductivity   | This item was included.  | ОК     |
|  | EGT began receiving waste with code F039 in April 2015.  |        |
| D2 Were any loads received with constituents in App A page 3   |  |        |
| If so, audit select monthly fingerprints to verify   |  |        |
| the test was performed on a treated batch containing the compound  | The appropriate test was performed.  | ОК     |
| the result of the analysis was below the limit on App A page 3   | The result of the analysis was below the limit.  | ОК     |
| <u> </u>   | The analytical techniques or methods used are indicated in the Waste Analysis Plan, and are consistent |        |
| D3 Verify during D1 and D2 that sampling and analysis was in accordance with 261 or 136.3                          | with the requirements.   | ОК     |