



Environmental
Protection Agency

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

Re: Richland County
Briarwood Estates MHP
NPDES Permit

March 22, 2011

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

Dear Mr. Hammer:

On February 24, 2011, 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. A few concerns with the treatment plant operation were noted as follows:

At the time of the inspection the northwest sand filter bed was overflowing its walls onto the ground and to the receiving stream. The other three filter beds were empty and not in use. I discussed this situation with Kevin Dean your certified operator and instructed him that during high flow periods at least two of the filter beds should be in use if not more. Mr. Dean stated he would check into the situation and have it corrected. It was noted that the return sludge line was not functioning during the inspection. The sludge return needs to be returned to service.

It was also noted that the hour run time meters mentioned in our previous inspection letter have yet to be installed. These meters shall be installed **within the next 60 days**. The hours on the readers should be recorded every day to determine the flow rate.

The operators' log at the wastewater plant should contain the previous three months worth of data. Only the month of February information was present. The log sheet should be edited to include a column for the operator's initials, time in, time out, and a column for comments. These items are required under OAC 3745-7-09. It was also noted that the daily checks of the wastewater plant are not being recorded as required by your NPDES permit. It is **absolutely essential** that the treatment plant is visited every day. Failure to perform these daily checks will lead to enforcement action.

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A review of the discharge monitoring reports submitted to our office for the time period of August 2010, through February 2011, revealed two **violations** of the limits contained in your NPDES permit. One **violation** was for exceeding the nitrogen ammonia limit in the November 15, 2010 sample. The other **violation** was for exceeding the allowable pH in the December 21, 2010 sample.

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 Bridgwood Estates MHP Expiration Date 11/30/2015

Facility Address 1835 Lexington Springmill Rd Date 2/24/11 Time 1:00 am (pm)

City Ontario County Richland Township _____

Name and Address of Owner Rose Smith

Person Contacted Steve Hammer Owner Phone _____

Flow: Design 30,000 GPD Present 16,000 - 34,000 GPD (metered - estimated)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 45° clouds

OEPA Personnel Walter Ariss District NWDO

1. Plant Effluent - Mark Severity No.

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

2. Effect of effluent on Receiving Stream Name: Unnamed trib to Black Fork

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 _____ excellent good _____ fair _____ poor operation
 b. Plant has _____ excellent good _____ fair _____ poor maintenance
 c. Sand filters have _____ 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"/>
_____	<input checked="" type="checkbox"/>
_____	U.V.

4. Yes _____ No Compliance with NPDES Permit

Periodic Violations Y N Parameters: NH3, pH
 Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name Don's Backflow

Frequency of Visits 3/week

Facility Name: Briarwood Estates

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: <i>once every 3-6 months</i>
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	<input checked="" type="checkbox"/>	Flow Equalization	<i>okay</i>
Aeration Equipment		Plant Timer <u>Y</u> <input checked="" type="checkbox"/> N	Cycle Time: <i>Aeration & EQ</i>
	<input checked="" type="checkbox"/>	Motor/ Blower Unit <i>running</i>	<i>Blowers okay</i>
Secondary Treatment		Aeration Tank	Color: <i>good color</i>
	<input checked="" type="checkbox"/>		Adequate Aeration: Y <input checked="" type="checkbox"/> N <u> </u>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>heavy solids on surface, some solids loss over weir</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <u> </u> Out <input checked="" type="checkbox"/> - <i>need to return to service</i>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <u> </u> Out <input checked="" type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>northwest bed ponded & overflowing other 3 beds empty not in use</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>out</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>out</i>
		Ultraviolet (UV)	
Flow Metering <i>None</i>		Elapsed Pump Time	<i>need to install hour meters within 60 days</i>
		Recorder (continuous total)	
Pumps	<input checked="" type="checkbox"/>	Raw Wastewater (type) <i>Flow EQ</i>	<i>okay</i>
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<i>okay</i>
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	<i>fairly full</i>
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	