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State of Ohio Environmental Protection Agency

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

October 23, 2007

**Re: 4PA0004/OH0022519  
VILLAGE OF WILLIAMSPORT WWTP  
RECONNAISSANCE INSPECTION  
PICKAWAY COUNTY**

Mayor Donald Schleich  
Village of Williamsport  
106 School Street  
Williamsport, OH 43164

Dear Mayor Schleich :

Enclosed is the Reconnaissance Inspection Report for the Village of Williamsport wastewater treatment plant. This inspection was conducted on October 17, 2007, by Ohio EPA personnel in an effort to correlate the Deer Creek watershed permitted dischargers effluent quality with the water quality in the Deer Creek basin.

The purpose of this inspection was to evaluate the condition and operating capabilities of the WWTP as well as to offer technical assistance to aid you in maintaining high quality effluent and compliance with your NPDES permit. At the time of the inspection, the facility was found to be acceptable.

If you have any questions or concerns, please call me at (614)728-3847.

Sincerely,

Sheree Gossett-Johnson  
Environmental Specialist II  
Field Operations Unit  
Division of Surface Water  
Central District Office

Enclosures

c: Eric Schleich, Village of Williamsport WWTP Operator

SGJ/nsm Williamsport07

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

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## NPDES COMPLIANCE INSPECTION REPORT

### Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Insp. Type	Inspector	Watershed
4PA00004	OH0022519	07/10/17	R	S	DEER CREEK

### Section B: Facility Data

<b>Facility Name:</b>	<u>Village of Williamsport</u>	<b>Entry Time</b>	<b>Permit Eff. Date</b>
<b>Address:</b>	<u>300 West Ballard Ave.</u>	10:30 am	9/1/05
<b>City/State/Zip:</b>	<u>Williamsport, OH 43164</u>	<b>Exit Time</b>	<b>Permit Exp. Date</b>
		11:00am	8/31/10

#### On-Site Representatives

Name: Eric Schleich  
 Title: WWTP Superintendent  
 Phone: (740) 986-9505

#### Responsible Official

Name/Title: Donald Schleich/Mayor  
 Address: 106 School St., Williamsport, Ohio 43164  
 Phone: (740)986-9505

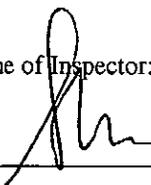
### Section C: Areas Evaluated During Inspection:

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

Permit	S	Effluent/ Recieving Waters	S
Records/Reports	S	Sludge Storage/ Disposal	S
Operations & Maintenance	S	Pretreatment	N
Facility Site Review	S	Compliance Schedules	N
Collection System	S	Self-Monitoring Program	S
Flow Measurement	S	Inflow and Infiltration	
Laboratory	S		

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

Name of Inspector: Sheree Gossett-Johnson Ohio EPA, Central District Office

Signature: 

Date: 10/18/07

Name of Reviewer: Erin Sherer Ohio EPA, Central District Office

Signature: 

Date: 10/19/07

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 APPLICATION (Industrial)	X			
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT	X			
(e) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	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	X	
(b) PERMITTEE IS TAKING ACTION TO RESOLVE VIOLATIONS			X	
(c) PERMITTEE HAS COMPLIANCE SCHEDULE				
(d) COMPLIANCE SCHEDULE CONTAINED II:				X
(e) PERMITTEE IS MEETING SCHEDULE OF COMPLIANCE				X

COMMENTS/STATUS:

**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	X			
(e) OPERATOR HOLDS UNEXPIRED LISCENSE OF CLASS PROVIDED BY PERMIT- CLASS: I	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 EXPERIENCED SINCE LAST INSPECTION	X			

COMMENTS/STATUS:

*Submit Reg'd?*

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

	Yes	No	N/A	N/E
COLLECTION SYSTEM:				
(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	_____
COMMENT/STATUS:				

**Section H. Sludge Management**

	Yes	No	N/A	N/E
(a) SLUDGE MANAGEMENT PLAN (SMP)	X	_____	_____	_____
IF YES, DATE SUBMITTED: <u>01/22/97</u> APPROVAL # <u>01-258-PW</u>				
(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:				
(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	_____	_____	_____
COMMENTS/STATUS:				

**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): <u>10/01/07</u>	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 _____				
WEEKLY _____ OTHER _____				

**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	<u>X</u>	_____	_____	_____
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	_____	_____	_____
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	_____	_____	_____
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	_____	_____	_____
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	_____	_____	_____
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	_____	_____	_____
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	_____	_____	_____
(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)	<u>X</u>	_____	_____	_____
(f) ADEQUATE RECORDS MAINTAINED (e.g., sampling date, time, exact location, etc.)	<u>X</u>	_____	_____	_____

**Part 3. Laboratory**

	Yes	No	N/A	N/E
(a) EPA APP. ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	_____	_____	_____
(b) IF ALTERNATE PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	_____	_____	<u>X</u>	_____
(c) ANALYSIS PERFORMED MORE FREQUENTLY THAN REQUIRED BY THE PERMIT	_____	<u>X</u>	_____	_____
(d) IF (c) IS YES, ARE RESULTS RECORDED IN PERMITTEE'S SELF-MONITORING REPORT	_____	_____	<u>X</u>	_____
(e) COMMERCIAL LABORATORY USED	<u>X</u>	_____	_____	_____
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB: <u>NPDES Permit requirements</u>				
(2) LAB NAME: <u>MASI</u>				
(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	_____	_____	_____
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	_____	_____	_____
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	_____	_____	_____
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE: <u>NA</u>	_____	_____	_____	Satisfactory Marginal Unsatisfactory

COMMENTS/STATUS: