



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 Korleski, Director

March 19, 2010

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

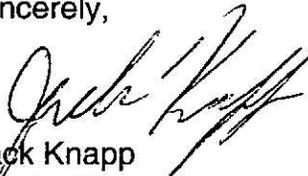
Mr. Jack McClain, Supervisor
City of Logan WWTP
875 S. Norwood Avenue
Logan, Ohio 43138

Dear Mr. McClain:

On February 2, 2010, I conducted an inspection of the City of Logan Wastewater Treatment Plant (WWTP). The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of NPDES permit number OPD00009*KD. A compliance inspection report is enclosed with this letter.

The marginal rating given for the collection system is due to the excessive amount of Inflow/Infiltration (I/I) in the collection system. The city should continue to work on eliminating sources of I/I. 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
OPD000009*KD	OH0023388	February 2, 2010	C	S	1

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Logan WWTP 875 S. Norwood Avenue Logan, Ohio 43138	2:30 p.m.	July 1, 2007
	Exit Time	Permit Expiration Date
	3:00 p.m.	July 31, 2011

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Jack McClain, Supervisor	(740) 385-5045
Name, Address, & 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>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u> </u> Other
<u>M</u> Collection System		

(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

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

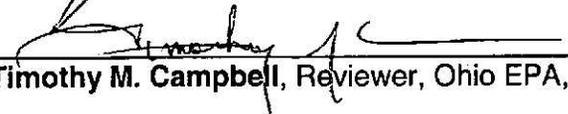
See attached letter.



Jack Knapp, Inspector, Ohio EPA, Southeast District Office

3/23/10

Date



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

3/22/10

Date

E. PERMIT VERIFICATION

Inspection Observations Verify the Permit	YES	NO	N/A	N/E
a. Correct name & mailing address of permittee	X			
b. Correct name & location of receiving waters	X			
c. Product(s) & production rates conform with permit application (industries)	X			
d. Flows & 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 & 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			

G. OPERATION AND MAINTENANCE

Treatment Facility Properly Operated & 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: No. 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 & preventive maintenance schedule/performed on time	X			
g. Any major equipment breakdown since last inspection		X		
h. Operation & maintenance manual provided & maintained	X			
i. Any plant bypasses since last inspection	X			
j. Regulatory agency notified of bypasses: <u>X</u> on MORS <u>X</u> 800 No.	X			
k. Any hydraulic and/or organic overloads experienced since last inspection	X			

Collection System	YES	NO	N/A	N/E
a. Percent combined system: <u>0</u> %				
b. Any collection system overflows since last inspection: CSO <u> </u> SSO: <u> </u>		X		
c. Regulatory agency notified of overflow (SSOs)			X	
d. CSO O&M plan provided and implemented			X	
e. DSOs 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

Part 3 – Laboratory, Quality Control/Quality Assurance		YES	NO	N/A	N/E
a.	Quality assurance manual provided and maintained	X			
b.	Satisfactory calibration and maintenance of instruments and equipment	X			
c.	Adequate records maintained				X
d.	Results of latest U.S. EPA quality assurance performance sampling program: Date: <u>8/31/09</u> <u>X</u> Satisfactory <u> </u> Marginal <u> </u> Unsatisfactory				

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

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

K. MULTIMEDIA OBSERVATIONS

Collection System		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		

L. SAMPLING PROCEDURES (FOR CSI'S)

- _____ Grab samples obtained
- _____ Composite obtained
- _____ Compositing frequency: _____ Preservation: _____
- _____ Flow proportioned sample obtained
- _____ Automatic sampler used
- _____ Sample split with permittee
- _____ Chain of custody employed
- _____ Sample obtained from facility sampling device
- _____ Sample refrigerated during compositing: Yes: _____ No: _____
- _____ Sample representative of volume & nature of discharge: _____