



State of Ohio Environmental Protection Agency

Southeast District Office

2195 Front Street
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korteski, Director

February 20, 2008

Re: Hocking County
City of Logan
WWTP Inspection
Correspondence (PWW)

Mr. Jack McClain, Supervisor
City of Logan WWTP
875 S. Norwood Avenue
Logan, Ohio 43138

Dear Mr. McClain:

On February 14, 2008, I conducted an inspection of the City of Logan wastewater treatment plant (WWTP). The operation of the plant appeared to be satisfactory. A compliance inspection report is enclosed with this letter.

If there are any questions, please call me at (740) 380-5268.

Sincerely,



Jack Knapp
District Representative
Division of Surface Water

JK/dh

Enclosure

c: Mayor and Council, City of Logan

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OPD00009	OH0023388	February 14, 2008	C	S	1

B. FACILITY DATA

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Logan WWTP 875 S. Norwood Avenue Logan, Ohio 43138	10:50 a.m.	July 1, 2007
	Exit Time	Permit Expiration Date
	11:50 p.m.	July 31, 2008

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Jack McClain, Supervisor	(740) 385-5045
Name, Address and Title of Responsible Official	Phone Number
Mayor, City of Logan 10 S. Mulberry Street Logan, Ohio 43138	(740) 385-4060

C. AREAS EVALUATED DURING INSPECTION

- | | | |
|--------------------------------------|---------------------------------------|-------------------------------------|
| <u> </u> S Permit | <u> </u> S Flow Measurement | <u> </u> N Pretreatment |
| <u> </u> N Records/Reports | <u> </u> S Laboratory | <u> </u> S Compliance Schedules |
| <u> </u> S Operations & Maintenance | <u> </u> S Effluent/Receiving Waters | <u> </u> S Self-Monitoring Program |
| <u> </u> S Facility Site Review | <u> </u> S Sludge Storage/Disposal | <u> </u> Other |
| <u> </u> N Collection System | | |

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

D. SUMMARY OF FINDINGS/COMMENTS (attach additional sheets if necessary)


 Jack Knapp, Inspector, Ohio EPA, Southeast District Office

2/19/07
 Date


 Timothy M. Campbell, Reviewer, Ohio EPA, Southeast District Office

2/19/08
 Date

E. PERMIT VERIFICATION

Inspection Observations Verify the Permit	Yes	No	N/A	N/E
a. Correct name and mailing address of permittee	X			
b. Correct name and location of receiving waters	X			
c. Product(s) and production rates conform with permit application (industries)	X			
d. Flows and loadings conform with NPDES permit	X			
e. Treatment processes are as described in permit application/briefing memo	X			
f. New treatment process(es) added since last inspection		X		
g. Notification given to state of new, different, or increased discharges	X			
h. All discharges are permitted *	X			
i. Number and location of discharge points are as described in permit	X			

Comments: *Except plant by-passes and collection system overflows.

F. COMPLIANCE SCHEDULES/VIOLATIONS

	Yes	No	N/A	N/E
a. Any significant violations since the last inspection		X		
b. Permittee is taking actions to resolve violations			X	
c. Permittee has compliance schedule	X			
d. Compliance schedule contained in <u>OPD00009*KD</u>				
e. Permittee is meeting compliance schedule	X			

Comments:

G. OPERATION AND MAINTENANCE

Treatment Facility Properly Operated and Maintained	Yes	No	N/A	N/E
a. Standby power available: Generator <u>X</u> Dual Feed	X			
b. Adequate alarm system available for power or equipment failures	X			
c. All treatment units in service other than backup units	X			
d. Sufficient operating staff provided: # of shifts <u>2</u> Days/Week <u>7</u>	X			
e. Operator holds unexpired license of class required by permit Class:	X			
f. Routine and preventive maintenance schedule/performed on time	X			
g. Any major equipment breakdown since last inspection	X			
h. Operation and maintenance manual provided and maintained	X			
i. Any plant bypasses since last inspection	X			
j. Regulatory agency notified of bypasses _____ on MORS <u>X</u> 800 Number	X			
k. Any hydraulic and/or organic overloads experienced since last inspection	X			

Comments:

Collection System	Yes	No	N/A	N/E
a. Percent combined system: 0%				
b. Any collection system overflows since last inspection (CSO ___ SSO <u>X</u>)	X			
c. Regulatory agency notified of overflow (SSOs)	X			
d. CSO O and M plan provided and implemented			X	
e. CSOs monitored and reported in accordance with permit			X	
f. Portable pumps used to relieve system		X		
g. Lift station alarm systems provided and maintained	X			
h. Are lift stations equipped with permanent standby power or equivalent	X			
i. Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection*	X			
j. Any complaints received since last inspection of basement flooding**	X			
k. Are any portions of the sewer system at or near capacity				X

Comments: *By-passes at WWTP and collection system were the result of I/I which occur during rain events.
 **The basement flooding was reported.

H. SLUDGE MANAGEMENT

a. Sludge Management Plan (SMP): 9/16/93 Submitted Date
06-148PW Approval Number
 _____ Not submitted
 _____ N/A

	Yes	No	N/A	N/E
b. Sludge Management Plan current	X			
c. Sludge adequately disposed (Method: <u>Land App. Injection or Landfill</u>)	X			
d. If sludge is incinerated, where is ash disposed of?			X	
e. Is sludge disposal contracted (Name: _____)		X		
f. Has amount of sludge generated changed significantly since last inspection		X		
g. Adequate sludge storage provided at plant	X			
h. Land application sites monitored and inspected per SMP	X			
i. Records kept in accordance with state and federal law	X			
j. Any complaints received in last year regarding sludge		X		
k. Is sludge adequately processed (digestion, dewatering, pathogen control)	X			

Comments:

Part 3, Laboratory - Quality Control/Quality Assurance		Yes	No	N/A	N/E
f.	Quality assurance manual provided and maintained	X			
g.	Satisfactory calibration and maintenance of instruments and equipment	X			
h.	Adequate records maintained				X
i. Results of latest U.S. EPA quality assurance performance sampling program:					
Date: <u>10/22/07</u>		<u>X</u>	Satisfactory		
			Marginal		
			Unsatisfactory		

Comments:

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001	None	None	None	None	None	None	None

Comments:

K. MULTIMEDIA OBSERVATIONS

	Yes	No	N/A	N/E
a. Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories		X		
b. Do you notice staining or discoloration of soils, pavement, or floors		X		
c. Do you notice distressed (unhealthy, discolored, dead) vegetation		X		
d. Do you see unidentified dark smoke or dustclouds coming from sources		X		
e. Do you notice any unusual odors or strong chemical smells		X		
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities		X		

Comments: