



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.state.oh.us

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

Re: Ashland County
Mohican River Estates MHP
NPDES Permit
Notice of Violation

April 30, 2009

Mr. Daniel Inks
9 Corporate Center
Broadview Heights, Ohio 44147

Dear Mr. Inks,

On April 16, 2009, an inspection was made of the wastewater treatment facilities serving the Mohican River Estates MHP located at 3055 County Road 3175, Loudonville, Ashland County. At the time of the inspection all components of the treatment system were in operation.

At the time of the inspection the discharge from the treatment plant appeared turbid. The southwest sand filter bed was in use. The northwest filter bed contained dried sludge and a small amount of ponded water. The park manager indicated that he was waiting for this material to dry completely before it could be scraped off and the bed cleaned. A slight odor was evident near this filter bed. The clarifier tanks were also very turbid and grey. The park manager indicated the plant was having trouble with growing a good settling sludge.

During the inspection, it was observed that the operation of the filter dosing pumps may be malfunctioning. Both pumps were running at the same time and both switched off at the same time. The floats should be arranged such that one pump handles most of the flow. Only during high flow periods when the first pump cannot keep up should the second pump activate.

We are in receipt of your discharge monitoring reports covering the months of November 2008, through March 2009, for the referenced facility. A review of the reports revealed six **violations** of the limits contained in your NPDES permit. A printout of these violations has been included for your records.

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

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water

Enclosure

pc:  DSW-NWDO File
Lyn Makeever, Makeever and Associates Inc.

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

NPDES Permit No. 2PT00028

Facility Name Mohican River Estates MHP Expiration Date 11/30/2013
 Facility Address 3055 CR 3175 Date 4/16/09 Time 2:00 am
 City Loudonville County Ashland Township _____
 Name and Address of Owner _____

Person Contacted _____ Owner Phone _____

Flow: Design 20,000 GPD Present ~15,000 dry GPD (metered - estimated)
was this

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 60° sunny

OEPA Personnel Walker Ariss District NWDO

1. Plant Effluent - Mark Severity No.

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

2. Effect of effluent on Receiving Stream Name: Sheln Fork Mohican

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild	<input checked="" type="checkbox"/>					
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
_____	_____	U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: _____
 Chronic Violations _____ CRD, TSS

5. Adequate plant safety

6. Operation and Maintenance Service Name Lynn Makeover

Frequency of Visits ?

Facility Name: Whicon River Estates HWP

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: <u>1/month</u>
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	<input checked="" type="checkbox"/>	Plant Timer <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>	Cycle Time:
		Motor/ Blower Unit <u>running</u>	
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank <u>one drop pipe needs replaced</u>	Color: <u>weak color</u> Adequate Aeration: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<u>very turbid + grey color</u>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out <u> </u>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input checked="" type="checkbox"/> Out <u> </u>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<u>Southwest sand in use</u> <u>Northwest has partially dried sludge - color</u>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<u>in use</u>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<u>in use</u>
		Ultraviolet (UV)	
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	<u>on filter dosing pumps</u>
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<u>flows need to be checked</u>
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	<u>okay</u>
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	<u>chlorine tank turbid</u>
		Spray Irrigation	
		Other	

Get New Data

Mohican River Estates NPDES permit limit violations November 2008 through March 2009

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PY00028*BD	November 2008	001	80082	CBOD 5 day	30D Conc	10	10.2	11/1/2008
2PY00028*CD	December 2008	001	00530	Total Suspended Solids	30D Conc	12	12.4	12/1/2008
2PY00028*CD	February 2009	001	80082	CBOD 5 day	30D Conc	10	32.6	2/1/2009
2PY00028*CD	February 2009	001	80082	CBOD 5 day	30D Qty	0.76	2.22104	2/1/2009
2PY00028*CD	February 2009	001	80082	CBOD 5 day	1D Conc	12	32.6	2/2/2009
2PY00028*CD	February 2009	001	80082	CBOD 5 day	1D Qty	0.91	2.22104	2/2/2009