



Environmental  
Protection Agency

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



\*1PK0001920090327\*

HAMILTON POLK RUN WWTP

WARE, RONALD

2009/03/27



State of Ohio Environmental Protection Agency

**Southwest District Office**

401 E. Fifth St.  
Dayton, Ohio 45402

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

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

March 27, 2009

Donald G. Linn, P. E., Superintendent  
Division of Wastewater Treatment  
Metropolitan Sewer District of Greater Cincinnati  
1600 Gest Street  
Cincinnati, Ohio 45204

**Re: Polk Run WWTP, NPDES Permit No. 1PK00019\*FD / OH0020419  
Compliance Evaluation Inspection**

Dear Mr. Linn:

On Wednesday, March 18, 2009, Mr. Ron Ware of this office conducted a Compliance Evaluation Inspection at the above referenced facility. Larry Scanlan, Treatment Supervisor, and Barb Browne, Plant Supervisor, represented MSD during the inspection. The purpose of the inspection was to evaluate several aspects of plant operation and performance. A copy of the inspection report is enclosed. As indicated in the attached report, one area evaluated during the inspection was rated as "marginal."

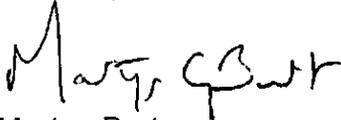
"Effluent/Receiving Waters" received a "marginal" rating due to violations of the final effluent limitations for ammonia nitrogen and fecal coliform bacteria in this facility's current NPDES permit (1PK00019\*FD) that occurred during the months of May and August 2008.

Please provide this office with a written description of any actions, either taken or proposed, that will prevent a recurrence of these violations. This written description should include the dates, either actual or proposed, for completion of these actions. Please provide this office with this written response within thirty days of receipt of this letter.

Donald G. Linn, P.E.  
March 27, 2009  
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If you have any questions regarding this report, please contact Mr. Ware at (937) 285 - 6098.

Sincerely,

A handwritten signature in black ink that reads "Martyn Burt". The signature is written in a cursive style with a large initial "M".

Martyn Burt  
Compliance and Enforcement Supervisor

cc: Larry Scanlan, Metropolitan Sewer District of Greater Cincinnati

MB/ca



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
1PK00019*FD	OH0020419	3/18/09	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Hamilton County MSD - Polk Run WWTP 9744 East Kemper Road Loveland, Ohio 45140	10:35 AM	May 1, 2005
	Exit Time	Permit Expiration Date
	11:35 AM	April 30, 2010
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Larry Scanlan, Treatment Supervisor Barb Browne, Plant Supervisor Michelle Nelson, Lab Technician	(513) 352 - 4929	
Name, Address and Title of Responsible Official	Phone Number	
Donald G. Linn, P. E., Superintendent Metropolitan Sewer District of Greater Cincinnati 1600 Gest Street Cincinnati, Ohio 45204	(513) 244 - 5142	

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	S	Laboratory		Compliance Schedule
S	Operations & Maintenance	M	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal		Other
N	Collection System				

Section D: Summary of Findings (Attach additional sheets if necessary)	
Inspector	Reviewer
<i>Tom Ware</i> 3/27/09 Ron Ware                      Date Division of Surface Water Southwest District Office	<sup>A</sup> <i>Martyn Burt</i> 3/27/09 Martyn Burt                      Date Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office

Sections E thru K: Complete on all inspections as appropriate  
Y – Yes, N – No, N/A – Not Applicable, N/E – Not Evaluated

**Section E: Permit Verification**

Inspection observations verify the permit

- (a) Correct name and mailing address of permittee ..... Y
- (b) Correct name and location of receiving waters..... Y
- (c) Product(s) and production rates conform with permit application (Industries)..... N/A
- (d) Flows and loadings conform with NPDES permit..... Y
- (e) Treatment processes are as described in permit application... Y
- (f) New treatment process(es) added since last inspection..... N
- (g) Notification given to State of new, different or increased discharges..... N/A
- (h) All discharges are permitted..... Y
- (i) Number and location of discharge points are as described in permit..... Y

Comments/Status:

**Section F: Compliance**

- (a) Any significant violations over the past year ..... Y
- (b) Permittee is taking actions to resolve violations..... Y
- (c) Permittee has a compliance schedule..... Y
- (d) Compliance schedule contained in
- (e) Permittee is meeting compliance schedule..... Y

Comments/Status:

(a) Exceedances of the allowable limits for ammonia nitrogen (both concentrations and loadings) and for fecal coliform bacteria were reported at outfall 001 in May and August 2008. Air blower malfunctions in May and August 2008 were the stated reasons for the ammonia violations.

