



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.ohio.gov

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

Re: Ashland County
Fin, Feather, Fur
NPDES Permit

January 6, 2010

Mr. Michael Goschinski
Fin, Feather, Fur
606 U.S. 250 East
Ashland, Ohio 44805

Dear Mr. Goschinski,

On December 10, 2009, an inspection was made of the wastewater treatment facilities serving the Fin Feather Fur Outfitters located at 606 U.S. 250, Ashland County. All major treatment units were in operation and appeared to be functioning normally.

It was noted that the air intake on the backup aeration blower was missing. The position of the skimmer in the clarifier tank also needs to be adjusted upward so that it is even with the surface of the water.

A review of your discharge monitoring reports submitted to our office for the period of May through November 2009 revealed several *violations* of the limits contained in your NPDES permit. A printout of the violations has been included for your review.

A copy of our completed inspection report has been included for your review. If you have any questions please call me at 419-373-3070.

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water

/lb
Enclosure

~~pc:\NWDO\DS\Wfile.w\enclosure~~

Lonnie McGhee, McGhee's Technical Water Services Inc. w/enclosure

Get New Data

Permit No.	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PR00145*BD	May 2009	001	00530	Total Suspended Solids	30D Conc	12	22.	5/1/2009
2PR00145*BD	May 2009	001	00530	Total Suspended Solids	1D Conc	18	22.	5/6/2009
2PR00145*BD	June 2009	001	00530	Total Suspended Solids	30D Conc	12	13.6	6/1/2009
2PR00145*BD	June 2009	001	31616	Fecal Coliform	30D Conc	1000	1000.	6/1/2009
2PR00145*BD	August 2009	001	00530	Total Suspended Solids	30D Conc	12	20.4	8/1/2009
2PR00145*BD	August 2009	001	00530	Total Suspended Solids	1D Conc	18	20.4	8/4/2009
2PR00145*BD	October 2009	001	80082	CBOD 5 day	30D Conc	10	12.9	10/1/2009
2PR00145*BD	November 2009	001	00530	Total Suspended Solids	30D Conc	12	17.2	11/1/2009
2PR00145*BD	November 2009	001	80082	CBOD 5 day	30D Conc	10	30.	11/1/2009
2PR00145*BD	November 2009	001	80082	CBOD 5 day	1D Conc	15	30.	11/4/2009

OHIO ENVIRONMENTAL PROTECTION AGENCY
 OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PR00145

Facility Name Fin, Feather, Fur Expiration Date 9/30/2010
 Facility Address 606 W 250 East Date 12/10/09 Time 2:30 am
 City Ashland County Ashland Township _____
 Name and Address of Owner Mike Goschinski
 Person Contacted _____ Owner Phone _____
 Flow: Design 5,000 GPD Present 1,000-2,000 GPD (metered - estimated)
 Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 15° 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: Katotony Creek - 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, COD, Feal
 Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name McPherson's TWSI

Frequency of Visits Weekly

Facility Name: Fin, Feathers, Fur

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: ?
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	<input checked="" type="checkbox"/>	Flow Equalization	okay
Aeration Equipment	<input checked="" type="checkbox"/>	Plant Timer <u>Y</u> <u>N</u>	Cycle Time:
	<input checked="" type="checkbox"/>	Motor/ Blower Unit <i>running</i>	<i>back up blower needs inlet filter replaced</i>
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <i>weak color</i> Adequate Aeration: <u>Y</u> <u>N</u>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>skimmer needs adjusted</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <u>Y</u> Out <u> </u>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <u>Y</u> Out <u> </u>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>okay</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	<input checked="" type="checkbox"/>	Elapsed Pump Time	<i>on filter pumps</i>
		Recorder (continuous total)	
Pumps	<input checked="" type="checkbox"/>	Raw Wastewater (type) <i>Flow EQ</i>	<i>okay</i>
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<i>okay</i>
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	<i>okay</i>
		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	