



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

May 20, 2010

Re: Lawrence County
Village of South Point
Compliance Evaluation Inspection
Correspondence (PWW)

Mr. Pat Leighty, Administrator
Village of South Point
408 Second Street West
South Point, Ohio 45680

Dear Mr. Leighty:

On March 1 and 2, 2010, a Compliance Sampling Inspection (CSI) was conducted at the Village of South Point's wastewater treatment plant. The purpose of the inspection was to determine the Village's compliance with its National Pollutant Discharge Elimination System (NPDES) Permit. Present for the inspection were Mike Kelly, representing the Village of South Point, and Joann Montgomery and Stephen Wells representing Ohio EPA, Division of Surface Water, Southeast District Office. Wastewater samples were collected at the time of inspection. A copy of my inspection report and sampling results are attached.

As a result of my inspection, I have the following comments:

1. The Village has been having NPDES Permit effluent violations for copper. The Village investigated the causes and has determined one possible source is from treatment of tree roots. The Village needs to work with contractors to be sure that large amounts are not used at the same time to help prevent future effluent violations.
2. The Village needs to work on the installation of telemetering at all of its lift stations. The use of telemetering at the lift stations will help eliminate potential bypasses. Please inform this office on the status of implementing telemetering for the lift stations.
3. The upgrades at the wastewater treatment plant have been completed. A new headworks and primary and secondary clarifiers were added and on-line at the time of the inspection.

4. The Village is collecting a manual composite sample at the influent due to the configuration of the new headworks. The influent now enters in a way were a composite sampler may not adequately collect a representative sample. The collection of a manual composite is acceptable. The Village needs to note the sample was a manual composite on its lab bench sheets.
5. The Village needs to be working on inflow/infiltration (I/I) removal in the collection system. Please update this office on the status of I/I removal projects.
6. The analytical results from the sampling are attached. Ohio EPA's and Village's results were comparable. The results showed no effluent violations.

In conclusion, the Village of South Point appeared to be in compliance with its NPDES Permit at the time of inspection.

Please respond in writing to the above Comments #2 and 5 within 15 days of receipt of this letter.

If you have any questions, feel free to contact me at (740) 380-5434.

Sincerely,



Stephen Wells
District Representative
Division of Surface Water

SW/dh

Enclosure

c: Mike Kelly, Village of South Point

NPDES Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OPD00025*FD	OH0021814	March 1&2, 2010	S	S	1

B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Village of South Point Wastewater Treatment Plant 408 Second Street, West South Point, Ohio		February 1, 2008
	Exit Time	Permit Expiration Date
		January 31, 2012

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Mike Kelly, Operator	(740) 377-4838
Name, Address, & Title of Responsible Official	Phone Number
Pat Leighty, Administrator Village of South Point 408 Second Street West South Point, Ohio 45680	(740) 377-4838

C. AREAS EVALUATED DURING INSPECTION

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N/A</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u> </u> Compliance Schedules
<u>M</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>S</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)

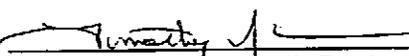
See attached letter.



 Stephen Wells, Inspector, Ohio EPA, Southeast District Office

5/21/10

 Date



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

5/26/10

 Date

E. PERMIT VERIFICATION

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

Comments:

F. COMPLIANCE SCHEDULES/VIOLATIONS

	YES	NO	N/A	N/E
a. Any significant violations since the last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permittee is taking actions to resolve violations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Permittee has compliance schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

G. OPERATION AND MAINTENANCE

Treatment Facility Properly Operated & Maintained	YES	NO	N/A	N/E
a. Standby power available: Generator: <input checked="" type="checkbox"/> Dual Feed: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate alarm system available for power or equipment failures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All treatment units in service other than backup units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sufficient operating staff provided: # of shifts: 1 Days/Week: 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: II	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Copy of certificate of Operator of Record displayed on-site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Minimum operator staffing requirements fulfilled (OAC 3745-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Routine & preventive maintenance schedule/performed on time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any major equipment breakdown since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Operation & maintenance manual provided & maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Any plant bypasses since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Regulatory agency notified of bypasses: On MORS: <input type="checkbox"/> 800 No.: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Any hydraulic and/or organic overloads experienced since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

e. Mike Kelly, Operator, currently has Class II Operator License and is planning on taking Class III exam. Mike is currently properly operating the plant.

