



State of Ohio Environmental Protection Agency

**Southeast District Office**

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Logan, Ohio 43138

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

November 3, 2008

**Re:** Athens County  
Village of Albany  
Compliance Evaluation Inspection  
NPDES Permit #0PB00087\*BD  
Correspondence (PWW)

Mayor and Council  
Village of Albany  
5153 Alton Street  
Albany, Ohio 45710

Dear Ladies and Gentlemen:

On October 21, 2008, Tim Campbell and I, representing Ohio EPA's Division of Surface Water, performed a compliance inspection of the Albany wastewater treatment plant (WWTP). Rick Verhotz represented the Village of Albany and assisted us during the inspection. The purpose of the inspection was to determine if the treatment plant was meeting the terms and conditions set forth in its NPDES permit.

During the inspection, the following comments/concerns were discussed.

1. As discussed in previous correspondence and inspections, Rick expressed concern with high peak flows associated with I/I during rain events and the bypass of the sand filters which typically results. Please recall, the overflow of the sand filters constitutes an illegal bypass of the treatment plant and must be reported according to Part III, Section 12 of the NPDES Permit.

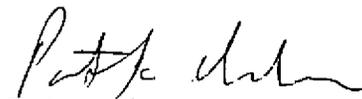
As part of those correspondences and inspections, we discussed the 2006 smoke testing conducted in the village and the prospect of conducting a manhole and lift station survey to locate additional sources of I/I. During this inspection, Rick indicated that a portion of the manholes and lift stations had been surveyed, but no work had been performed to correct issues that were found. The Village of Albany should be taking steps to eliminate any sources of I/I found during past and future surveys/studies to eliminate the problems experienced at the WWTP as a result of the I/I.

As part of your response to this letter, please include a plan to **correct** the issues identified in the 2006 smoke test and manhole/lift station survey. Your response should include a time frame to complete work on identified I/I sources.

We also discussed the possibility of illegal connections from the homes (downspouts and basement sump pumps) in the Village of Albany as a source of I/I. We discussed the City of Fairfield's program to educate the citizens about the problem. Enclosed is some literature from the City of Fairfield on the removal of these connections. We hope the Village of Albany may be able to use this literature to help with the current I/I problems.

Please respond, in writing, within thirty (30) days addressing the above comments/concerns. Should you have any questions, please feel free to contact me at (740) 380-5226.

Sincerely,



Patrick Hudnall  
District Engineer  
Division of Surface Water

PH/dh

Enclosure

c: Rick Verhotz, Operator  
c: Tim Kirkendall, Albany Sewer Committee

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OPB00087*BD	OH0127809	October 21, 2008	C	S	1

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Albany WWTP 6060 Clinton Street Albany, Ohio 45710	8:00 a.m.	September 1, 2006
	Exit Time	Permit Expiration Date
	8:45 a.m.	August 31, 2011

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Rick Verhotz, Operator	(740) 216-6367
Name, Address and Title of Responsible Official	Phone Number
Village of Albany 5153 Alton Street Albany, Ohio 45710	(740) 698-6719

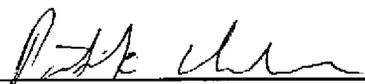
**C. AREAS EVALUATED DURING INSPECTION**

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N/A</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>N/A</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		

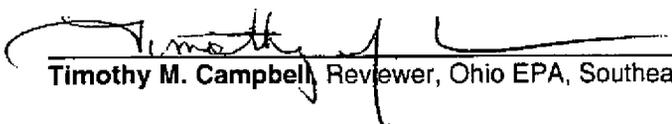
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

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

Please see attached inspection letter.

  
\_\_\_\_\_  
Patrick Hudnall, inspector, Ohio EPA, Southeast District Office

11/3/08  
\_\_\_\_\_  
Date

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

11/3/08  
\_\_\_\_\_  
Date

Sections E through K: Complete on all inspections as appropriate (N/A = Not Applicable N/E = Not Evaluated)

**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:

**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: _____			X	
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: No. of shifts <u>1</u> Days/Week <u>5</u>	X			
e. Operator holds unexpired license of class required by permit Class: <u>III</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: _____ on MORS _____ 800 No.		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: <u>0</u> %				
b. Any collection system overflows since last inspection: CSO <u>    </u> SSO <u>0</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:

## H. SLUDGE MANAGEMENT

	Yes	No	N/A	N/E
a. Sludge adequately disposed (Method: <u>Land application</u> )	X			
b. If sludge is incinerated, where is ash disposed of? <u>    </u>		X		
c. Is sludge disposal contracted (Name: <u>    </u> )		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			

Comments:

## 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: <input checked="" type="checkbox"/> ultrasonic & parshall flume <u>    </u> calculated from influent <input type="checkbox"/> weir <u>    </u> other <input type="checkbox"/> ultrasonic & weir <u>    </u> Specify: <u>    </u>	X			
b. Calibration frequency adequate (date of last calibration: <u>August 2006</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: <input checked="" type="checkbox"/> Daily <u>    </u> Weekly <input type="checkbox"/> Monthly <u>    </u> Other				

Comments: b. Check Manufactures recommendations on calibration frequency. Should be at least annually.



**K. MULTIMEDIA OBSERVATIONS**

	Yes	No	N/A	NE
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?

**Comments:**

Updated: 10/31/08