



2PR0014020080905

ASHLAND COBURN INC

2PR00140 2008/09/05 ARISS, WALTER

HAYESVILLE



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

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

Re: Ashland County
Coburn Inc.
NPDES Permit 2PR00140

September 8, 2008

Chuck Zimmerman, President
Coburn Incorporated
P.O. Box 147
636 C.R. 30-A
Hayesville, Ohio 44838

Dear Mr. Zimmerman,

On August 21, 2008, an inspection was made of the wastewater treatment facilities serving Coburn Incorporated located at 636 C.R. 30-A, Vermillion Township, Ashland County. At the time of the inspection all major treatment units were in operation and appeared to be functioning normally.

Since our previous inspection, a liner has been installed in the bottom of the sand filter beds. The leak in the chlorine contact tank also appeared to have been repaired as the water was discharging out to the sampling basin. The condition of the wastewater within the treatment plant appeared much more within expected conditions than during the previous inspection.

A review of the discharge monitoring reports submitted to our office for the months of March through July 2008 revealed several *violations* of the conditions of your NPDES permit. A printout of these violations is enclosed for your review. The review revealed that the daily odor, color, and turbidity are still not being recorded as required by the permit. This issue has been discussed in several previous letters. It is absolutely essential that these checks be completed. Improvement in this area is needed to avoid enforcement action from our agency. These daily checks can be completed by any employee of your company and should only take about 5 minutes of time away from other duties.

If you have any questions please contact me at 419-373-3070.

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water

Enclosure

pc: ~~NWDO-DSW file w/ enclosure~~
Kevin Dean, Dean's Backflow Service w/enclosure

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2P R00140

Facility Name Coburn Inc Expiration Date 4/30/2011

Facility Address 636 CR 30-A Date _____ Time _____ am/pm

City Waynesville County Ashland Township _____

Name and Address of Owner _____

Person Contacted _____ Owner Phone _____

Flow: Design 4,500 GPD Present 2,000 GPD (metered - estimated)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 80° sunny

OEPA Personnel Walter Ariss District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild						
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

2. Effect of effluent on Receiving Stream Name: not observed

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear		None		Colorless
1	Mild						
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

3. a. Plant has _____ excellent good _____ fair _____ poor operation
 b. Plant has _____ excellent good _____ fair _____ poor maintenance
 c. Sand filters have _____ excellent good _____ fair _____ poor maintenance

d. Not operating at expected efficiency due to:

- (1) _____ hydraulic overload
 (2) _____ organic/ solids overload
 (3) _____ personnel inefficiency
 (4) _____ equipment failure
 (5) _____ wastes
 (6) _____

Disinfection: (Required May 1 thru Oct.31.)

IN	OUT	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chlorination Tablets
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dechlorination Tablets
<input type="checkbox"/>	<input type="checkbox"/>	U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: _____

Chronic Violations odor, color, turbidity

5. Adequate plant safety

6. Operation and Maintenance Service Name Dean's Backflow

Frequency of Visits 1/week

Facility Name: Coburn Inc

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: ?
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	<input checked="" type="checkbox"/>	Plant Timer <u>Y</u> <input checked="" type="checkbox"/> N	Cycle Time:
		Motor/ Blower Unit <i>running</i>	
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <i>good color</i> Adequate Aeration: <u>Y</u> <input checked="" type="checkbox"/> N
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>Fairly clear / pump out clarifier baffle next time sludge is hauled</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input type="checkbox"/> Out <input checked="" type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>Both Filters look good</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>have tablets - chlorine tank very clear</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>have tablets</i>
		Ultraviolet (UV)	
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	<i>on filter dosing</i>
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<i>okay</i>
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	<i>on</i>
		Spray Irrigation	
		Other	

Coburn Inc. NPDES permit limit violations
 March through July 2008

Permit No.	Reporting Period	Station	Reporting Code	Parameter	Limit type	Limit	Reported Value	Violation Date
2PR00140*BD	March 2008	001	00530	Total Suspended Solids	30D Conc	12.0	26.	3/1/2008
2PR00140*BD	March 2008	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	3.0	25.	3/1/2008
2PR00140*BD	March 2008	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.05	.06435	3/1/2008
2PR00140*BD	March 2008	001	80082	CBOD 5 day	30D Conc	10	28.	3/1/2008
2PR00140*BD	March 2008	001	00530	Total Suspended Solids	1D Conc	18.0	26.	3/3/2008
2PR00140*BD	March 2008	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	4.5	25.	3/3/2008
2PR00140*BD	March 2008	001	80082	CBOD 5 day	1D Conc	15	28.	3/3/2008
2PR00140*BD	April 2008	001	00530	Total Suspended Solids	30D Conc	12.0	26.	4/1/2008
2PR00140*BD	April 2008	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	3.0	12.	4/1/2008
2PR00140*BD	April 2008	001	00530	Total Suspended Solids	1D Conc	18.0	26.	4/14/2008
2PR00140*BD	April 2008	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	4.5	12.	4/14/2008
2PR00140*BD	May 2008	001	00530	Total Suspended Solids	30D Conc	12.0	21.	5/1/2008
2PR00140*BD	May 2008	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.5	1.66	5/1/2008
2PR00140*BD	May 2008	001	00530	Total Suspended Solids	1D Conc	18.0	21.	5/12/2008
2PR00140*BD	July 2008	001	00300	Dissolved Oxygen	1D Conc	6.0	5.99	7/16/2008