



Environmental
Protection Agency

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

Re: Marion County
Whetstone Golf Club
NPDES Permit

October 7, 2011

Certified Mail 7009 1410 0001 1834 0685

Mr. Richard Smith, Owner
Mr. Clarence Perry, Owner
Whetstone Golf Club
5211 Marion-Mt. Gilead Road
Caledonia, Ohio 43314

Dear Mr. Smith and Mr. Perry:

On September 15, 2011, a follow-up inspection was made of the wastewater treatment facilities serving Whetstone Golf Club. The facility is located at 5211 Marion-Mt. Gilead Road, Claridon Township, Marion County. This inspection was conducted as part of your National Pollutant Discharge Elimination System (NPDES) permit No. 2PR00260.

Our last inspection was conducted on June 21, 2011, and a certified letter dated June 29, 2011, was sent to your attention. On September 22, 2011, our office received a response letter from your engineer dated September 20, 2011. This response letter was subsequently revised on September 26, 2011. The letter states that you plan to install a new on-site septic system and abandon the existing treatment system. A proposed project schedule was included with a date of submitting the Permit-to-Install to our office by February 20, 2012. Construction of the new on-site system should be completed by October 1, 2012.

At the time of this inspection, the wastewater treatment plant (WWTP) was still not in operation. The contents in the aeration tank were black and septic. The conditions of the grounds at the WWTP were unsatisfactory. All wastewater must be hauled to a local POTW and all discharges ceased immediately per the revised response letter. Receipts documenting the amount of sewage hauled must be submitted to our office each month. In addition, you must still submit discharge monitoring reports each month indicating that no discharge occurred if that is truly the case.

Please be advised that failure to comply with your NPDES permit or make satisfactory progress towards compliance will result in enforcement action pursuant to Ohio Revised Code, Chapter 6111. Our completed inspection report is also included for your records. Should you have any questions, please contact Mr. Jason Ko at (419) 373-3021.

Yours truly,

Elizabeth A. Wick, P.E.
District Engineer/ Section Manager
Division of Surface Water

JCK/cs

Enclosures

pc: Marion County Health Department
↳ DSW NWDO File ↳



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Mr. Richard Smith Whitestone Golf Club 5211 Marion - Mt. Gilead Caledonia, Ohio 43314</i>	B. Received by (Printed Name) C. Date of Delivery <i>10-8</i>
2. <u>7009 1410 0001 1834 0685</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <i>aw/psom/c</i>
#02595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Richard Smith</i>	
Postage	\$.44
Certified Fee	\$.00
Return Receipt Fee (Endorsement Required)	\$.00
Restricted Delivery Fee (Endorsement Required)	\$.00
Total Postage & Fees	\$ 5.59
Sent To <i>Whitestone Golf Club</i> Street, Apt. No., or PO Box No. <i>5211 Marion - Mt. Gilead</i> City, State, ZIP+4 <i>Caledonia, Ohio 43314</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

5890 1834 0685 7009 1410 0001

Ohio EPA
Postmark Here

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

NPDES Permit No. 2PR00260

Facility Name: Whetstone Golf Course Expiration Date: August 31, 2013

Facility Address: 1493 N. Whetstone River Road Date: September 15, 2011 Time: 1:15 pm

City: Caledonia County: Marion Township: Claridon

Name and Address of Owner: Richard Smith & Clarence Perry, 5211 Marion-Mt. Gilead Road, Caledonia, Ohio

Person Contacted: Debbie Fowler Owner Phone: (740) 389-4343

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

Trib. Pop. (actual - estimated) Weather at time of inspection: Temp 70°F - Clear

OEPA Personnel: Jason Ko District: NWDO

1. Plant Effluent - Mark Severity No. (No discharge/Haul WW to POTW per 9/26/11 letter)

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear		None		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: Olentangy River

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear		None		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 underload
 (3) personnel inefficiency
 (4) equipment failure
 (5) WW haul to POTW per 9/26/11 letter
 (6) WWTP was not in operation

Disinfection: (Required May 1 thru Oct.31.)

IN	OUT	
<u> </u>	<u> </u> <input checked="" type="checkbox"/>	Chlorination Tablets
<u> </u>	<u> </u> <input checked="" type="checkbox"/>	Dechlorination Tablets
<u> </u>	<u> </u>	U.V

- | | | | | | |
|--------------------------------|---|-----------------------------------|---------------------|-----------------------------|-----------------------------|
| Yes | No | | Yes | No | Parameters: |
| 4. <u> </u> | <u> </u> <input checked="" type="checkbox"/> | Compliance with NPDES Permit | Periodic Violations | <u> </u> | <u> </u> |
| 5. <u> </u> | <u> </u> <input checked="" type="checkbox"/> | Adequate Plant Safety | Chronic Violation | <u> </u> | <u> </u> |
| 6. <u> </u> | <u> </u> <input checked="" type="checkbox"/> | Operation and Maintenance Service | Name : | <u> </u> | |
| | | | Frequency of Visits | <u> </u> | |



Facility Name: Whestone Golf Course

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	1	Plant Timer ___Y___ N Motor/ Blower Unit	Cycle Time: Not in operation
Secondary Treatment	1	Aeration Tank	Color : Black & Septic Adequate Aeration: Y ___ N ___ X ___
Final Settling	1	Clarifier	
	1	Sludge Return	In ___ Out ___ X
	1	Surface Skimmer	In ___ Out ___ X
		Fixed Media Clarifier	
Tertiary Treatment		Surface Sand Filter	
		Polishing Pond	
		Other	
Disinfection	OUT	Chlorine Tube Feeder	
	OUT	Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
		Sand Filter Effluent Dosing	
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal		Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	



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