



**Environmental
Protection Agency**

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



1PW0004320110324

MONTGOME, TIMBER LANES

OSTENDORF, ROBE 2011/03/24



**Environmental
Protection Agency**

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

March 22, 2011

Ms. Debora Scott
Ms. Lori Hedberg
Timber Lanes
P.O. Box 202
Piqua, OH 45356

Re: Montgomery County, Timber Lanes, Compliance Evaluation Inspection and
Notice of Violation

Dear Ms. Scott & Ms. Hedberg:

On March 4, 2011, I conducted a Compliance Evaluation Inspection at Timber Lanes (NPDES Permit No. OH0132039; OEPA Permit No. 1PW00043*AD). Mr. Bob Gomez of Winelco, Inc. was present during the inspection. I have included with this letter a copy of the inspection report for your use. This letter also serves as a Notice of Violation for the violations listed in Appendix A of the inspection report.

In a letter dated July 16, 2010 I included a copy of the Operator of Record Notification form and requested the form be completed and submitted by no later than August 2, 2010. Our records indicate that the completed form was not submitted as requested. Please be advised that Ohio Administrative Code 3745-7-02 "Certified Operators Required" requires that the owner or operator of a treatment works designate an Operator of Record. I have included with this letter a copy of the Operator of Record Notification form. There were several additional violations associated with the documentation that is required to be maintained and they are as follows:

- Operator of Record Wastewater Operator Certification not posted per Ohio Administrative Code 3745-7-05.
- The operation of the WWTP is contracted out and the contract for said operations was not available for review at the time of the inspection per Ohio Administrative Code 3745-7-02.
- The facility is not maintaining an Operator Logbook as required per Ohio Administrative Code 3745-7-09.

Please inform this office, in writing, within ten days of receipt of this notification as to the reason for the above referenced violations, as well as a description of the actions taken or proposed to prevent further violations. Your response should include the dates,

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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.

In an email dated August 2, 2010, Ms. Scott indicated that construction for the upgrade of the WWTP for Timber Lanes would be started in March or April of 2011. Please be advised that the facility is currently considered to be in "Significant Non-compliance". The NPDES permit for this facility is expired and cannot be renewed while these chronic violations persist. It is my understanding that the WWTP upgrades will address the chronic violations. I would like to take this opportunity to remind you that the current NPDES permit is expired and discharging wastewater without a valid NPDES permit is in violation of Ohio Revised Code 6111.04. Please submit a timeline for the initiation and completion of the plant upgrade by no later than April 4, 2011.

If you have any questions regarding this matter please feel free to contact me at (937) 285-6107 or via email at: Robert.Ostendorf@epa.state.oh.us.

Sincerely,



Bob Ostendorf Jr.
Division of Surface Water
Permits Section

Enclosure



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
1PW00043*AD	OH0132039	March 4, 2011	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Timber Lanes 7415 Pleasant Plains Road Clayton, OH 45315	0930	May 1, 2003
	Exit Time	Permit Expiration Date
	1000	April 30, 2008
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Bob Gomez, Winelco	513-317-8673	
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
Name, Address and Title of Responsible Official	Phone Number	
Ms. Debora Scott, Co-owner Ms. Lori Hedberg, Co-owner 7415 Pleasant Plain Road Clayton, OH 45315	937-524-1974 937-836-2944	

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
3-22-11 Date	3/22/11 Date

Average Daily Design Flow:	4,000 Gallons/Day
Plant Serves:	Bowling Alley
Average Daily Flow: (Period of Review):	828 Gallons/Day (06/1/10 – 01/01/11)
Method of flow monitoring:	Water usage
Type of alarms for plant:	None

Pretreatment

Type of Pretreatment: **None**
 Does the Trash Trap need pumped: **N/A**
 Maintenance of pretreatment components is: **N/A**

Comments/Status:

**Secondary Treatment
(Aeration)**

Color of sludge: **Light Brown**
 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 checked="" 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...**Fair**

Comments/Status:

**Secondary Treatment
(Settling)**

Clarity: **Clear**
 Condition of Weir: **Excessive Algae/Solids Build Up**
 Weir is level: **Yes**
 Effluent in weir: **Clear**

Permit # : 1PW00043*A
NPDES #: OH0132039

Clarifier walls need scraped: **Yes**

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

Comments/Status:

At the time of the inspection the clarifier walls were in need of scraping. This system would benefit from the scraping of the clarifier walls more frequently.

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 checked="" type="checkbox"/>	Dechlorination present	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Comments/Status:

The facility is not equipped with tertiary treatment. PTI 731-004 was approved on December 3, 2009 which was for the addition of UV disinfection and surface sand filters.

Sludge Handling/Storage Disposal

Hauler name: **N/A**

Disposal Site: **N/A**

Sludge wasted from: **N/A**

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: **Stream**

Name of discharge point: **Unnamed tributary of Wolf Creek**

Discharge is visible: **Yes** Quality of Effluent: **Clear**

Comments/Status:

Record Keeping/Operator of Record

- (a) Wastewater treatment Works Classification (OAC 3745-7).....I
- (b) Operator of Record holds unexpired license of class required by NPDES permit;.....N
- (c) Copy of certificate of Operator of Record displayed on site?.....N
- (d) Has the Operator of Record submitted an ORC notification form?.....N
- (e) Minimum operator staffing hours fulfilled?N/A
- (f) Operator of Record logbook provided?.....N
- (g) Format of logbook (eg computer log, hard bound book etc.)

At the time of the inspection an Operator of Record Notification Form had not been submitted as required. It was discovered that an operator logbook was not being maintained at the facility.

- (h) Logbook kept onsite in an area protected from weather.....N
 - (i) Logbook contains each of the following:
 - a. Identification of treatment works..... N
 - b. Dates and times of arrival and departure of OR and any other operator.....N
 - c. Daily record of operator and maintenance activities including preventative maintenance, repairs, process control tests etc.....N
 - d. Laboratory analysis results unless documented on bench sheets.....N
 - e. Identification of person making entries.....N
 - (j) Has the operator of record submitted written notifications to the permittee and Ohio EPA when a collection system overflow, treatment plant bypass or effluent limit violation has occurred?.....N/A
- Comments/Status:

Appendix A

Final Effluent Limit Violations

Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
August 2010	TSS	Monthly Conc	12	316	8/1/2010
August 2010	TSS	Monthly Qty	0.18	0.62	8/1/2010
August 2010	CBOD	Monthly Conc	10	22	8/1/2010
August 2010	TSS	Weekly Conc	18	316	8/15/2010
August 2010	TSS	Weekly Qty	0.27	0.62	8/15/2010
August 2010	CBOD	Weekly Conc	15	22	8/15/2010
August 2010	Chlorine	Daily Conc	0.038	0.16	8/18/2010
August 2010	Fecal Coliform	Weekly Conc	2000	TNTC	8/18/2010
August 2010	Fecal Coliform	Monthly Conc	1000	TNTC	8/18/2010
September 2010	Fecal Coliform	Weekly Conc	2000	TNTC	9/23/2010
September 2010	Fecal Coliform	Monthly Conc	1000	TNTC	9/23/2010
September 2010	TSS	Monthly Conc	12	33	9/1/2010
September 2010	TSS	Weekly Conc	18	33	9/22/2010
October 2010	Fecal Coliform	Weekly Conc	2000	TNTC	10/28/2010
October 2010	Fecal Coliform	Monthly Conc	1000	TNTC	10/28/2010
October 2010	TSS	Monthly Conc	12	16	10/1/2010
October 2010	DO	Daily Conc	6.0	5.8	10/26/2010
November 2010	TSS	Monthly Conc	12	14	11/1/2010
December 2010	TSS	Monthly Conc	12	59	12/1/2010
December 2010	TSS	Monthly Qty	0.18	0.20	12/1/2010
December 2010	CBOD	Monthly Conc	10	19	12/1/2010
December 2010	TSS	Weekly Conc	18	59	12/8/2010
December 2010	CBOD	Weekly Conc	15	19	12/8/2010

Frequency / Monitoring Violations

Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date
July 2010	Flow	1/Day	1	0	07/01/2010
September 2010	Temperature	1/Month	1	0	09/01/2010
October 2010	Temperature	1/Month	1	0	10/01/2010



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: _____	