



**Environmental  
Protection Agency**

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



\*1PV0009420090417\*

DARKE

SHERWOOD FOREST MHP

MILLER, JOSEPH

2009/04/17



State of Ohio Environmental Protection Agency

**Southwest District Office**

401 E. Fifth St.  
Dayton, Ohio 45402

TELE: (937) 285-6357 FAX: (937) 285-6249  
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Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korteski, Director

April 17, 2009

Greenville Associates, LP c/o Mike Laber  
1120 N. Main Street  
Rochester, MI 48307

**RE: NOTICE OF VIOLATION – Sherwood Forest Mobile Home Park WWTP  
Compliance Evaluation Inspection, Greenville, Darke County**

Dear Mr. Laber,

On April 6, 2009, I conducted an inspection at the Sherwood Forest MHP wastewater treatment works. This inspection was conducted to determine compliance with the NPDES discharge permit. This facility needs to be provided with equalization of wastewater during storm events. Effluent violations continue to occur regularly during wet weather conditions.

Effluent violations were noted during the period reviewed (April 2008 to March 2009). Effluent violations noted included numeric limitation violations, coding violations, and frequency violations. These violations are enumerated on attached lists. Violations continue to reflect plant overloading during wet weather. Please note that effluent violations are required to be reported as per Part III, Item 12 of your NPDES permit, entitled "Noncompliance Notification".

In the previous inspection reports, infiltration and inflow has been identified as problematic in the MHP collection system. Despite what appears to be a concerted effort to reduce I/I in the collection system, wet weather flows still far exceed the capacity and ability of the wastewater treatment plant. A response to the previous inspection report (May 5, 2008) was not received. Among other items, this inspection requested a schedule for installation of flow equalization.

Provide an approvable permit to install for installation of flow equalization by **June 1, 2009**. For your convenience, I have enclosed the necessary applications forms. If you have any questions, I can be reached at (937) 285-6109.

Sincerely,

Joe Miller  
Division of Surface Water

CC: Bob Gomez, Winelco  
Sherwood Forest MHP  
Darke County Health Department

Permit #: 1PV00094\*CD  
 NPDES #: OH0122793



State of Ohio Environmental Protection Agency  
 Southwest District Office

NPDES Compliance Inspection Report

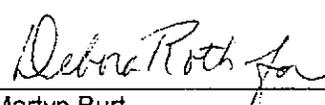
Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PV00094*CD	OH0122793	4/06/2009	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Sherwood Forest MHP 4716 State Route 49 Greenville, OH 45331	3:15 PM	10/1/2005
	Exit Time	Permit Expiration Date
	3:30 PM	9/30/2010
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
N/A		
Name, Address and Title of Responsible Official	Phone Number	
Greenville Associates, LP c/o Mike Laber 1120 N. Main Street Rochester, MI 48307	248-601-8400	

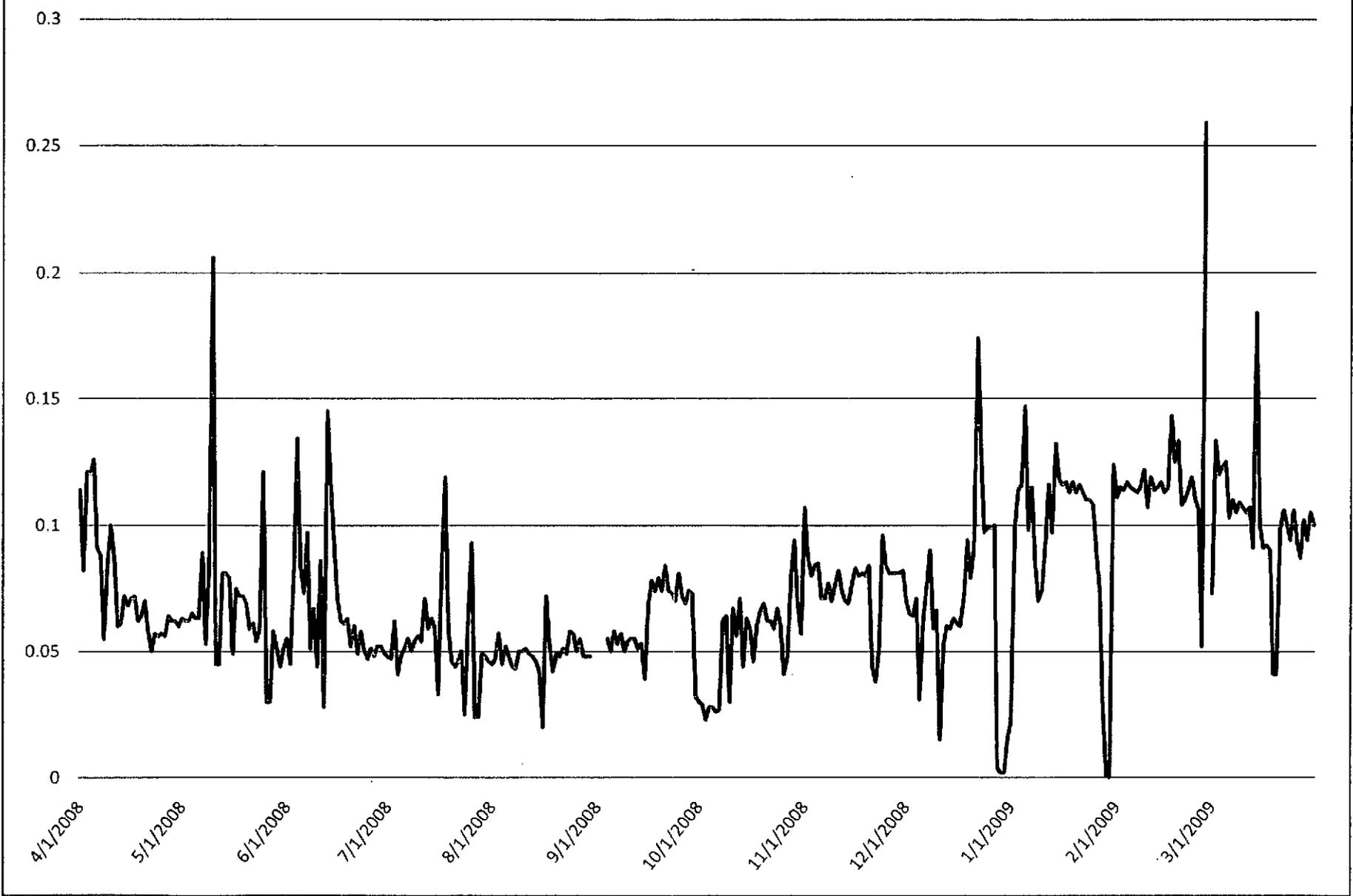
Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	S	Flow Measurement	N	Pretreatment
S	Records/Reports	N	Laboratory	N	Compliance Schedule
S	Operations & Maintenance	M	Effluent/Receiving Waters	M	Self-Monitoring Program
S	Facility Site Review	U	Sludge Storage/Disposal	N	Other
U	Collection System				

**Section D: Summary of Findings (Attach additional sheets if necessary)**

Effluent was rated as "Marginal" due to effluent violations, many of which are loading related. Self-monitoring was rated as "Marginal" due to frequency violations noted. Sludge Storage was rated as "Unsatisfactory". Sludge holding should be provided for at least 10% of the daily design flow. Possibility of conversion of existing tank into sludge holding. Collection system was rated as "Unsatisfactory" due to excessive inflow and infiltration. Wet weather flows exceed plant capacity and cause effluent violations. Design flow of the wastewater plant is 51,000 GPD. Flows during the period from April 2008 to March 2009 were reported as high as 259,000 GPD.

Inspector	Reviewer
 Joe Miller Division of Surface Water Southwest District Office	 Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office
4/14/09 Date	4/17/09 Date

Sherwood Forest MHP WWTP Flow (MGD) April 2008 to March 2009



Sherwood Forest MHP WWTP Effluent Limit Violations April 2008 to March 2009

Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
April 2008	001	00530	Total Suspended Solids	7D Qty	3.5	5.40498	4/8/2008
April 2008	001	80082	CBOD 5 day	7D Qty	2.9	3.7199	4/8/2008
April 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	3.9	4/9/2008
December 2008	001	00530	Total Suspended Solids	30D Conc	12	26.25	12/1/2008
December 2008	001	00530	Total Suspended Solids	30D Qty	2.3	8.4784	12/1/2008
December 2008	001	00530	Total Suspended Solids	7D Conc	18	26.	12/8/2008
December 2008	001	00530	Total Suspended Solids	7D Qty	3.5	6.49506	12/8/2008
December 2008	001	00530	Total Suspended Solids	7D Conc	18	38.	12/15/2008
December 2008	001	00530	Total Suspended Solids	7D Qty	3.5	8.6298	12/15/2008
December 2008	001	00530	Total Suspended Solids	7D Conc	18	36.	12/22/2008
December 2008	001	00530	Total Suspended Solids	7D Qty	3.5	17.5775	12/22/2008

Sherwood Forest MHP WWTP Effluent Coding Violation April 2008 to March 2009

Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
August 2008	001	00300	Dissolved Oxygen			AD	8/7/2008

Sherwood Forest MHP WWTP Effluent Frequency Violations April 2008 to March 2009

Reporting Period	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported	Violation Date
May 2008	001	00530	Total Suspended Solids	1/Week	1	0	05/08/2008
May 2008	001	80082	CBOD 5 day	1/Week	1	0	05/08/2008
May 2008	001	00400	pH	1/Week	1	0	05/08/2008
May 2008	001	00300	Dissolved Oxygen	1/Week	1	0	05/08/2008



### Permit-to-Install/Plan Approval Application

**FOR AGENCY USE ONLY**

Date Received: / /	Application/Revenue ID:	Organization ID:
Document ID:	Place ID:	Check ID:
Check Date: / /	Check Number:	Check Amount:

**1. Project Name:**

**2. Applicant (see note after signature)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**3. Application/Plans Prepared by:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**4. Billing Address (if different than Applicant)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**5. Future Owner (if different than Applicant)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**6. Project Location**

Street Address or Location Description: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Municipality: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Determination: \_\_\_\_\_

**7. Brief Project Description:**

\_\_\_\_\_

**8. Will one or more acres be disturbed during construction of this project?**  Yes  No

If **Yes**, enter the date the NOI for coverage under the construction storm water NPDES permit was submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and the date coverage was granted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**9 a. Is this application part of a combined permit-to-install application? (for example air + water)**  Yes  No

**b. Has an application for a Class V injection well permit been submitted?**  Yes  No  N/A

If **Yes**, date submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**10. Is this application for the construction or installation of a private sewage disposal system as specified by Ohio Revised Code (ORC) 6112.02?**  Yes  No

If **Yes**, have you applied for and obtained a certificate of public convenience and necessity from PUCO as specified by ORC 6112.03?  Yes  No

**11. Compliance Status**

a. Does this facility or the facility this project will contribute to have an NPDES permit for a point source discharge? If **Yes**, list state and federal permit numbers:  Yes  No

OH \_\_\_\_\_

b. Is this application filed in compliance with findings and orders, a consent decree, and/or NPDES permit schedule?  Yes  No

If **Yes**, effective date of the document containing the schedule: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**12. Have pollution prevention concepts been considered for this project?**  Yes  No

If **Yes**, please describe (*attach additional pages if necessary*)

\_\_\_\_\_

**13. Estimated Project Schedule:**

Beginning construction date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending construction date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Beginning operation date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**14. Project Cost:**

Installation/Construction Cost: \$ \_\_\_\_\_ (Mark one):  Actual  Bid  Estimate

Annual Operation/Maintenance Cost (if applicable - this project only): \$ \_\_\_\_\_

Are Water Pollution Control Loan Funds going to be used for this project?  Yes  No

If **No**, Funding Source: \_\_\_\_\_

**15. Attachments**

The following are included in this application package (check appropriate box(es) and indicate how many copies of each are provided):

- |  |   |
|--|---|
| <input type="checkbox"/> Detail Plans _____                            | <input type="checkbox"/> Management Plan _____            |
| <input type="checkbox"/> Soil Evaluation Report _____                  | <input type="checkbox"/> Engineering Report _____         |
| <input type="checkbox"/> Hydrogeologic Site Investigation Report _____ | <input type="checkbox"/> Engineering Specifications _____ |
| <input type="checkbox"/> Other (describe): _____                       |   |

**16. Form B Submission (check all that apply):**

- Sewer and Pump Station Construction – Form B1
- On-Site Wastewater Treatment & Dispersal Systems – Form B2
- Wastewater Treatment Plants Less Than 100,000 GPD – Form B3
- Wastewater Treatment Plants Greater Than or Equal to 100,000 GPD and all Pond Systems – Form B4
- Industrial Direct Discharge Facility – Form B5
- Industrial Indirect Discharge Facility – Form B6
- Underground Storage Tank Remediation – Form B7
- Holding Tanks – Form B8
- Land Application or Sludge Management Plan – Form B9

**17. Fee Calculations:**

Permit-to-Install (maximum total fee \$15,100)

- |  |           |
|--|-----------|
| a. Application fee:  | \$ 100.00 |
| b. Plan review fee:  | \$ 100.00 |
| c. Plan review fee (installation/construction cost x .0065): | \$ _____  |
| d. Total Fee (a + b + c):                                    | \$ _____  |

Land Application\* Plan Approval

- |                       |           |
|-----------------------|-----------|
| a. Application fee:   | \$ 100.00 |
| b. Plan review fee:   | \$ 100.00 |
| c. Total fee (a + b): | \$ 200.00 |

\* No separate fee is needed for land application of treated wastewater if the management plan is submitted as part of the PTI application for system installation.

**18. Signature of the Applicant: (see Ohio Administrative Code 3745-42-03)**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.*

Typed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE (Who Must Sign):**

The person signing as "Applicant" is not the applicant's engineer or architect or any other person submitting the Permit-to-Install Application on behalf of the owner. The "Applicant" is usually the owner of the facility, business, corporation, company, etc. It is not the engineer who prepared the plans.



**Permit-to-Install/Plan Approval Application**

Attachment II: Preliminary Treatment

**SCREENING AND GRINDING**

1. Mechanical Bar Screen: <input type="checkbox"/> N/A	New	Existing
a. Number of screens		
b. Type		
c. Size (feet)		
d. Bar size (inches)		
e. Clear spacing between bars (inches)		
f. Drive unit (volts, phase, & HP)		

2. Manual Bar Screen: <input type="checkbox"/> N/A	New	Existing
a. Number of screens		
b. Size (feet)		
c. Bar size (inches)		
d. Clear spacing between bars (inches)		
e. Bar slope (degrees from vertical plane)		

3. Other Screening <input type="checkbox"/> N/A	New	Existing
a. Number of screens		
b. Type		
c. Capacity (MGD)		
d. Size (inches)		

4. Comminutor: <input type="checkbox"/> N/A	New	Existing
a. Number of comminutors		
b. Manufacture/Model Number		
c. Size (feet)		

5. Others: <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

**GRIT REMOVAL**

<b>6. Grit Tank:</b> <input type="checkbox"/> N/A	<b>New</b>	<b>Existing</b>
a. Number of tanks		
b. Surface area dimensions (feet, each)		
c. Side water depth (feet, each)		
d. Flow velocity (feet per second)		

<b>7. Grit Tank Aeration:</b> <input type="checkbox"/> N/A	<b>New</b>	<b>Existing</b>
a. Number of blowers		
b. Type (diffused air, mechanical surface aerator, etc)		
c. Capacity (CFM)	at          psi	at          psi

<b>8. Grit Pumps:</b> <input type="checkbox"/> N/A	<b>New</b>	<b>Existing</b>
a. Number of pumps		
b. Type		
c. Capacity (gpm, each)		
d. TDH (feet)		
e. Speed (RPM)		
f. Motor HP		

<b>9. Mechanical Grit Removal:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

<b>10. Grit Dewatering:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

<b>11. Grit Disposal:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

**Flow Equalization**

12. Flow Equalization <input type="checkbox"/> N/A	New	Existing
a. Number of tanks		
b. Surface area dimensions (feet, each)		
c. Side water depth (feet, each)		
d. Capacity (gallons, each)		
e. Aeration and/or Mixing:		
i. Number of blowers		
ii. Type (diffused air, mechanical surface, etc.)		
iii. Capacity (CFM, each)		
f. Does a bypass or an overflow exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, is treatment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Other Preliminary Treatment <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
a. Describe:		
b. Design Criteria:		