

4PU00001



State of Ohio Environmental Protection Agency

STREET ADDRESS:

Central District Office

MAILING ADDRESS:

Lazarus Government Center  
50 W. Town St., Suite 700  
Columbus, Ohio 43215

TELE: (614) 728-3778 FAX: (614) 728-3898  
www.epa.state.oh.us

P.O. Box 1049  
Columbus, OH 43216-1049

April 18, 2008

Lake Darby Estates WWTP  
Ohio American Water  
5481 Buenos Aires Blvd  
Westerville, OH 43081

Re: 4PU00001/OH0036005  
COMPLIANCE INSPECTION  
LAKE DARBY ESTATES  
MADISON

Dear Mr. Schwing:

Enclosed is the Compliance Inspection Report for the Lake Darby Estates wastewater treatment plant (WWTP). This inspection was conducted on April 11, 2008 by Ohio EPA personnel. The purpose of this inspection was to evaluate the condition and operating capabilities of the WWTP. At the time of the inspection, the facility was found to be acceptable.

A review of your monthly operating reports revealed the following violations.

Violation Date	Parameter	Limit Type	Limit	Reported Value
1/8/2008	Total Suspended Solids	7D Qty	17.1	18.7307
2/1/2008	Total Suspended Solids	30D Conc.	6.0	11.05
2/1/2008	Total Suspended Solids	7D Conc.	9.0	13.1
2/1/2008	Total Suspended Solids	30D Qty	11.4	26.7070
2/1/2008	Total Suspended Solids	7D Qty	17.1	39.0061
2/1/2008	CBOD 5 day	30D Qty	11.4	12.4644
2/22/2008	Total Suspended Solids	7D Conc.	9.0	22.3
2/22/2008	Total Suspended Solids	7D Qty	17.1	50.0146

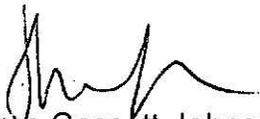
Please inform this office, in writing, within ten days of receipt of this notification as to the reason(s) for the above referenced violation(s), as well as a description of the action(s) taken or proposed to prevent any further violation(s). Your response should include the dates, either actual or proposed, for completion of the action(s).

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

Lake Darby Estates WWTP  
Ohio American Water  
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If you have any questions feel free to contact me at (614) 728-3847.

Sincerely,



Sherée Gossett-Johnson  
Environmental Specialist II  
Compliance/Enforcement Section  
Division of Surface Water

Enclosure

SGJ/nsm Lake Darby E.doc

**NPDES COMPLIANCE INSPECTION REPORT**

**Section A: National Data System Coding**

<b>Permit #</b> 4PU00001	<b>NPDES</b> OH0036005	<b>Mo/Day/Yr</b> 4/14/2008	<b>Insp. Type</b> C	<b>Inspector</b> S	<b>Watershed</b> Darby
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**Section B: Facility Data**

**Facility Name:** Lake Darby Estates (Ohio-American Water)  
**Address:** 589 Hubbard Road  
**City/State/Zip:** Galloway, OH 43119

**Entry Time** **Permit Eff. Date**  
 7:00 a.m. 2/1/2006  
**Exit Time** **Permit Exp. Date**  
 8:00 a.m. 1/31/2011

**On-Site Representatives**

**Name:** Tom Schwing  
**Title:** Operator  
**Phone:** (614)882-6586

**Responsible Official**

**Name/Title:** David Little  
**Address:** P.O. Box 6101, Westerville, OH 43081  
**Phone:** (614)882-1658

**Section C: Areas Evaluated During Inspection:**

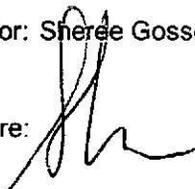
**(S=Satisfactory, M=Marginal, U=Unsatisfactory, NE=Not-Evaluated)**

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

**Section D: Summary of Findings/Comments:**

Name of Inspector: Sherree Gossett-Johnson

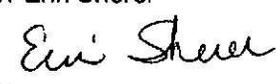
Ohio EPA, Central District Office

Signature: 

Date: 4/15/08

Name of Reviewer: Erin Sherer

Ohio EPA, Central District Office

Signature: 

Date: 4/15/08

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

**Section E. Permit Verification**

	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(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 (Industrial)			X	
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT	X			
(e) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APP.	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 THE PERMIT	X			

COMMENTS/STATUS:

**Section F. Compliance Schedule and Violations**

	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE LAST INSPECTION	X			
(b) PERMITTEE IS TAKING ACTION TO RESOLVE VIOLATIONS	X			
(c) PERMITTEE HAS COMPLIANCE SCHEDULE		X		
(d) COMPLIANCE SCHEDULE CONTAINED :			X	
(e) PERMITTEE IS MEETING SCHEDULE OF COMPLIANCE			X	

COMMENTS/STATUS:

Mr. McFarland explained that the clarifier was down due to equipment failure.

**Section G. Operation and Maintenance**

TREATMENT WORKS:

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

	Yes	No	N/A	N/E
(a) STANDBY POWER AVAILABLE: GENERATOR DUAL FEED	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 STAFF PROVIDED #SHIFTS DAYS/Wk Full Time	X			
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS: II	X			
(f) ROUTINE AND PREVENTATIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	X			
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION		X		
(h) O&M MANUAL PROVIDED AND MAINTAINED	X			
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION		X		
(j) REG. AGENCY NOTIFIED OF BYPASSES--on MORs 1-800 #			X	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS SINCE LAST INSPECTION		X		

COMMENTS/STATUS:

**Section G. Operation & Maintenance (continued)**

	Yes	No	N/A	N/E
<b>COLLECTION SYSTEM:</b>				
(a) PERCENT COMBINED SYSTEM: %				
(b) COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION CSO SSO			X	
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)			X	
(d) CSO O&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 ALARMS PROVIDED AND MAINTAINED			X	
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIV.			X	
(i) ANY INFLOW/INFILTRATION PROBLEM, OR ANY MAJOR REPAIRS TO THE COLLECTION SYSTEM SINCE LAST INSPECTION (SEPARATE SEWER SYSTEM)		X		
(j) ANY COMPLAINTS SINCE LAST INSPECTION OF BASEMENT FLOODING		X		
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY		X		
<b>COMMENT/STATUS:</b>				

**Section H. Sludge Management**

	Yes	No	N/A	N/E
(a) SLUDGE MANAGEMENT PLAN (SMP)	X			
IF YES, DATE SUBMITTED: APPROVAL #				
(b) SLUDGE MANAGEMENT PLAN CURRENT	X			
(c) SLUDGE ADEQUATELY DISPOSED OF: METHOD-	X			
(d) IS SLUDGE INCINERATED		X		
IF YES, ASH IS DISPOSED AT:				
(e) IS SLUDGE DISPOSAL CONTRACTED	X			
IF YES, CONTRACTOR NAME: <u>Franklin County landfill</u>				
(f) HAS AMOUNT OF SLUDGE 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			
<b>COMMENTS/STATUS:</b>				

**Section I. Self Monitoring Program**

**Part 1. Flow Measurement**

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED	X			
TYPE OF FLOW MEASURING: <u>Ultrasonic</u>				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration): 9/20/07	X			
(c) SECONDARY INST. (totalizer, recorder, etc.) PROPERLY OPERATED & MAINTAINED	X			
(d) FLOW MEASURING EQUIP. ADEQUATE FOR EXPECTED RANGES OF FLOWS	X			
(e) ACTUAL FLOW DISCHARGED IS MEASURED	X			
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY:				
DAILY MONTHLY OTHER				
WEEKLY OTHER				
				2 times

USEPA NPDES No. OH0036005

Ohio NPDES No. 4PU00001

**Section I. Self Monitoring Program (continued)**

**Part 2. Sampling**

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED IN THE 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			
(i) SAMPLES REFRIGERATED DURING COMPOSITING	X			
(ii) PROPER PRESERVATION TECHNIQUES USED	X			
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	X			
(e) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS, INCLUDING ALL ORIGINAL STRIP CHART RECORDS (e.g., continuous monitoring instrumentation, calibration, and maintenance records)	X			
(f) ADEQUATE RECORDS MAINTAINED (e.g., sampling date, time, exact location, etc.)	X			

**Part 3. Laboratory**

	Yes	No	N/A	N/E
(a) EPA APP. ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	X			
(b) IF ALTERNATE PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED			X	
(c) ANALYSIS PERFORMED MORE FREQUENTLY THAN REQUIRED BY THE PERMIT	X			
(d) IF (c) IS YES, ARE RESULTS RECORDED IN PERMITTEE'S SELF-MONITORING REPORT				X
(e) COMMERCIAL LABORATORY USED		*		X
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB:				
<u>Ohio American Water Laboratory: Total Suspended Solids, Ammonia, Fecal Coliform, CBOD, % Solids, % Volatiles</u> Stantec Labs: Oil & Grease, Nitrate & Nitrite, Nickel, Zinc, Cadmium, Lead, Chromium, Copper, Hexavalent Chromium, Mercury				
(2) LAB <u>NAV Zande Lab</u>				
(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	X			
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	X			
(h) ADEQUATE RECORDS MAINTAINED	X			
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING P DATE:	NA	Satisfactory		
	NA	Marginal		
	NA	Unsatisfactory		

COMMENTS/STATUS:

**NOTE\*:** Parameters analyzed at WWTP: Temperature, Flow, pH, Chlorine Residual, Dissolved Oxygen

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

OUTFALL NO	OIL SHEEN	VISIBLE GREASE	VISIBLE TURBIDITY	FLOATING FOAM	SOLIDS	COLOR	OTHER
1	none	none	none	none	none	none	

**Section K. Multimedia Observations**

	Yes	No	N/A	N/E
(a) ARE THERE ANY 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		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 COLORS 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: