

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PP00050

Facility Name Malabar Farm Inn Expiration Date ~~3/31/16~~ 3/31/16
 Facility Address 3645 Pleasant Valley Rd Date 3/3/11 Time 2:00 am / pm
 City Lucas County Richland Township _____
 Name and Address of Owner OSNR
 Person Contacted Jay Crow Owner Phone _____
 Flow: Design 4,000 GPD Present 100-2500 GPD (metered - estimated)
 Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 40° cloudy
 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: unnamed trib Switzer Creek

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"/>

Chlorination Tablets
 Dechlorination Tablets
 U.V.

4. Yes No Compliance with NPDES Permit

Periodic Violations Y N Parameters: TSS - October
 Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name _____

Frequency of Visits _____

Facility Name: Wilber Farm Inn

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	8	Trash Trap	Pumping Frequency: 2/year
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	8	Plant Timer <input checked="" type="checkbox"/> Y ___ N Motor/ Blower Unit <i>running</i>	Cycle Time: 45 on / 15 off
Secondary Treatment	8	Aeration Tank	Color: <i>good color</i> Adequate Aeration: Y <input checked="" type="checkbox"/> N ___
Final Settling	8	Clarifier	<i>good clarity</i>
	8	Sludge Return	In <input checked="" type="checkbox"/> Out ___
	8	Surface Skimmer	In ___ Out <input checked="" type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	8	Surface Sand Filter	<i>Filter beds very clean.</i>
		Polishing Pond	
		Other	
Disinfection		Chlorine Tube Feeder	
		Dechlorination Tube Feeder	
	8	Ultraviolet (UV)	<i>out</i>
Flow Metering	8	Elapsed Pump Time	<i>on filter dosing pumps</i>
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
	8	Sand Filter Effluent Dosing	<i>okay</i>
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal	8	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	