



\*2PR0014020100803\*

ASHLAND COBURN INC

2PR00140 2010/08/03 ARISS, WALTER

HAYESVILLE



**Environmental  
Protection Agency**

Ted Strickland, Governor  
Lee Fisher, Lt. Governor  
Chris Korleski, Director

Re: Ashland County  
Coburn, Inc.  
NPDES Permit 2PR00140

August 3, 2010

Mr. Chuck Zimmerman, President  
Coburn, Incorporated  
636 County Road 30-A  
P. O. Box 147  
Hayesville, Ohio 44838

Dear Mr. Zimmerman:

On July 20, 2010, an inspection was made of the wastewater treatment facilities serving Coburn, Incorporated located at 636 C.R. 30-A, Vermilion Township, Ashland County. At the time of the inspection all major treatment units were in operation and appeared to be functioning normally.

It was noted that the level of water in the chlorine tank was several inches below the level of the outlet and dechlorination unit. This would indicate that the tank is again leaking from the seam in the concrete. The seams should be checked and the tank made watertight. No other concerns with the plant operation were noted.

A review of the discharge monitoring reports submitted to our office for the months of January through June 2010 revealed three **violations** of the limits contained in your NPDES permit. The violations were for exceeding the nitrogen, ammonia limit in February and March.

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

Sincerely,

Walter Ariss  
Environmental Specialist II  
Division of Surface Water

/cs

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. 2PR00140

Facility Name Coburn Inc Expiration Date 4/30/2011  
 Facility Address 636 CR 30A Date 7/26/10 Time 1:30 am  pm  
 City Hayesville County Ashland Township \_\_\_\_\_  
 Name and Address of Owner \_\_\_\_\_

Person Contacted \_\_\_\_\_ Owner Phone \_\_\_\_\_

Flow: Design 4500 GPD Present 200-1200  GPD  (metered - estimated)

Trib. Pop. \_\_\_\_\_ (actual - estimated) Weather at time of inspection: Temp 83° sun

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

Yes No

4.  \_\_\_\_\_ Compliance with NPDES Permit

Periodic Violations  Y  N Parameters: NH<sub>3</sub>  
 Chronic Violations

5.  \_\_\_\_\_ Adequate plant safety

6.  \_\_\_\_\_ Operation and Maintenance Service Name Don's Backflow

Frequency of Visits 3/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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Motor/ Blower Unit <i>running</i>	Cycle Time:
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <i>good color</i> Adequate Aeration: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>good clarity. Use skimmer to return scum to aeration tank</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
	<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 beds clean Northeast in use</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>okay</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>okay</i>
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
	<input checked="" type="checkbox"/>	Recorder (continuous total)	<i>on filter dosing station</i>
Pumps		Raw Wastewater (type)	
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<i>okay</i>
<del>Sludge Handling</del>		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>Chlorine tank appears to be leaking again - need to repair</i>
		Spray Irrigation	
		Other	