

**Environmental
Protection Agency**

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

March 7, 2011

Mr. Tommy Sedler
Home City Ice
6045 Bridgetown Road
Cincinnati, OH 45248

Re: Hamilton County, Home City Ice, Compliance Evaluation Inspection and Notice of Violation

Dear Mr. Sedler:

On February 16, 2011, I conducted a Compliance Evaluation Inspection at Home City Ice, (NPDES Permit No. OH0133795; OEPA Permit No. 1PX00035*BD). Representing this facility was Mr. Eric Gibson and Mr. Mike Ullman of Winelco, Inc. A copy of the inspection report has been included with this letter.

Upon performing a compliance review of the DMR's submitted by the facility several violations were noted. We have reviewed your report addressing the reasons for aforementioned violations and the actions being taken to prevent further occurrences. The Ohio EPA acknowledges that the facility has submitted a Permit to Install application for the modification of the treatment works. Said modifications are being proposed to address the chronic violations. The Ohio EPA has performed an initial review of the Permit to Install application and has requested additional information. Please provide the additional information as requested in the letter dated April 22, 2010.

The following items will require a written response be submitted by no later than March 18, 2011:

- As a routine part of the inspection, the data submitted by the facility on the Data Monitoring Report was reviewed. It was noted that the flow data submitted on the reports indicated that the daily average flow does not vary. The discharge permit requires that daily flow be determined on a weekly basis (i.e. weekly flow / days of operation = daily average flow). If it is determined that the facility is not providing the monitoring data as required this may be grounds for escalating enforcement.
- The mixed liquor in the aeration tank was very thin and contained very little solids. This is an indication that there are very few micro-organisms present in the treatment process to treat the sewage. Monitoring data (Ammonia, pH, and Alkalinity) suggests that even if the facility had a healthy population of micro-

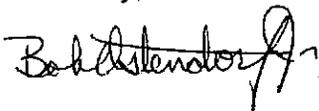
organisms the amount of alkalinity present may be a limiting factor in the removal of ammonia. Please provide to this office the strategy which will be implemented to address this situation.

- Records of maintenance and operational activities were not available at the time of the inspection. These records are commonly kept in what is referred to as an operator logbook. Ohio Administrative Code 3745-7-09 states: "The owner and operator of record of a public water system, treatment works or sewerage system shall maintain or cause to be maintained operation and maintenance records for each public water system, water treatment plant within a public water system, treatment works, or wastewater treatment facility within a treatment works..." A copy of Ohio Administrative Code 3745-7-09 in its entirety has been included with this letter for your use. Please submit a plan of action to comply with this requirement.
- Part II Item B of permit 1PX00035*BD requires that the facility designate one or more operators of record to oversee the technical operation of the treatment works. The facility is required to notify the Ohio EPA within sixty days of the effective date of the permit the name(s) of the operators of record. Please be advised that the required notification has not been received by the Ohio EPA and this constitutes a violation of permit 1PX00035*BD. A copy of the Operator of Record Notification Form has been included with this letter for your use.

Your response should include the dates, either actual or proposed, for completion of said actions. Please be advised that failure to comply with the effluent limitations, monitoring, or reporting requirements of your NPDES Permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

If you have any questions or concerns regarding this matter please feel free to contact me at (937) 285-6107 or via email at: robert.ostendorf@epa.ohio.gov.

Sincerely,



Bob Ostendorf Jr.
Division of Surface Water
Permits Section

Enclosure

cc: Mr. Eric Gibson, Winelco, Inc.

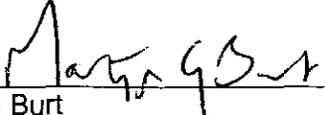


State of Ohio Environmental Protection Agency
Southwest District Office

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
1PX00035*BD	OH0133795	02/16/11	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Home City Ice (Modern Ice) 5709 Harrison Avenue Cincinnati, OH 45428	1000	October 1, 2008
	Exit Time	Permit Expiration Date
	1045	September 30, 2013
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Eric Gibson, Winelco, Inc. Mr. Mike Ullman, Winelco, Inc.	513-755-8050	
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
N/A		
Name, Address and Title of Responsible Official	Phone Number	
Mr. Tommy Sedler Home City Ice (Modern Ice) 5709 Harrison Avenue Cincinnati, OH 45428	513-615-0044	

Ohio EPA Inspector	Ohio EPA Reviewer
 Bob Ostendorf Jr. Division of Surface Water Southwest District Office	 Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office
2-22-11 Date	2/22/11 Date

Average Daily Design Flow:	2,000 Gallons/Day
Plant Serves:	Office Building
Average Daily Flow: (Period of Review)	1,108 Gallons/Day (09/01/2010 - 01/01/2011)
Method of flow monitoring:	Incoming Water Meter
Type of alarms for plant:	None

Pretreatment

Type of Pretreatment: **Trash Trap**
 Does the Trash Trap need pumped: **No**
 Maintenance of pretreatment components is: **Good**

Comments/Status:

**Secondary Treatment
(Aeration)**

Color of sludge: **Slightly Turbid**
 Quality of Sludge: **Thin**
 Foam: **None present**
 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 checked="" 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...**Fair**

Comments/Status:

The mixed liquor in the aeration tank was very thin and contained very little solids. This is an indication that there are very few micro-organisms present in the treatment process. Although recent data indicates that nitrification is occurring the decrease in alkalinity and pH are concerning. The lack of any residual alkalinity may prove to be a limiting factor in the removal of ammonia. The decrease in pH may also prove to be a concern for complying with the pH Final Effluent Limit. It was noted during the inspection that the facility is only equipped with one blower. Two blowers are the standard in WWTPs and when I voiced my concern, Mr. Mike Ullman of Winelco, Inc. stated that the blower could be ordered and replaced within 24 hrs.. Although the aeration tank DO appears to be adequate at this time, it is unclear if the existing blower and diffusers will be capable of maintaining an adequate DO under normal mixed liquor concentrations. It was discussed during the inspection that the modification or addition of chemistry or equipment requires an approved Permit to Install.

**Secondary Treatment
(Settling)**

Clarity: **Clear**
 Condition of Weir: **Clean**
 Weir is level: **Yes**
 Effluent in weir: **Clear**
 Clarifier walls need scraped: **Yes**

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

Comments/Status:

It was discussed during the inspection that solids are accumulating on the clarifier walls. This WWTP would likely benefit from the clarifier walls being scraped on a more frequent basis.

Tertiary Treatment

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

Overall maintenance of components is: **N/A**

Comments/Status:

The facility is equipped with a gravel upflow filter.

Sludge Handling/Storage/Disposal

Hauler name: Winelco
 Disposal Site: MSD
 Sludge wasted from: Aeration
 How often is sludge wasted: N/A
 Sludge drying beds: **No** Sludge holding tank: **No**

Overall maintenance of components is: **N/A**

Comments/Status:

Plant Discharge

Discharge point is a: **Ditch**
 Name of discharge point: Unnamed tributary of Wesselman Creek
 Discharge is visible: **No** Quality of Effluent: **Clear**

Comments/Status:

During the inspection we searched for the actual discharge point but were unable to locate it.

EFFLUENT LIMIT VIOLATIONS
 (Period of Review: 01/01/10 – 01/01/11)

Final Effluent Violations					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
March 2010	Ammonia	Monthly Conc	3.0	8.4	3/1/2010
March 2010	Ammonia	Weekly Conc	4.5	8.4	3/1/2010
March 2010	Ammonia	Monthly Qty	0.023	0.075	3/1/2010
March 2010	Ammonia	Weekly Qty	0.034	.075	3/1/2010
August 2010	Ammonia	Monthly Conc	1.0	3.9	8/1/2010
August 2010	Ammonia	Monthly Qty	0.0076	0.0348	8/1/2010
August 2010	Fecal Coliform	Monthly Conc	1000	2280	8/1/2010
August 2010	Ammonia	Weekly Conc	1.5	3.9	8/15/2010
August 2010	Ammonia	Weekly Qty	0.011	0.035	8/15/2010
August 2010	Fecal Coliform	Weekly Conc	2000	2280	8/15/2010
August 2010	Chlorine	Daily Conc	0.019	0.05	8/17/2010
August 2010	DO	Daily Conc	6.0	5.4	8/17/2010
December 2010	TSS	Monthly Conc	12	50	12/1/2010
December 2010	TSS	Monthly Qty	0.091	0.210	12/1/2010
December 2010	Ammonia	Monthly Conc	3.0	8.2	12/1/2010
December 2010	Ammonia	Monthly Qty	0.023	0.034	12/1/2010
December 2010	CBOD	Monthly Conc	10	12	12/1/2010
December 2010	TSS	Weekly Conc	18	50	12/8/2010
December 2010	TSS	Weekly Qty	0.14	0.21	12/8/2010
December 2010	Ammonia	Weekly Conc	4.5	8.2	12/8/2010
December 2010	Ammonia	Weekly Qty	0.034	0.034	12/8/2010

Frequency / Monitoring Violations						
Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date	
August 2010	Water Temperature	1/Week	1	0	08/01/2010	
August 2010	Water Temperature	1/Week	1	0	08/22/2010	

Recordkeeping requirements and responsibilities of a certified operator.

- (A) The owner and operator of record of a public water system, treatment works or sewerage system shall maintain or cause to be maintained operation and maintenance records for each public water system, water treatment plant within a public water system, treatment works, or wastewater treatment facility within a treatment works. Some of the formats in which the records may be maintained include, but are not limited to, hard bound books with consecutive page numbering, time cards, separate operation and maintenance records, or well organized computer logs.
- (1) The records shall be housed and maintained in such a manner as to be protected from weather damage and guarantee the authenticity and accuracy of the records contained within.
 - (2) The records shall be accessible onsite for twenty-four hour inspection by agency or emergency response personnel.
 - (3) At a minimum, the following information shall be recorded:
 - (a) Identification of the public water system, sewerage system, or treatment works;
 - (b) Date and times of arrival and departure for the operator of record and any other operator required by this chapter;
 - (c) Specific operation and maintenance activities that affect or have the potential to affect the quality or quantity of sewage or water conveyed, effluent or water produced;
 - (d) Results of tests performed and samples taken, unless documented on a laboratory sheet;
 - (e) Performance of preventative maintenance and repairs or requests for repair of the equipment that affect or have the potential to affect the quality or quantity of sewage or water conveyed, effluent or water produced; and
 - (f) Identification of the persons making entries.
 - (4) The records shall be kept up to date, contain a minimum of the previous three months of data at all times, and be maintained for at least three years.

(B) A certified operator shall:

- (1) Perform their duties in a responsible and professional manner consistent with standard operating procedures and best management practices;
- (2) Operate and maintain public water systems, sewerage systems, treatment works, and appurtenances so as not to endanger the health or safety of persons working in or around the facility, the public at large, or the environment due to negligence or incompetence; and
- (3) Report all instances of noncompliance with applicable regulations to the operator of record or facility supervisor.

(C) The duties of an operator of record shall include, but not be limited to, those outlined in paragraphs (B)(1) to (B)(3) of this rule and the following additional duties and responsibilities:

- (1) Responsible and effective on site management and supervision of the technical operation of the public water system, treatment works, or sewerage system;
- (2) Immediately notifying the permittee or owner of a public water system, sewerage system, or treatment works, and ensuring the agency and, if applicable, the local regulatory agency, is notified of items that require notification in accordance with sections 6109. or 6111. of the Revised Code, the rules adopted thereunder, or the facility's NPDES permit; and

(D) In the event that there are issues related to paragraphs (A) to (C) of this rule that are within the area of responsibility of, but beyond an operator of record or a certified operator's ability to address, it shall be the operator's responsibility to document any efforts to rectify the problem.

Effective: 12/21/2006

R.C. 119.032 review dates: 12/21/2011

Promulgated Under: 119.03

Statutory Authority: RC Sections 6111.46, 6109.04

Rule Amplifies: RC Sections 6111.46, 6109.04



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: http://www.epa.ohio.gov/ddagw/opcert.aspx

I. SYSTEM INFORMATION

Name of System: _____ Facility Phone Number: _____
 PWS ID/NPDES Permit #: _____ PWS STU # _____ Classification: _____
 Name of Facility Owner, Permittee or Resp. Official, Title (Print) _____ Facility Owner, Permittee or Resp. Official(Signature) _____
 Date the action below became/becomes effective _____

II. SYSTEM TYPE (Check only one of the following. Attach separate sheets for each system type (PWS, DIST, etc.)

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. I have a valid certification of a class equal to or greater than the classification 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: _____	



6. - - -
1.
2.