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Karen A. Adams
Manager Environmental Programs

July 12, 2017

Ms. Lilia Sewell
Environmental Scientist
Tennessee Department of Environment and Conservation
711 R.S.Gass Blvd
Nashville, TN 37216

Sent VIA: Lilia.Sewell@tn.gov

Re: Response to Compliance Evaluation Inspection dated July 11, 2017
NPDES Permit No. TN0064955

Dear Ms. Sewell,

This letter is in response to the Compliance Evaluation Inspection report dated July 11, 2017 and received by CSX Transportation on July 12, 2017.

In the letter you had three (3) recommended actions.

1. *Add the method of analysis for pH documented on COC.*
The attached chain of custody includes the field pH protocol number.
2. *The container utilized for sampling be cleaned with laboratory grade detergent between each usage, instead of using regular soap.*
Attached is a photo of lab grade detergent purchased by the yard.
3. *Monitor algae in treatment basin to ensure it does not accumulate in amounts that could affect normal operations.*
The Storm Water Pollution Prevention Plan (SWPPP) inspection form was amended to include algae accumulation in treatment basin and will be used to ensure this area is inspected on a regular basis. The revised SWPPP inspection is attached.

Finally, the report states that there were two (2) issues with the Discharge Monitoring Reports (DMRs). As noted in the report, the Total Suspended Solids (TSS) concentration was corrected in the DMR on July 5, 2017. The inspection report also noted the date was incorrect on the first quarter 2016 and noted that the DMR could not be corrected once submitted. To

Ms. Lilia Sewell
Response to Compliance Eval TN0064955

clarify, the date on the DMR is in the header and controlled by TDEC. The permittee cannot change information in the header. TDEC staff would need to make this correction.

Again, I'd like to thank you for the positive feedback on the SWPPP. We take much pride in ensuring it is a useful document for the yard and meets the State and Federal requirements. If you have any questions, please call me at 904-359-3457.

Sincerely,

A handwritten signature in blue ink that reads "Karen J. Adams". The signature is written in a cursive style with a large initial 'K' and 'A'.

Attachments:

- Revised chain of custody
- Photo of detergent
- Revised inspection form

TestAmerica Nashville

2960 Foster Creighton Drive
 Nashville, TN 37204
 Phone (615) 726-0177 Fax (615) 726-0954

Chain of Custody Record



Client Information		Sampler:		Lab PM: Roxanne Cisneros			Carrier Tracking No(s):			COC No:					
Client Contact: Leroy Blair/Rick Haggard		Phone:		E-Mail: roxanne.cisneros@testamericainc.com						Page: Page 1 of 1					
Company: CSX				Analysis Requested							Job #:				
Address: 3661 Seaboard Drive		Due Date Requested:		Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	1664A-Hem	EPA 150.1/SW 9040 pH (field)	2540D-Total Suspended Solids	2540C-Total Dissolved Solids	SM5210B-Biochemical Oxygen Demand	Total Number of containers	Preservation Codes: A - HCL M - Hexane B - NaOH N - None C - Zn Acetate O - AsNaO2 D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3 F - MeOH R - Na2S2SO3 G - Amchlor S - H2SO4 H - Ascorbic Acid T - TSP Dodecahydrate I - Ice U - Acetone J - DI Water V - MCAA K - EDTA W - ph 4-5 L - EDA Z - other (specify)			
City: Nashville, TN 37204		TAT Requested (days):													
State, Zip:															
Phone:		PO #: Env000098343													
Email: leroy_blair@csx.com , rick_haggard@csx.com		WO #: R111968													
Project Name: Radnor Yard NPDES		Project #:													
address:3661 Seaboard Drive Nashville TN 37211 Radnor Yard- Nashville TN		SSOW#:													
Sample Identification _____ Qtr _____ Year NPDES		Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Preservation Code:									
						<table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>A</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td></td> <td></td> <td></td> </tr> </table>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A	N	N	N	N									
001				G	Water										
01A				G	Water										
Possible Hazard Identification						Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)									
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological						<input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab Archive For _____ Months									
Deliverable Requested: I, II, III, IV, Other (specify)						Special Instructions/QC Requirements:									
Empty Kit Relinquished by:			Date:		Time:			Method of Shipment:							
Relinquished by:		Date/Time:		Company		Received by:		Date/Time:		Company					
Relinquished by:		Date/Time:		Company		Received by:		Date/Time:		Company					
Relinquished by:		Date/Time:		Company		Received by:		Date/Time:		Company					
Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No			Custody Seal No.:			Cooler Temperature(s) °C and Other Remarks:									



Picture of laboratory grade detergent used at CSX Transportation - Radnor

Routine Facility Inspection Form



A. General Information

Facility: Radnor Yard Permit No.: TN0064955

Facility Address: 3661 Seaboard Drive, Nashville, TN 37211

Inspector Name/Title: _____ Inspection Date/Time: _____

B. Weather Information

1. Describe weather at time of inspection. Select from options below.

Clear Cloudy Rain Sleet Fog Snow High Winds Other: _____

C. Potential Pollutant Sources

Qualified facility personnel should inspect designated equipment and areas of the facility on a quarterly basis to check on the implementation of the SWPPP. Maintain a copy of the completed inspection checklist with the SWPPP or in the filing system.

Potential Pollutant Source	Inspected?		Corrective Actions Required?		Corrective Action Needed and Notes
	Yes	No	Yes	No	
Bulk storage areas (i.e. tanks, drums, pallets)					
Erodible areas/construction					
Material loading/unloading and storage areas					
Salt storage piles or pile containing salt					
Vehicle/equipment fueling areas					
Vehicle/equipment maintenance areas					
Waste handling and disposal areas					
Algae accumulation in treatment basins					
Outfall 001 and 01A					

D. Comments

Provide any additional comments in the space below.

E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Print Name and Title: _____

Signature: _____ Date: _____