Record Keeping	YES	NO	N/A	N/E
a. Log book provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Log book contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Identification of treatment works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date/time of arrival/departure of ORC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily record of operation and maintenance activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laboratory results (unless documented on bench sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the ORC submitting written notification to Ohio EPA and permittee when a collection system overflow, treatment plant bypass or effluent limit violation has occurred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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

Comments:

SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: Landfill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If sludge is incinerated, where is ash disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is sludge disposal contracted? Name:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has amount of sludge generated changed significantly since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adequate sludge storage provided at facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Records kept in accordance with state rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any complaints received in last year regarding sludge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is sludge adequately processed (digestion, dewatering, pathogen control) in accordance with Ohio EPA rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Part 3 – Laboratory, Quality Control/Quality Assurance	YES	NO	N/A	N/E
a. Quality assurance manual provided and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Satisfactory calibration and maintenance of instruments and equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: Date: DMR-QA 29 <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

Comments:

Oil and Grease was rated "Check for Error" on DMR-QA 29.

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

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

Comments:

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you notice staining or discoloration of soils, pavement, or floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you notice distressed (unhealthy, discolored, dead) vegetation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you see unidentified dark smoke or dustclouds coming from sources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you notice any unusual odors or strong chemical smells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above are observed, ask the following questions:

1. What is the cause of the conditions?
2. Is the observed condition or source a waste product?
3. Where is the suspected contaminant normally disposed?
4. Is this disposal permitted?
5. How long has the condition existed and when did it begin?

Comments:

L. SAMPLING PROCEDURES (FOR CSI'S)

- Grab samples obtained
- Composite obtained
- Compositing frequency: Every 15 minutes
- Preservation: Ice
- 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: (ice used)
- Sample representative of volume & nature of discharge:

Comments:

TABLE I

OHIO EPA FIELD DATA

FACILITY: South Point WWTP

DATES SAMPLED: March 1 & 2, 2010

Station	Date	Time	Parameter	Units	Value	Permit Limits
001	3/1	1100	pH	S.U.	7.41	6.5-9.0
			Temperature	°C	9.47	-
			Dissolved oxygen	mg/l	8.66	-
			Conductivity	umhos/cm	783	-
			Chlorine residual	mg/l	0.02*	0.038
001	3/2	1030	pH	S.U.	7.35	6.5-9.0
			Temperature	°C	9.52	-
			Dissolved oxygen	mg/l	6.16	-
			Conductivity	umhos/cm	781	-

*Facility data

TABLE II

COMPLIANCE SAMPLING DATA

FACILITY: South Point WWTP

DATES SAMPLED: March 1-2, 2010

STATION	T*	PARAMETER	UNITS	<u>OHIO EPA</u>		<u>ENTITY</u>		<u>PERMIT LIMITS</u>	
				CONC.	(KG/D) LOAD.	CONC.	(KG/D) LOAD.	CONC.	(KG/D) LOAD.
001	C	Susp. solids	mg/l	17	62.4	13	47.7	45	307
	C	CBOD ₅	mg/l	19	69.7	-	-	40	273
	G	Fecal coliform #/100 ml		500	-	911	-	2000	-
	C	Ammonia	mg/l	11.3	-	14.0	-	-	-
	C	Nitrate-nitrite	mg/l	11.1	-	7.30	-	-	-
	C	TKN	mg/l	13.7	-	14.1	-	-	-
	G	Orthophosphate	mg/l	2.27	-	3.78	-	-	-
	C	Phosphorus	mg/l	3.30	-	3.64	-	-	-
	G	Oil & Grease	mg/l	2.0	-	<5.0	-	10 max.	-
	G	Cyanide, free	ug/l	5	-	<10	-	-	-
	C	Nickel, tot.	ug/l	2.8	-	<10	-	-	-
	C	Copper, tot.	ug/l	16.3	0.06	15	0.055	32	0.22
	C	Cadmium, tot.	ug/l	<0.20	-	<5.0	-	-	-
	C	Lead, tot.	ug/l	26.8	0.10	<5.0	ND	184	1.25
	C	Chromium, tot.	ug/l	<2.0	-	<10	-	-	-
	C	Mercury, tot.	ug/l	<0.20	-	-	-	-	-
	C	Zinc, tot.	ug/l	89	-	80	-	-	-
	G	Chrom. hex.	ug/l	<10	-	<10	-	-	-
		Flow, tot.	MGD			0.969			

*SAMPLE TYPE: G=grab; C=composite