



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

July 30, 2008

**Re: Pike County**  
City of Waverly  
Ohio EPA Permit No. 0PC00011\*GD  
NPDES Permit No. OH0023353  
Compliance Evaluation Inspection  
Correspondence (PWW)

Mayor and Council  
City of Waverly  
211 West North Street  
Waverly, Ohio 45690

Dear Mayor and Council:

On July 2, 2008, I performed a compliance evaluation inspection of the Wastewater Treatment Plant (WWTP) serving the City of Waverly. John Voorhes, plant superintendent, represented the City of Waverly and accompanied me during the inspection. The purpose of the inspection was to determine if the WWTP was meeting the terms and conditions set forth in the NPDES permit.

A copy of the inspection report is attached to this letter. If you have any questions, feel free to contact me at (740) 380-5226.

Sincerely,

Patrick Hudnall  
District Representative  
Division of Surface Water

PH/dh

Enclosure

c: John Voorhes, Plant Superintendent

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PC00011*GD	OH0023353	July 2, 2008	C	S	1

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Waverly WWTP 9334 State Route 220 Waverly, Ohio 45690	1:00 p.m.	August 1, 2007
	Exit Time	Permit Expiration Date
	2:30 p.m.	January 31, 2009

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
John Voorhes	(740) 947-4403
Name, Address and Title of Responsible Official	Phone Number
Mayor and Council City of Waverly 211 West North Street Waverly, Ohio 45690	(740) 947-3193

**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>S</u> Collection System		

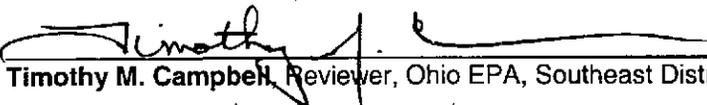
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

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

See attached inspection letter.

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

7/31/08  
 \_\_\_\_\_  
 Date

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

7/31/08  
 \_\_\_\_\_  
 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 <input checked="" type="checkbox"/> 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>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 Number			X	
k. Any hydraulic and/or organic overloads experienced since last inspection		X		

Comments: \*City is currently working with ONMI Systems to become telemetered. Includes lift stations  
 \*\*1 hr. Sat. and Sun.

Collection System	Yes	No	N/A	N/E
a. Percent combined system: <u>0%</u>				
b. Any collection system overflows since last inspection (CSO ____ SSO 4)	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: \*One lift station is telemetered. Others will be online soon.

## H. SLUDGE MANAGEMENT

a. Sludge Management Plan (SMP): June 16, 1995 Submitted Date  
06-22A-PW Approval Number  
\_\_\_\_\_  
Not submitted  
\_\_\_\_\_  
N/A

	Yes	No	N/A	N/E
b. Sludge Management Plan current	X			
c. Sludge adequately disposed (Method: <u>Land application</u> )	X			
d. If sludge is incinerated, where is ash disposed of? _____			X	
e. Is sludge disposal contracted (Name: <u>Synagro</u> )	X			
f. Has amount of sludge generated changed significantly since last inspection		X		
g. Adequate sludge storage provided at plant	X			
h. Land application sites monitored and inspected per SMP	X			
i. Records kept in accordance with state and federal law	X			
j. Any complaints received in last year regarding sludge		X		
k. Is sludge adequately processed (digestion, dewatering, pathogen control)	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 <input type="checkbox"/> calculated from influent <input type="checkbox"/> weir <input type="checkbox"/> Other <input type="checkbox"/> ultrasonic & weir <input type="checkbox"/> Specify: _____	X			
b.	Calibration frequency adequate (date of last calibration: <u>April 24, 2008*</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 <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other				

Comments: \*Every 6 months

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 1. Parameters analyzed by commercial lab: <u>Metals</u> 2. Lab name: <u>American Analytical (OLEC)</u>	X			

Comments: \*Manufacturer's manuals used to ensure optimum analytical procedures

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: <u>2007</u> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

Comments:

**J. EFFLUENT/RECEIVING WATER OBSERVATIONS**

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

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: