



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

August 8, 2008

Re: Belmont County
Village of Bridgeport Water Treatment Plant
Compliance Evaluation Inspection
Ohio EPA Permit No. OIX00010*DD
Correspondence (IWW)

Mayor Callarik and Village Council
Village of Bridgeport
301 Main Street
Bridgeport, Ohio 43912

Dear Mayor Callarik and Council Members:

On July 31, 2008, I conducted a Compliance Evaluation Inspection (CEI) of the Village of Bridgeport Water Treatment Plant (WTP). Rob Bowing, Assistant Superintendent, represented the village on the inspection.

The purpose of the inspection was to evaluate Bridgeport's status of compliance with the NPDES permit, federal number OH0032433, state number OIX00010*DD. Wastewater samples were not taken as there was no discharge at the time of the inspection. A copy of the inspection report form is attached. Based on the inspection, and a review of the Monthly Operating Report (MOR) data and the permit, the facility appeared to be in compliance on the day of the inspection.

Please respond to the following comments:

1. Provide a plan for removal and disposal of the sludge that collects in the bottom of the backwash tanks.

Please respond in writing, within 14 days of receipt of this report, to comment 1 above.

If you have any questions, please contact me at (740) 380-5284 at your convenience.

Sincerely,

Ms. Abbot Stevenson
Environmental Engineer
Permits and Enforcement Section
Division of Surface Water

AS/dh

Enclosure

c: Jim Zorbini, Supervisor, Bridgeport Water Plant

NPDES
Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
01X00010*DD	OH0032433	7/31/08	C	S	2

B. FACILITY DATA

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Bridgeport Water Treatment Plant State Route 7 Bridgeport, Ohio 43912	2:45 p.m.	October 1, 2007
	Exit Time	Permit Expiration Date
	3:20 p.m.	September 30, 2012

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Jim Zorbini, Superintendent	(740) 635-2424
Name, Address and Title of Responsible Official	Phone Number
Mayor John Calarick and Council Village of Bridgeport 301 Main Street Bridgeport, Ohio 43912	(740) 635-1244

C. AREAS EVALUATED DURING INSPECTION

<u> S </u> Permit	<u> S </u> Flow Measurement	<u> NA </u> Pretreatment
<u> S </u> Records/Reports	<u> S </u> Laboratory	<u> NA </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> M </u> Sludge Storage/Disposal	<u> </u> Other
<u> NA </u> Collection System		

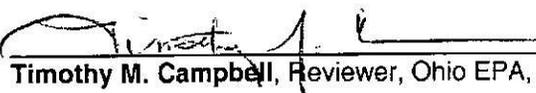
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

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

Sludge Storage/Disposal - provide a plan for backwash tank sludge.


Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

8/8/08
Date


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

8/10/08
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:

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: # of shifts <u>1</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 _____ 800 Number			X	
k. Any hydraulic and/or organic overloads experienced since last inspection		X		

Comments: *Wastewater license not required for water plant wastewater.

H. SLUDGE MANAGEMENT

a. Sludge Management Plan (SMP): _____ Submitted Date
 _____ Approval Number
 _____ Not submitted
 _____ N/A

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

Comments: *Is there a plan for removing sludge from the backwash tank?'

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 _____ ultrasonic & weir _____ X Specify: <u>volume of tank discharged</u>	X			
b. Calibration frequency adequate (date of last calibration: _____)			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: _____ Daily _____ Weekly _____ Monthly _____ Other				

Comments:

Part 2 - Sampling	Yes	No	N/A	N/E
a. Sampling location(s) are as specified by permit	X			
b. Parameters and sampling frequency agree with permit	X			
c. Permittee uses required sampling method	X			
d. Sample collection procedures are adequate	X			
i. Samples refrigerated during compositing	X			
ii. Proper preservation techniques used	X			
Conform with 40 CFR 136.3	X			
e. Monitoring records (e.g., flow, pH, D.O., etc.) maintained for a minimum of three years including all original strip chart recordings (e.g., continuous monitoring instrumentation, calibration, and maintenance records)	X			
f. Adequate records maintained of sampling date, time, exact location, etc.	X			

Comments:

Part 3, Laboratory - General	Yes	No	N/A	N/E
a. EPA approved analytical testing procedures used (40 CFR 136.3)	X			
b. If alternate analytical procedures are used, proper approval has been obtained			X	
c. Analyses being performed more frequently than required by permit		X		
d. If (c) is yes, are results reported in permittee's self-monitoring report			X	
e. Commercial laboratory used		X*		
1. Parameters analyzed by commercial lab: _____				
2. Lab name: _____				

Comments: *Rob Bowing samples and runs analyses.

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: _____ NA _____ Satisfactory _____ Marginal _____ Unsatisfactory				

Comments:

J. EFFLUENT/RECEIVING WATER OBSERVATIONS

Outfall #	Oil Sheen	Grease	Turbidity	Visible Foam	Visible Float Solids	Color	Other
001	No discharge						

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		

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: