

4PQ00002



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

June 2, 2009

Dennis Williams
Earnhart Hill Regional Water & Sewer District
P.O. Box 151
Circleville, OH 43113

Re: **4PQ00002/OH0121371**
EARNHART HILL REGIONAL WATER & SEWER DISTRICT WWTP #2
RECONASSANCE INSPECTION
PICKAWAY COUNTY

Dear Mr. Williams:

Enclosed is the Compliance Inspection Report for the Earnhart Hill Regional Water & Sewer District. This inspection was conducted on May 19, 2008, by Ohio EPA personnel. The purpose of this inspection was to evaluate compliance with the NPDES. At the time of the inspection, the wastewater treatment plant was satisfactory.

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

Sincerely,

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

Enclosure

SGJ/nsm Earnhill 2

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

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Mo/Day/Yr	Insp. Type	Inspector	Watershed
4PQ00002	OH0121371	5/19/2009	R	S	Scioto

Section B: Facility Data

Facility Name:	<u>Earnhart Hill Regional Water and Sewer District 2</u>	Entry Time	Permit Eff. Date
Address:	<u>24991 US Rt. 23 South</u>	10:00 a.m.	June 1, 2004
City/State/Zip:	<u>Circleville, OH 43113</u>	Exit Time	Permit Exp. Date
		11:00 a.m.	May 31, 2009

On-Site Representatives

Name: Brent Hays
Title: Superintendent
Phone: 740 474-3114

Responsible Official

Name/Title: Dennis Williams
Address: P.O. Box 151, Circleville, OH, 43113
Phone: 740 474 3114

Section C: Areas Evaluated During Inspection:

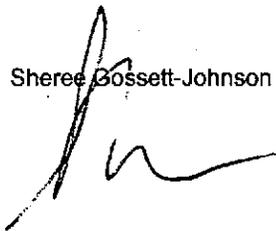
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not-Evaluated)

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

Section D: Summary of Findings/Comments:

Name of Inspector: Sheree Gossett-Johnson

Ohio EPA, Central District Office

Signature: 

Date: 5/26/09

Name of Reviewer: Erin Sherer

Ohio EPA, Central District Office

Signature: 

Date: 5/27/09

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 :			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 #SHIF 1 DAYS/Wk daily	X			
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS PROVIDED BY PERMIT- 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 EXPERIENCED SINCE LAST INSPECTION	X			

COMMENTS/STATUS:

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:
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:

The plant is at capacity

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: Parshall Flume
- (b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration) April, 2009 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 X MONTHLY
WEEKLY OTHER

COMMENTS/STATUS:

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,		X		
(c) ANALYSIS PERFORMED MORE FREQUENTLY THAN REQUIRED BY THE PERMIT		X		
(d) IF (c) IS YES, ARE RESULTS RECORDED IN REPORT			X	
(e) COMMERCIAL LABORATORY USED	X			
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB: <u>Metals, O/G and Fecal.</u>				
(2) LAB NAME: <u>City of Circleville</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 DATE:	NA	Satisfactory		
	NA	Marginal		
	NA	Unsatisfactory		

COMMENTS/STATUS:

Section J. Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	VISIBLE GREASE	VISIBLE TURBIDITY	FOAM	FLOATING SOLIDS	COLOR	OTHER
1	NONE	NONE	NONE	NONE	NONE	CLEAR	

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		X		
(c) DO YOU NOTICE DISTRESSED 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: