



State of Ohio Environmental Protection Agency

Southwest District Office

401 East Fifth Street
Dayton, Ohio 45402-2911

TELE: (937) 285-6357 FAX: (937) 285-6249
www.epa.state.oh.us

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

January 28, 2008

Jim Leslie
City of Harrison Department of Public Utilities
300 George Street
Harrison, Ohio 45030

RE: NPDES PERMIT 1PC00002*HD
NOTICE OF VIOLATION

Dear Mr. Leslie:

The NPDES permit for the City of Harrison's Wastewater Treatment Plant is set to expire on June 30, 2008. A condition of the permit requires a renewal application no later than 180 days prior to the expiration date. The renewal application was due on December 30, 2007. Please submit the renewal application as soon as possible. You are requested to contact me at (937) 285-6101 to discuss a compliance date for submission of the application or if the application was sent prior to receipt of this letter.

Sincerely,

Mary Osika
Environmental Specialist
Division of Surface Water

cc: Bob Haas, Harrison WWTP





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

April 13, 2007

Daniel Gieringer, Mayor
City of Harrison
300 George Street
Harrison, Ohio 45030

RE: Compliance Evaluation Inspection at Harrison WWTP
NPDES Permit 1PC00002*HD

Dear Mayor Gieringer:

On March 13, 2007, Martyn Burt and I met with Jim Leslie and Bob Haas to conduct a compliance evaluation inspection at the Harrison Wastewater Treatment Plant. A copy of my inspection report is attached. All areas were rated as satisfactory except for the effluent quality which was rated as marginal due to the effluent limit excursions noted in my report. A marginal rating was also given to self monitoring due to the USEPA quality assurance laboratory study that was conducted in September 2006. Harrison should investigate their laboratory errors by discussing their lab QA/QC procedures with their contract lab, Ohio EPA's lab, or consult with other QA/QC contractors. You may contact Tutu Rosanwo at Ohio EPA's lab at (614) 644-4232. The laboratory errors should be investigated and corrected as soon as possible. I will need a response back regarding Harrison's efforts to correct the laboratory QA/QC issues to ensure that the self monitoring data is accurate and reliable.

If you have any questions regarding my report of the inspection or this letter, please call me at (937) 285-6101.

Sincerely,

Mary Osika

Environmental Specialist
Great Miami River Basin
Division of Surface Water

Enclosure

Cc: Jim Leslie, Harrison Utilities Director



Summary of Findings/ Comments

During the review period of January 1, 2006 to February 28, 2007, there were four permit limit excursions reported by the facility at outfall 001 to the Whitewater River. The violations are described below.

2/1/2006 - Total Suspended Solids reported concentration (30 Day) 14.23 mg/l, limit 12 mg/l

2/1/2006 - Total Suspended Solids reported concentration (7 Day) 19.75 mg/l, limit 18 mg/l

7/12/2006 - Oil & Grease reported concentration (Daily max.) 12.4 mg/l, limit 10 mg/l

8/22/2006 - Nitrogen, Ammonia reported concentration (7 Day) 1.53 mg/l, limit 1.5 mg/l

The Harrison Wastewater Treatment Plant has been treating an average of 0.880 MGD for the past year. The design flow rate of the plant is 2.3 MGD.

The most recent DMRQA study done in September 2006 showed three unacceptable evaluations for parameters analyzed by the City of Harrison's lab. These parameters are CBOD5, Nitrate Nitrogen, and pH. Both CBOD5 and pH are parameters which have limitations in the NPDES permit. Harrison should investigate their laboratory errors by discussing their lab QA/QC procedures with their contract lab, Ohio EPA's lab, or consult with other QA/QC contractors. You may contact Tutu Rosanwo at Ohio EPA's lab at (614) 644-4232. The laboratory errors should be investigated and corrected as soon as possible.



Ohio Environmental Protection Agency

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit Number	NPDES Number	Inspection Date (dd/mm/yy)	Inspection Type	Inspector	Facility Type
1PC00002*HD	OH0021440	3/13/2007	CEI	State	Public

Section B: Facility Data

Name and Location of Facility Inspected:	Entry Time	Permit Effective Date
City of Harrison WWTP 10999 Campbell Road Harrison, Ohio	10:47 am	November 1, 2003
	Exit Time	Permit Expiration Date
	11:30 am	June 30, 2008
Name(s) and Titles of On-Site Representative(s)	Phone Number(s)	
Jim Leslie, Director of Utilities	(513) 367-3725	
Bob Haas, Operator		
Name, Title and Address of Responsible Official:	Phone Number	
Daniel Gieringer, Mayor City of Harrison 300 George Street Harrison, Ohio 45030	(513) 367-2111	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, NA = Not Applicable)

S	Permit	S	Flow Measurement	N	Pretreatment
S	Records/Reports	S	Laboratory	S	Compliance Schedules
S	Operations & Maintenance	M	Effluent/Receiving Waters	M	Self-monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal		Other
S	Collection System				

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

See attached sheet.

Name and Signature of Inspector(s) <i>Mary Osika</i> Mary Osika	Agency / Office / Telephone Ohio EPA / Southwest District Office / (937) 285- 6101	Date 4/13/07
Name and Signature of Reviewer <i>Martyn Burt</i> Martyn Burt	Agency / Office / Telephone Ohio EPA / Southwest District Office / (937) 285- 6034	Date 4/13/07

Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

Section E: Permit Verification

INSPECTION OBSERVATIONS VERIFY THE PERMIT	Yes	No	N/A	N/E
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	x			
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	x			
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)			x	
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT	x			
(e) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLIC.	x			
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION			x	
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES			x	
(h) ALL DISCHARGES ARE PERMITTED	x			
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	x			

COMMENTS / STATUS:

Section F: Compliance Schedules/Violations

	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION		x		
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS			x	
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	x			
(d) COMPLIANCE SCHEDULE CONTAINED IN <u>NPDES Permit</u>	x			
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	x			

COMMENTS / STATUS:

Section G: Operation and Maintenance

TREATMENT WORKS:	YES	NO	N/A	N/E
(a) STANDBY POWER AVAILABLE; GENERATOR <u>x</u> DUAL FEED <u> </u>	x			
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	x			
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	x			
(d) SUFFICIENT OPERATING STAFF PROVIDED	x			
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>III</u>	x			
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	x			
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION		x		
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	x			
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION		x		
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u> </u> ON MORS <u>x</u> 800 NO.			x	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION		x		

COLLECTION SYSTEM:	YES	NO	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u> </u> %			x	
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO SSO)		x		
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)			x	
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED			x	
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT			x	
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM		x		
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	x			
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT				
(i) IS THERE AN INFLOW/INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM), OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION		x		
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING		x		
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY		x		

COMMENTS/STATUS:

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP) SUBMITTED DATE _____ APPROVAL # _____ NOT SUBMITTED N/E

	YES	NO	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	x			
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: land applic.)	x			
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF:			x	
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: Synagro)	x			
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION		x		
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	x			
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	x			
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	x			
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE		x		
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	x			

COMMENTS/STATUS:

Section I: Self-Monitoring Program

Part 1: Flow measurement	YES	NO	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED	x			
TYPE OF DEVICE: ULTRASONIC & PARSHALL FLUME _____				
ULTRASONIC & WEIR <input checked="" type="checkbox"/> WEIR _____ CALCULATED FROM INFLUENT _____				
____ OTHER (Specify : _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration: 11/06)	x			
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	x			
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	x			
(e) ACTUAL FLOW DISCHARGED IS MEASURED	x			
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: _____ DAILY WEEKLY _____ MONTHLY <input checked="" type="checkbox"/> OTHER - when needed as detected by SCADA	x			

COMMENTS/STATUS:

Part 2: Sampling	YES	NO	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	x			
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	x			
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	x			
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	x			
(e) SAMPLES REFRIGERATED DURING COMPOSITING	x			
(f) PROPER PRESERVATION TECHNIQUES USED	x			
(g) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	x			
(h) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g., continuous monitoring instrumentation, calibration and maintenance records)	x			
(i) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC	x			

COMMENTS/STATUS:

Part 3: Laboratory	YES	NO	N/A	N/E
GENERAL				
a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	x			
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED			x	
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT		x		
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT			x	
(e) COMMERCIAL LABORATORY USED	x			
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB , all but CBOD, TSS, pH, DO, Temp. NH3, fecals	x			
(2) LAB NAME: <u>Belmont</u>	x			

QUALITY CONTROL/QUALITY ASSURANCE				
(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	x			
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	x			
(f) ADEQUATE RECORDS MAINTAINED	x			
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM	x			
DATE: 9/1/06				
<u> </u> SATISFACTORY <u> </u> x MARGINAL <u> </u> UNSATISFACTORY				

COMMENTS/STATUS: see attached sheet

Section J: Effluent/Receiving Water Observations							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOLIDS	VISIBLE COLOR	OTHER
001	-	-	-	-	-	-	

COMMENTS/STATUS:

Outfall end wall being constructed due to erosion of bank. Contractors were present at time of inspection.

Section K: Multimedia Observations				
	YES	NO	N/A	N/E
(a) ARE THERE INDICATIONS OF SLOPPY HOUSEKEEPING OR POOR MAINTENANCE IN WORK AND STORAGE AREAS OR LABORATORIES?		X		
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS		X		
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION		X		
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS		X		
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS		X		
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?		X		

IF ANY OF THE ABOVE ARE OBSERVED, ASK THE FOLLOWING QUESTIONS:

- (1) WHAT IS THE CAUSE OF THE CONDITION?
- (2) IS THE OBSERVED CONDITION OR SOURCE A WASTE PRODUCT?
- (3) WHERE IS THE SUSPECTED CONTAMINANT NORMALLY DISPOSED?
- (4) IS THIS DISPOSAL PERMITTED?
- (5) HOW LONG HAS THE CONDITION EXISTED AND WHEN DID IT BEGIN?

COMMENTS/STATUS: