

**Environmental  
Protection Agency**

Ted Strickland, Governor  
Lee Fisher, Lt. Governor  
Chris Korleski, Director

August 23, 2010

Darke County Commissioners  
County Administration Building  
Greenville, OH 45331

**RE: Compliance Evaluation Inspections/NOTICE OF VIOLATION  
Darke County Home WWTP  
NPDES Permit 1PG00105\*BD/OH0133612  
Darke County Jail WWTP  
NPDES Permit 1PG00104\*BD/OH0133621  
Greenville, Darke County**

Ladies and Gentlemen,

On August 18, 2010, I conducted Compliance Evaluation Inspections (CEIs) at the Darke County Home and Darke County Jail wastewater treatment plants. A detailed inspection report is attached.

A review of the self-monitoring reports for these facilities revealed incidences of non-compliance. The reported effluent violations are tabulated in the attached inspection reports. Non Compliance notification was not received for these violations as required by the NPDES permits. Part III, Item 12. Noncompliance Notification requires effluent violations be reported within 24 hours of discovery and subsequently a written confirmation submitted within 5 days of discovery. Given the number of facilities managed by the Darke County Commissioners, NPDES permit requirements should be well understood.

The following items were identified that require a response:

- 1. Effluent Limitation Violations** – Provide an explanation for the reported violations and what measures have been taken to address these incidences and how similar violations will be avoided in the future.
- 2. Non-Compliance Notification** – The Operator of Record is expected to provide Non-Compliance Notification for effluent violations as per Part III, Item 12 of the NPDES permit. Provide assurances that any future incidences of non-compliance will meet these NPDES permit requirements.
- 3. Sand Filter Maintenance** – The County Home south sand filter needs to be cleared of sludge and vegetation.

4. **General Maintenance** – The grating over both treatment plants and blower housings are rusting. These items should be painted to prevent further deterioration.

5. **Operator of Record Notification** – Submit completed Operator of Record forms for each of the Darke County Commissioners' wastewater facilities. Forms are enclosed for your convenience.

Provide a response to the above items by **September 10, 2010**. If you have any questions, I can be reached at (937) 285-6109.

Sincerely,



Joe Miller  
Division of Surface Water

ec: Darke County Health Department  
Jeff Marshall, Darke County Commissioners Office  
Steve Crawford, Operator

Permit # : 1PG00105\*BD  
 NPDES # : OH0133612

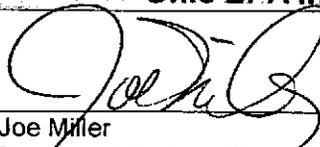
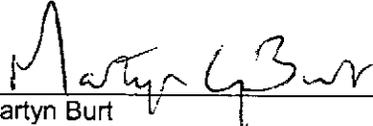


State of Ohio Environmental Protection Agency  
 Southwest District Office

NPDES Compliance Inspection Report  
 Semi-Public Sewage Disposal Inspection Form

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PG00105*BD	OH0133612	8/18/10	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Darke County Home 5105 County Home Road Greenville, OH 45331	10:35 AM	3/1/2008
	Exit Time	Permit Expiration Date
	10:40 AM	2/28/2013
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
N/A		
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
Steve Crawford, Class III Operator	937-548-2415	
Name, Address and Title of Responsible Official	Phone Number	
Darke County Commissioners County Courthouse, 100 Public Square Greenville, OH 45331	937-547-7370	

Ohio EPA Inspector	Ohio EPA Reviewer
 Date: 8/23/10	 Date: 8/23/10
Joe Miller Division of Surface Water Southwest District Office	Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office

Average Daily Design Flow:	10,000 Gallons/Day
Plant Serves:	County Retirement Home
Average Daily Flow: (Period of Review):	7782 Gallons/Day (April 2009 to July 2010)
Method of flow monitoring:	Elapsed Time on dosing pumps
Type of alarms for plant:	unknown

**Pretreatment**

Type of Pretreatment: **Trash Trap**  
 Does the Trash Trap need pumped: **N/A**  
 Maintenance of pretreatment components is: **Good**

**Comments/Status:**

Did not inspect

**Secondary Treatment  
(Aeration)**

Color of sludge: **Dark Brown**  
 Quality of Sludge: **Heavy**  
 Foam: **Light (dark)**  
 Odor: **Slight**

	Yes	No		Yes	No
Aeration is taking place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blowers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blowers are on a timer	<input type="checkbox"/>	<input type="checkbox"/>
Skimmers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is flooded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diffusers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grating is present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sludge return is operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Maintenance of aerating equipment is... **Good**

**Comments/Status:**

**Secondary Treatment  
(Settling)**

Clarity: **Clear**  
 Condition of Weir: **Clean**  
 Weir is level: **Yes**

Permit # : 1PG00105\*BD  
NPDES # : OH0133612

Effluent in weir: **Clear**  
Clarifier walls need scraped: **Unknown**

Overall maintenance of settling components is: **Good**

**Comments/Status:**

\_\_\_\_\_

**Tertiary Treatment**

	Yes	No		Yes	No
Surface sand Filters: <b>Slow</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Subsurface</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution box operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beds alternated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are filters ponding/flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beds raked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sand filters overgrown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UV present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dechlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall maintenance of components is: **Good**

**Comments/Status:**

One sand filter needs cleaned, others look good.

**Sludge Handling/Storage Disposal**

Hauler name: **Mike's Sanitation Inc. (MSI)**  
Disposal Site: **MSI Facility**  
Sludge wasted from: **Sludge Holding tank**  
How often is sludge wasted: **Unknown**  
Sludge drying beds: **No** Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

**Comments/Status:**

\_\_\_\_\_

**Plant Discharge**

Discharge point is a: **Ditch**  
Name of discharge point: **unnamed tributary of Bridge Creek**  
Discharge is visible: **Yes** Quality of Effluent: **Clear**

**Comments/Status:**

\_\_\_\_\_

### EFFLUENT LIMIT VIOLATIONS (Period of Review: 4/1/09-7/31/10)

7D = Weekly; 30D = Monthly; 1D = Daily; Conc. = Concentration (mg/l); Qty. = Quantity (Kg/Day)

Reporting Period	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
November 2009	00530	Total Suspended Solids	30D Conc	12	16.	11/1/2009
November 2009	00530	Total Suspended Solids	30D Qty	0.45	.47164	11/1/2009
January 2010	80082	CBOD 5 day	30D Conc	10	103.	1/1/2010
January 2010	80082	CBOD 5 day	30D Qty	0.38	2.82918	1/1/2010
January 2010	80082	CBOD 5 day	7D Conc	15	103.	1/15/2010
January 2010	80082	CBOD 5 day	7D Qty	0.57	2.82918	1/15/2010

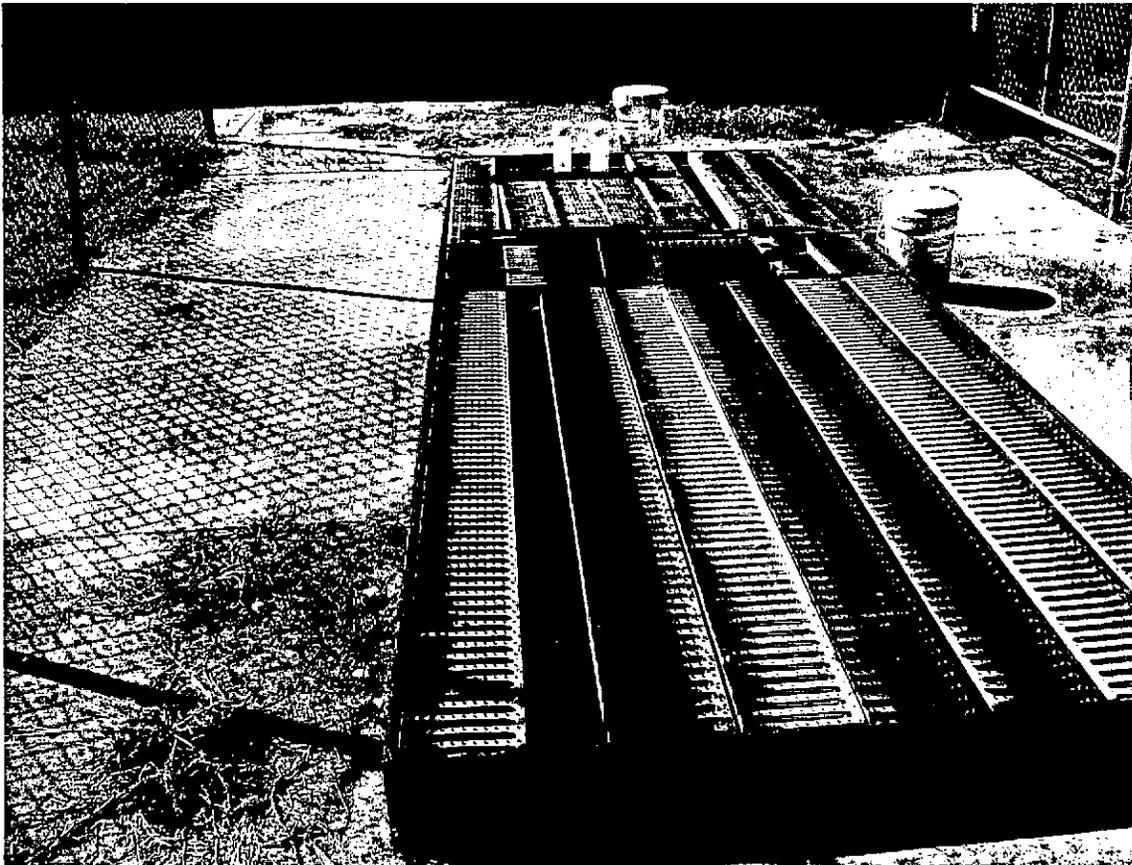


Figure 1. Darke County Home WWTP Disinfection and Post-aeration, Photo taken by Joe Miller, DSW 8/18/2010

Permit # : 1PG00105\*BD  
NPDES # : OH0133612



Figure 2. Darke County Home WWTP Activated Sludge Aeration Treatment,  
Photo taken by Joe Miller, DSW 8/18/2010



Permit #: 1PG00104\*BD  
 NPDES #: OH0133621

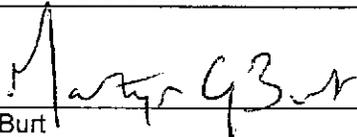


State of Ohio Environmental Protection Agency  
 Southwest District Office

NPDES Compliance Inspection Report  
 Semi-Public Sewage Disposal Inspection Form

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PG00104*BD	OH0133621	8/18/10	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Darke County Jail 5185 County Home Road Greenville, OH 45331	10:40 AM	5/1/2008
	Exit Time	Permit Expiration Date
	10:45 AM	4/30/2013
Name(s) and Title(s) of On-Site Representatives		Phone Number(s)
N/A		
Name(s), Address and Title(s) of Operator of Record		Phone Number(s)
Steve Crawford, Class III Operator		937-548-2415
Name, Address and Title of Responsible Official		Phone Number
Darke County Commissioners County Courthouse, 100 Public Square Greenville, OH 45331		937-547-7370

Ohio EPA Inspector	Ohio EPA Reviewer
 Joe Miller Division of Surface Water Southwest District Office	 Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office
8/23/10 Date	8/24/10 Date

Average Daily Design Flow:	<b>10,000 Gallons/Day</b>
Plant Serves:	County Jail (Criminal Justice Center)
Average Daily Flow: (Period of Review):	<b>1911 Gallons/Day (April 2009 to July 2010)</b>
Method of flow monitoring:	<b>Elapsed Time on dosing pumps</b>
Type of alarms for plant:	<b>unknown</b>

**Pretreatment**

Type of Pretreatment: **Trash Trap**  
 Does the Trash Trap need pumped: **N/A**  
 Maintenance of pretreatment components is: **Good**

**Comments/Status:**

Did not inspect

**Secondary Treatment  
(Aeration)**

Color of sludge: **Medium Brown**  
 Quality of Sludge: **Medium**  
 Foam: **Light (dark)**  
 Odor: **No objectionable odor present**

	Yes	No		Yes	No
Aeration is taking place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blowers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blowers are on a timer	<input type="checkbox"/>	<input type="checkbox"/>
Skimmers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is flooded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diffusers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grating is present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sludge return is operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Maintenance of aerating equipment is...**Good**

**Comments/Status:**

**Secondary Treatment  
(Settling)**

Clarity: **Clear**  
 Condition of Weir: **Clean**  
 Weir is level: **Yes**

Permit # : 1PG00104\*BD  
NPDES # : OH0133621

Effluent in weir: **Other**  
Clarifier walls need scraped: **Unknown**

Overall maintenance of settling components is: **Good**

**Comments/Status:**

\_\_\_\_\_

**Tertiary Treatment**

	Yes	No		Yes	No
Surface sand Filters: <b>Slow</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Subsurface</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution box operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beds alternated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are filters ponding/flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beds raked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sand filters overgrown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UV present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dechlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall maintenance of components is: **Good**

**Comments/Status:**

\_\_\_\_\_

**Sludge Handling/Storage Disposal**

Hauler name: **Mike's Sanitation Inc. (MSI)**  
Disposal Site: **MSI Facility**  
Sludge wasted from: **Sludge Holding tank**  
How often is sludge wasted: **Unknown**  
Sludge drying beds: **No**                      Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

**Comments/Status:**

\_\_\_\_\_

**Plant Discharge**

Discharge point is a: **Ditch**  
Name of discharge point: **unnamed tributary of Bridge Creek**  
Discharge is visible: **Yes**                      Quality of Effluent: **Clear**

**Comments/Status:**

\_\_\_\_\_

### EFFLUENT LIMIT VIOLATIONS (Period of Review: 4/1/09-7/31/10)

7D = Weekly; 30D = Monthly; 1D = Daily; Conc. = Concentration (mg/l); Qty = Quantity (Kg/Day)

Reporting Period	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
May 2009	80082	CBOD 5 day	30D Conc	10	13.7	5/1/2009
July 2009	80082	CBOD 5 day	30D Conc	10	10.1	7/1/2009
September 2009	80082	CBOD 5 day	30D Conc	10	10.8	9/1/2009

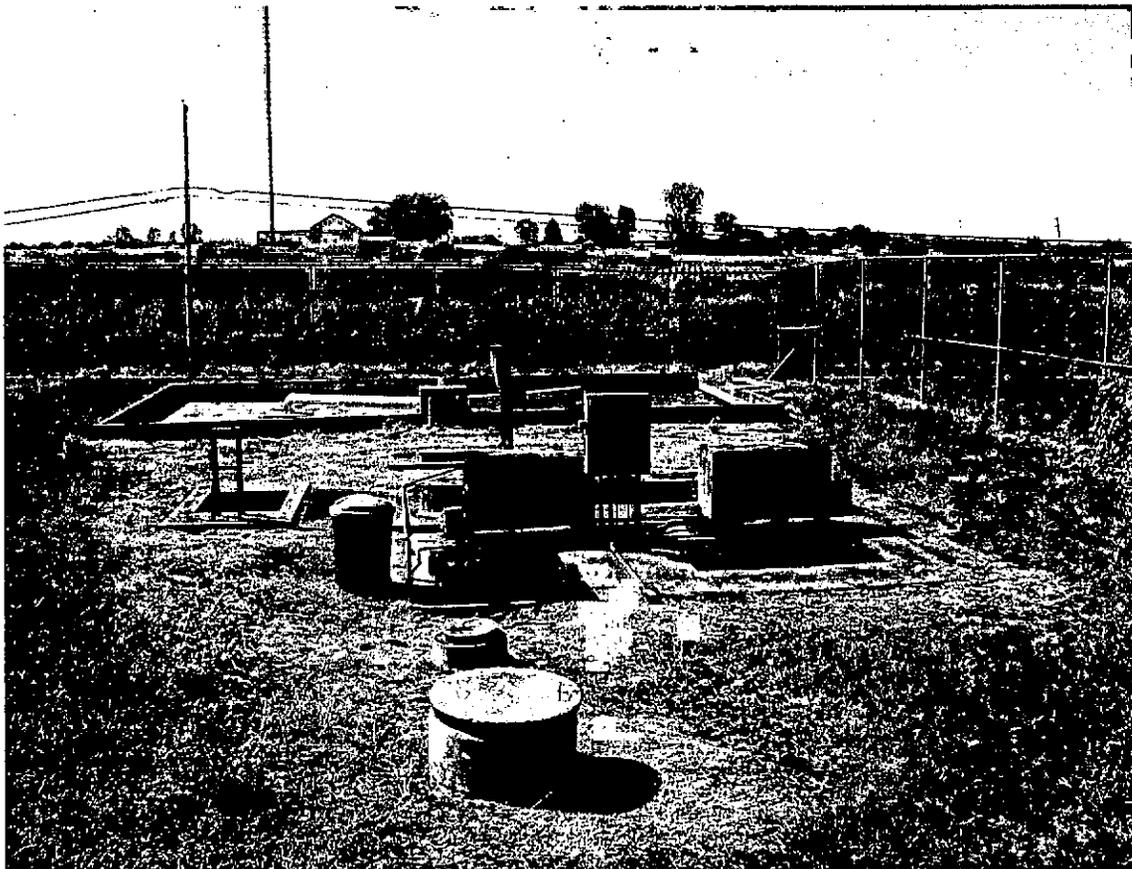


Figure 1. Darke County Jail WWTP, Photo taken by Joe Miller, DSW 8/18/2010



Ohio Environmental Protection Agency  
 Division of Drinking and Ground Waters  
 Operator Certification Unit

### Operator of Record (ORC) Notification Form

Ohio Environmental Protection Agency  
 Division of Drinking and Ground Waters  
 Operator Certification Unit  
 50 West Town St, Suite 700  
 P.O. Box 1049  
 Columbus, OH 43216-1049

Phone: (614) 644-2752  
 1- 866 - 411-OPCT (6728)  
 Fax: (614) 644-2909  
 email: opcert@epa.state.oh.us  
 website: www.epa.state.oh.us/ddagw/opcert.html

#### I. SYSTEM INFORMATION

Name of System: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PWS ID/NPDES Permit #: \_\_\_\_\_ STU # \_\_\_\_\_ Classification: \_\_\_\_\_

Name of Facility Owner or Permittee, Title (Print) \_\_\_\_\_ Facility Owner or Permittee (Signature) \_\_\_\_\_

#### II. SYSTEM TYPE (Check only one of the following. Use additional sheets if necessary.)

Public Water System (PWS)	Distribution System	Treatment Works	Collection System

#### III. OPERATOR OF RECORD INFORMATION

Add Additional(A), New (N) or Remove(R)	Name of Operator of Record	Certification Number & Expiration Date	I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. (Signature of certified operator)*

\* A signature by an operator of record who is being removed is not required.  
 (Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: \_\_\_\_\_

For Internal Use Only	
Reviewed by:	Date of SDWIS update:
Date of Compliance Status Letter:	

