



State of Ohio Environmental Protection Agency

Central District Office

FILE COPY

STREET ADDRESS:

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

October 23, 2007

Re: 4PD00003/OH0006327
CIRCLEVILLE WWTP
RECONNAISSANCE INSPECTION
PICKAWAY COUNTY

Mr. Louis McFarland
Director of Public Services
104 Franklin Street
Circleville, OH 43113

Dear Mr. McFarland:

Enclosed is the Reconnaissance Inspection Report for City of Circleville Wastewater Treatment Plant. This inspection was conducted on October 17, 2007, by Ohio Environmental Protection Agency personnel.

The purpose of the inspection was to evaluate compliance with the terms and conditions of your permit. At the time of the inspection the plant was rated as satisfactory.

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

Sincerely,

Sheree Gossett-Johnson
Environmental Specialist II
Enforcement and Compliance
Division of Surface Water
Central District Office

Enclosure

SGJ/nsm Circle07

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	Fac Type
4IF00001	OH0006327	07/10/17	R	S	1

Section B: Facility Data

Facility Name:	<u>City of Circleville WWTP</u>	Entry Time	Permit Eff. Date
Address:	<u>114 Franklin Street, P.O. Box 209</u>	11:30pm	7/1/04
City/State/Zip:	<u>Circleville, Ohio 43113</u>	Exit Time	Permit Exp. Date
		12:30pm	6/30/09

On-Site Representatives

Name: Rod Lagerstam
 Title: Superintendent
 Phone: (740)477-8230

Responsible Official

Name/Title: Mr. Loius McFarland, Director of Public Services
 Address: 104 Franklin Street, Ohio 43113
 Phone: (740)477-8245

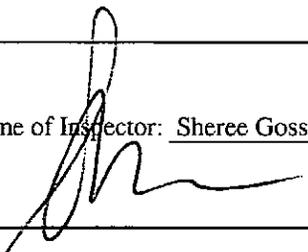
Section C: Areas Evaluated During Inspection:

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

Area	Rating	Description	Rating
Permit	S	Effluent/ Receiving Waters	S
Records/Reports	S	Sludge Storage/ Disposal	S
Operations & Maintenance	S	Pretreatment	S
Facility Site Review	S	Compliance Schedules	S
Collection System	S	Self-Monitoring Program	S
Flow Measurement	S	Other	
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		
(b) PERMITTEE IS TAKING ACTION TO RESOLVE VIOLATIONS			X	
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	X			
(d) COMPLIANCE SCHEDULE CONTAINED I Part I, C. of Current Permit	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 2 DAYS/WK 7	X			
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS PROVIDED BY PERMIT- CLASS:	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:

(c) The on-site sludge handling equipment is not used for sludge disposal because the sludge is disposed of at the landfill.

Section G. Operation & Maintenance (continued)

	Yes	No	N/A	N/E
COLLECTION SYSTEM:				
(a) PERCENT COMBINED SYSTEM: <u> </u> %				
(b) COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION: CSO <u> </u> SSO <u> </u>			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: 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:				
(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>MAGMETER</u>				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration):	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 <u> </u> MONTHLY <u>X</u>				
WEEKLY <u> </u> OTHER <u> </u>				

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>PRIORITY POLLUTANTS / BIOASSAY</u>				
(2) LAB NAME: <u>BELOMONT / AQUA TECH</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>DMROA</u>	<u>X</u>	Satisfactory	_____	_____
	_____	Marginal	_____	_____
	_____	Unsatisfactory	_____	_____

COMMENTS/STATUS:

Section J. Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	VISIBLE GREASE	VISIBLE TURBIDITY	FOAM	FLOATING SOLIDS	COLOR	OTHER
001	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.	_____	_____	_____	_____
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	_____	<u>X</u>	_____	_____
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	_____	<u>X</u>	_____	_____
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	_____	<u>X</u>	_____	_____
(e) DO YOU NOTICE ANY UNUSUAL COLORS OR STRONG CHEMICAL SMELLS	_____	<u>X</u>	_____	_____
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	_____	<u>X</u>	_____	_____

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: