



2PR0014020110301

ASHLAND COBURN INC

2PR00140 2011/03/01 ARISS, WALTER

HAYESVILLE



Environmental
Protection Agency

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

Re: Ashland County
Coburn Inc.
NPDES Permit

March 1, 2011

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

Dear Mr. Zimmerman:

On February 17, 2011, an inspection was made of the wastewater treatment facilities serving Coburn Incorporated located at 636 County Road 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.

The operators' log at the wastewater plant should contain the previous three months worth of data. Only the month of February information was present. The log sheet should be edited to include a column for the operator's initials, time in, time out, and a column for comments. These items are required under OAC 3745-7-09.

A review of the discharge monitoring reports submitted to our office for the months of July 2010, through January 2011, revealed one **violation** of the limits contained in your NPDES permit. The violation was for exceeding the total suspended solids limit in the July 2010, sample.

Our office has completed drafting your renewal NPDES permit. You will receive a draft copy of the permit in the coming weeks. Please review this draft and provide our office with any comments. If you have any questions, please contact me at 419-373-3070.

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water

/l/r

Enclosure

pc: DSW-NWBO 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. 2 PR00140

Facility Name Coburn Inc Expiration Date 4/30/2011

Facility Address 636 CR 30A Date 2/17/11 Time 2:30 am

City Hayesville County Ashtabula Township _____

Name and Address of Owner _____

Person Contacted _____ Owner Phone _____

Flow: Design 4500 GPD Present 400-1,000 GPD (metered - estimated)

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

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
	Dechlorination Tablets
	U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: TSS

Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name Dean's Backflow

Frequency of Visits 2/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	Cycle Time:
		Motor/ Blower Unit <i>running</i>	
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</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>filter beds okay / North in use</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>out</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>out</i>
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
	<input checked="" type="checkbox"/>	Recorder (continuous total)	<i>on water well?</i>
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>or</i>
		Spray Irrigation	
		Other	