**Section G: Operation & Maintenance**

**Treatment Works:**

Treatment facility properly operated and maintained

- (a) Standby power available.....generator  or dual feed ..... Y
- (b) Adequate alarm system available for power or equipment failures.. Y
- (c) All treatment units in service other than backup units..... Y
- (d) Wastewater Treatment Works classification (OAC 3745-7)..... IV
- (e) Operator of Record holds unexpired license of class required by permit..... Y  
Class: IV
- (f) Copy of certificate of Operator of Record displayed on-site..... Y
- (g) Minimum operator staffing requirements fulfilled (OAC 3745-7)... Y
- (h) Routine and preventative maintenance scheduled/performed... Y
- (i) Any major equipment breakdown since last inspection..... N
- (j) Operation and maintenance manual provided and maintained..... N/E
- (k) Any plant bypasses over the past year ..... Y
- (l) Regulatory agency notified of bypasses..... N/E  
On MOR's  and/or Spill Hotline (1-800-282-9378)
- (m) Any hydraulic and/or organic overloads since last inspection..... Y

**Record Keeping:**

- (a) Log book provided..... Y
- (b) Format of log book (i.e. computer log, hard bound book)  

Hard bound book
-----------------
- (c) Log book(s) kept onsite (in an area protected from weather)..... Y
- (d) Log book contains the following:
  - I. Identification of treatment works..... Y
  - II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7..... Y
  - III. Daily record of operation and maintenance activities (including preventative maintenance, repairs and request for repairs)..... Y
  - IV. Laboratory results (unless documented on bench sheets)... Y
  - V. Identification of person making log entries..... Y
- (d) Has the operator of record submitted written notification to the permittee, Ohio EPA and (if applicable) any local environmental agencies when a collection system overflow, treatment plant bypass or effluent limit violation has occurred..... Y

**Section G: Operation & Maintenance (con't)**

**Collection System:**

- (a) Combined system? Y
- (b) Any collection system overflows since last inspection..... Y  
(CSO  and/or SSO )
- (c) Regulatory agency notified of overflows (SSOs)..... Y
- (d) CSO O&M plan provided and implemented..... Y
- (e) CSOs monitored and reported in accordance with permit..... Y
- (f) Portable pumps used to relieve system..... N
- (g) Lift station alarms provided and maintained..... Y
- (h) Are lift stations equipped with permanent standby power  
or equivalent..... Y
- (i) Is there an inflow/infiltration problem (separate sewer system),  
or were there any major repairs to collection system since  
last inspection..... Y
- (j) Any complaints received since last inspection of basement flooding N/E
- (k) Are any portions of the sewer system at or near capacity..... N/E

Comments/Status:

**Treatment Works:**

(b) The Sewer District's SCADA system covers all treatment plant equipment, with the exception of the air blowers.

(k) & (m) An overflow from the treatment plant's flow equalization basin occurred on March 18, 2008. The treatment plant's average effluent flow for March 2008 was 8.5 MGD. Effluent flows exceeded 10 MGD for nine days in March 2008.

**Record Keeping:**

(d) O&M activities and lab results are kept in log books that are separate from the operator log book.

**Section H: Sludge Management**

- (a) Sludge management plan (SMP)  
Submitted date:                      Approval #:                      Not submitted     N/A
- (b) Sludge management plan current..... N/A  
(c) Sludge adequately disposed..... Y  
(Method: Hauled to the Little Miami WWTP or the Mill Creek WWTP)  
(d) If sludge is incinerated, where is ash disposed of?  
(e) Is sludge disposal contracted..... N  
(Name:                      )  
(f) Has amount of sludge generated changed significantly since  
last inspection..... N  
(g) Adequate sludge storage provided at plant..... Y  
(h) Land application sites monitored and inspected per SMP..... N/A  
(i) Records kept in accordance with State and Federal law..... Y  
(j) Any complaints received in last year regarding sludge..... Y  
(k) Is sludge adequately processed (digestion, pathogen control)..... N

**Comments/Status:**

**Section I: Self-Monitoring Program**

**Flow Measurement:**

- (a) Primary flow measuring device operated and maintained..... Y  
Type of device: Ultrasonic & Parshall flume     Ultrasonic & Weir     Weir   
Calculated from influent     Other  (Specify:                      )
- (b) Calibration frequency adequate ..... Y  
(c) Secondary instruments operated and maintained..... Y  
(d) Flow measurement equipment adequate to handle full range  
of flows..... Y  
(e) Actual flow discharged is measured..... Y  
(f) Flow measuring equipment inspection frequency  
 Daily  Weekly  monthly  other

**Comments/Status:**

**Section I: Self-Monitoring Program (con't)**

**Sampling:**

- (a) Sampling location(s) are as specified by permit..... Y
- (b) Parameters and sampling frequency agree with permit..... Y
- (c) Permittee uses required sampling method..... Y
- (d) Sample collection procedures are adequate..... Y
  - (i) Samples refrigerated during compositing..... Y
  - (ii) Proper preservation techniques used..... Y
  - (iii) Containers and sample holding times prior to analysis conform with 40 CFR 136.3..... Y
- (e) Monitoring records (i.e., flow, pH, DO) maintained for a minimum of three years including all original strip chart recordings (i.e, continuous monitoring instrumentation, calibration and maintenance records)..... Y
- (f) Adequate records maintained of sampling date, time, location, etc.. Y

**Laboratory:**

*General*

- (a) EPA approved analytical testing procedures used (40 CFR 136.3).. Y
- (b) If alternate analytical procedures are used, proper approval has been obtained..... N/A
- (c) Analyses being performed more frequently than required by permit. Y
- (d) If (c) is yes, are results in permittee's self-monitoring report..... N/E
- (e) Commercial laboratory used..... Y  
Parameters analyzed by commercial lab: Bioassays

Lab name: StanTech

*Quality Control/Quality Assurance*

- (f) Quality assurance manual provided and maintained..... Y
- (g) Satisfactory calibration and maintenance of instruments/equipment. Y
- (h) Adequate records maintained..... Y
- (i) Results of latest USEPA quality assurance performance sampling program:  Satisfactory  Marginal  Unsatisfactory

Date:

**Comments/Status:**

**Laboratory:**

**Section J: Effluent/Receiving Water Observations**

Outfall Number	Outfall sign in place?	Oil sheen	Grease	Turbidity	Foam	Solids	Color	Other
1PK00019001	No	None	None	None	slight	None	None	-

**Comments/Status:**

**Section K: Multimedia Observations**

- (a) Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories..... N
- (b) Do you notice staining or discoloration of soils, pavement or floors.. N
- (c) Do you notice distressed (unhealthy, discolored, dead) vegetation.. N
- (d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks..... N
- (e) Do you notice any unusual odors or strong chemical smells..... N
- (f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities..... N

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:**

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
1PK00019*FD	May 2008	001	00610	Nitrogen, Ammonia (NH3	30D Conc	1.5	3.06667	5/1/2008
1PK00019*FD	May 2008	001	00610	Nitrogen, Ammonia (NH3	30D Qty	45.4	60.7745	5/1/2008
1PK00019*FD	May 2008	001	00610	Nitrogen, Ammonia (NH3	7D Conc	2.3	10.2433	5/1/2008
1PK00019*FD	May 2008	001	00610	Nitrogen, Ammonia (NH3	7D Qty	69.6	188.701	5/1/2008
1PK00019*FD	May 2008	001	31616	Fecal Coliform	7D Conc	2000	3102.94	5/1/2008
1PK00019*FD	August 2008	001	00610	Nitrogen, Ammonia (NH3	30D Conc	1.5	4.71917	8/1/2008
1PK00019*FD	August 2008	001	00610	Nitrogen, Ammonia (NH3	30D Qty	45.4	85.5741	8/1/2008
1PK00019*FD	August 2008	001	00610	Nitrogen, Ammonia (NH3	7D Conc	2.3	18.3666	8/22/2008
1PK00019*FD	August 2008	001	00610	Nitrogen, Ammonia (NH3	7D Qty	69.6	333.386	8/22/2008
1PK00019*FD	August 2008	001	31616	Fecal Coliform	7D Conc	2000	2560.85	8/22/2008