



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

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

Re: Richland County
Clear Fork MHP
NPDES Permit
Notice of Violation

August 17, 2009

CERTIFIED MAIL

Mr. Russ Petralia, President
Ashford Management Group, Inc.
501 Main Street
P.O. Box 4969
Utica, New York 13501

Dear Mr. Petralia:

On August 6, 2009, an inspection was made of the wastewater treatment facilities serving the Clear Fork Mobile Home Park located at 1260 S.R. 97, Bellville, Richland County. The inspection included a check of both the east and west extended aeration package plants. Several concerns were noted with the treatment plant operations.

The northern sludge return line on the west treatment plant was not operating. The operation of the sludge return lines is crucial to the proper operation of the treatment plant. The clarifier had a thick blanket of floating sludge that completely covered the surface of the tank. The surface of the clarifier should be clear of solids. It was observed that an increased amount of floating sludge was present in the lagoons following the treatment plants. Some slight unpleasant odors were also detected near the lagoons.

On July 16, 2009, our office was contacted by Mr. Kevin Dean, your certified operator. Mr. Dean notified us at that time that he would no longer be operating the treatment plants at the park due to lack of payment for his services. He confirmed in a phone call on August 17, 2009 that he has not been out to the treatment plants since the beginning of July 2009. It is a violation of your NPDES permit not to have a certified operator in charge of the operation of the treatment plant. If you have had another certified operator in charge of the treatment plant since July 1, 2009, please inform our office of the name and frequency of visits from this operator. Since we have not been notified otherwise, we assume that a certified operator has not visited the plant since July 1, 2009.

The following is a listing of the violations of your NPDES permit 2PY00024 that have occurred since it was effective on June 1, 2006:

1. Failure to submit detail plans for plant improvements consisting of, at a minimum, tertiary treatment and disinfection facilities as soon as possible, but not later than 12 months from the effective date of the permit. A direct discharge to the river will also be required.

Mr. Russ Petralia
August 19, 2009
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2. Failure to commence construction as soon as possible, but not later than 18 months from the effective date of the permit.
3. Failure to attain operational level of the treatment works and meet final effluent limitations as soon as possible, but not later than 24 months from the effective date of the permit.
4. Failure to maintain a Class I certified operator in charge of the treatment plants.
5. Failure to submit Discharge Monitoring Reports (DMRs) for outfall 001 for the months of June, July, and August 2006, as well as September 2008 to the present. The DMR for outfall 588 was also not submitted in December 2008.
6. Failure to record the parameters Odor, Color, and Turbidity daily as required by the NPDES permit.
7. Ninety-two violations of the limits contained in your NPDES permit.

Our Agency has made numerous, unsuccessful requests for information regarding the above violations. Your most recent notice, sent to you in a letter dated May 18, 2009 required you to respond to our office no later than June 1, 2009. To date we have not received a response from you in regards to the letter. This case has been recommended to the Director for formal enforcement action.

If you have any questions or comments regarding the content of this letter please call me at 419-373-3070.

Sincerely,



Walter Ariss
Environmental Specialist II
Division of Surface Water

/lb

Enclosure

pc: 
Matt Work, Richland County Health Department
7007 2560 0000 4479 4609

OHIO ENVIRONMENTAL PROTECTION AGENCY
 OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2P500024

Facility Name Clear Fork MHP Expiration Date 5/31/2011
 Facility Address 1260 SR 97 Date 8/6/09 Time 2:15 am
 City Bellville County Richland Township _____
 Name and Address of Owner Ashford Management
 Person Contacted _____ Owner Phone _____
 Flow: Design 30,000 GPD Present ? GPD (metered - estimated)
 Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 85° sunny
 OEPA Personnel Walter Ari's District NWDO

1. Plant Effluent - Mark Severity No.

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

2. Effect of effluent on Receiving Stream Name: leaching lagoons

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

- 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"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

no disinfection

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: _____
 Chronic Violations _____ compliance schedule

5. Adequate plant safety

6. Operation and Maintenance Service Name _____ OMRS

Frequency of Visits _____

Facility Name: Clear Fork MHP

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: ?
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	<input checked="" type="checkbox"/>	Plant Timer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cycle Time: 5 hour on / 1 off
		Motor/ Blower Unit <i>running</i>	
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: west plant had weak color East plant color okay Adequate Aeration: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	West plant had heavy layer of floating sludge across entire surface east plant okay
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out <input checked="" type="checkbox"/> <i>north return on west plant not working</i>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input type="checkbox"/> Out <input checked="" type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment <i>none</i>		Surface Sand Filter	
		Polishing Pond	
		Other	
Disinfection <i>none</i>		Chlorine Tube Feeder	
		Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering <i>none</i>		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps <i>none</i>		Raw Wastewater (type)	
		Sand Filter Effluent Dosing	
Sludge Handling <i>none</i>		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal <i>none</i>		Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment <i>none</i>		Post Aeration	
		Spray Irrigation	
		Other	