



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.ohio.gov

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

Re: Richland County
Briarwood Estates MHP
NPDES Permit

March 4, 2010

Mr. Steve Hammer, Manager
Briarwood Estates MHP
1835 N. Lexington-Springmill Road
Mansfield, Ohio 44906

Dear Mr. Hammer,

On February 22, 2010, an inspection was made of the wastewater treatment facilities serving the Briarwood Estates MHP located on Lexington-Springmill Road just north of the City of Ontario. At the time of the inspection all major treatment units were in operation and appeared to be functioning normally. A clear effluent was being discharged to the receiving stream.

During the inspection it was noted that the backup blower needs to have the pulley replaced on the motor. It appeared that the motor was recently replaced. There was a fairly thick sludge blanket floating on the surface of the clarifier that was partially frozen. The skimmer should be used to return this floating sludge back to the aeration tank for further treatment. One of the pipes from the sand filter distribution box had fallen off into the sand filter. This pipe should be reattached to the distribution box.

A review of the discharge monitoring reports submitted to our office for the time period of July 2009, through January 2010, revealed three **violations** of the limits contained in your NPDES permit. A printout of these violations is attached for your review.

Please be aware that your NPDES permit expires on September 30, 2010. A complete renewal application is required to be submitted to our office no later than March 30, 2010. If you have any questions please call me at 419-373-3070.

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water

//lr

Enclosure

pc: [DSW-NWDO File - }
Mrs. Diane Smith, c/o Granite Creations
Kevin Dean, Dean's Backflow Service w/enclosure

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PY00018

Facility Name Briarwood Estates MHP Expiration Date 9/30/2010

Facility Address 1835 Lexington Springmill Rd Date 2/22/10 Time 1:30 am

City Warsfield County Richland Township _____

Name and Address of Owner Diane Smith

Person Contacted _____ Owner Phone _____

Flow: Design 30,000 GPD Present 5,000-20,000 GPD (metered - estimated)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 35° light air

OEPA Personnel Walter Ariss District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild						
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

2. Effect of effluent on Receiving Stream Name: unamed trib Black Fork Mohican

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild						
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

3. a. Plant has 5 excellent _____ good _____ fair _____ poor operation
 b. Plant has 5 excellent _____ good _____ fair _____ poor maintenance
 c. Sand filters have 5 excellent _____ good _____ fair _____ poor maintenance

d. Not operating at expected efficiency due to:

- (1) _____ hydraulic overload
 (2) _____ organic/ solids overload
 (3) _____ personnel inefficiency
 (4) _____ equipment failure
 (5) _____ wastes
 (6) _____

Disinfection: (Required May 1 thru Oct.31.)	
IN	OUT
_____	<input checked="" type="checkbox"/> Chlorination Tablets
_____	<input checked="" type="checkbox"/> Dechlorination Tablets
_____	_____ U.V.

Yes No

4. 5 _____ Compliance with NPDES Permit

Periodic Violations Y _____ N _____ Parameters: pH, fecal, TSS
 Chronic Violations _____

5. 5 _____ Adequate plant safety

6. 5 _____ Operation and Maintenance Service Name Diane Buckle

Frequency of Visits 1/week

Facility Name: Briarwood Estates

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: ?
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	<input checked="" type="checkbox"/>	Flow Equalization	okay
Aeration Equipment		Plant Timer <u>Y</u> <input checked="" type="checkbox"/> N	Cycle Time: back up blower needs to have pulley replaced
	<input checked="" type="checkbox"/>	Motor/ Blower Unit <i>suming</i>	Color: good color
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Adequate Aeration: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Final Settling	<input checked="" type="checkbox"/>	Clarifier	some floating sludge good clarity beneath floatables
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out
	<input checked="" type="checkbox"/>	Surface Skimmer	In Out <input checked="" type="checkbox"/> use skimmer to return floatables
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	filters look good / southeast in use distribution pipe needs fixed in northwest seal
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	out
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	out
		Ultraviolet (UV)	
Flow Metering ?	<input checked="" type="checkbox"/>	Elapsed Pump Time	
		Recorder (continuous total)	
Pumps	<input checked="" type="checkbox"/>	Raw Wastewater (type) Flow EQ	okay
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	okay
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	tank almost full
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	

Get New Data

Briarwood Estates MHP NPDES permit limit violations July 2009 through January 2010

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PY00018*CD	July 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	.15	7/6/2009
2PY00018*CD	September 2009	001	31616	Fecal Coliform			AK	9/9/2009
2PY00018*CD	November 2009	001	00400	pH	1D Conc	9.0	11.	11/14/2009