



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

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

August 6, 2009

**Re:** Noble County  
Village of Caldwell  
Compliance Inspection  
Correspondence (PWW)

Mr. John Bates, Superintendent  
Village Caldwell WWTP  
Railroad Street  
Caldwell, Ohio 43724

Dear Mr. Bates:

On July 20, 2009, I conducted a compliance evaluation inspection of the Village of Caldwell's wastewater treatment plant (WWTP). The inspection was conducted to determine compliance with the terms and conditions of NPDES permit 0PB00005\*ID. The inspection was done in conjunction with the Long Term Control Plan inspection conducted by Dan Gill with the Ohio EPA. My inspection was conducted in your presence along with Mr. Scott Foster, Ohio EPA.

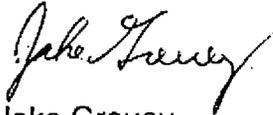
As a result of my inspection, I have the following comments:

1. Inspection of the two final clarifiers showed a significant buildup of sludge in the center column and heavy algae growth in the weirs. It was discussed with Mr. Bates to check the sludge blanket in the clarifiers and waste sludge to the digesters to prevent the sludge buildup. The weirs and trough should also be scraped and cleaned as needed to prevent excessive algae growth.
2. At the time of my inspection, the sludge storage pad was nearly full and the treated sludge should be removed for land application when fields become available.
3. It was discovered during the inspection that the chart recorders for the main outfall should be changed to correspond to the expected flows. Records of the most recent flow meter calibration were not available and efforts should be made to have all flow measuring equipment calibrated annually.

At the time of my inspection, the facility was found to be in general compliance to the terms and conditions of your NPDES permit. The effluent was observed relatively clear and free of any objectionable odor. Attached is a copy of my detailed inspection report for your review.

If there are any questions, please call me at (740) 380-5416.

Sincerely,



Jake Greuey  
District Representative  
Division of Surface Water

JK/dh

Enclosure

c: Mayor and Council, Village of Caldwell

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PB00005*ID	OH0020559	July 20, 2009	C	S	1

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Village of Caldwell WWTP Railroad Street Caldwell, Ohio 43724	12:35 p.m.	August 1, 2008
	Exit Time	Permit Expiration Date
	2:00 p.m.	July 31, 2013

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
John Bates, Superintendent	
Name, Address and Title of Responsible Official	Phone Number
Mayor and Council 215 West Street Caldwell, Ohio 43724	

**C. AREAS EVALUATED DURING INSPECTION**

<u>  </u> S Permit	<u>  </u> M Flow Measurement	<u>  </u> N Pretreatment
<u>  </u> S Records/Reports	<u>  </u> * 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> M Collection System		

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

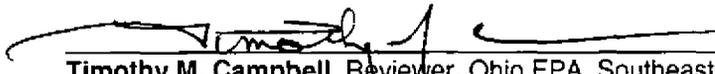
**D. SUMMARY OF FINDINGS/COMMENTS** (attach additional sheets if necessary)

See attached letter.

\*Contract laboratory used for all analysis and not evaluated.

  
\_\_\_\_\_  
Jake Greuey, Inspector, Ohio EPA, Southeast District Office

8/6/09  
Date

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

8/6/09  
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			

**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>NPDES</u>	X			
e. Permittee is meeting compliance schedule	X			

**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: <u>      </u>	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>1</u> Days/Week: <u>7</u>	X			
e. Operator holds unexpired license of class required by permit Class: <u>II</u>	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: <u>      </u> on MORS <u>      </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>70</u> %				
b. Any collection system overflows since last inspection: CSO <u>X</u> SSO: _____	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		

## H. SLUDGE MANAGEMENT

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

## I. SELF-MONITORING PROGRAM

Part 1 – Flow Measurement	Yes	No	N/A	N/E
a. Primary flow measuring device properly operated & maintained. Type of device: _____ ultrasonic & parshall flume       _____ calculated from influent _____ weir                                       _____ other <u>X</u> ultrasonic & weir                               specify: _____		X		
b. Calibration frequency adequate (date of last calibration: <u>Unknown</u> )		X		
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained		X		
d. Flow measurement equipment adequate to handle expected ranges of flows	X			
e. Actual flow discharged is measured	X			
f. Flow measuring equipment inspection frequency: <u>X</u> Daily       _____ Weekly _____ Monthly       _____ Other				



**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		

**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?