



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
Mohican River Estates MHP
NPDES Permit
Notice of Violation

October 14, 2009

Daniel Inks
9 Corporate Center
Broadview Heights, Ohio 44147

Dear Mr. Inks:

On September 17, 2009 an inspection was made of the wastewater treatment facilities serving the Mohican River Estates MHP located at 3055 C.R. 3175, Loudonville, Ashland County. At the time of the inspection all components of the treatment system were in operation.

No major concerns with the treatment system operation were noted. It was observed that the sludge holding tank was empty. It is assumed that the tank was recently pumped and hauled to another NPDES permit holder for further treatment. Please be sure to report this hauling on your annual sludge report and the December DMR.

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

Our office has approved a Permit to Install (PTI) for flow equalization facilities. The PTI approval is valid for 18 months. Construction of the upgrades must begin no later than May 5, 2010.

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

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water
/cs/
Enclosure
pc: NWDO-DSW 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. 2PY00028

Facility Name Yohican River Estates MHP Expiration Date 11/30/2013

Facility Address 3055 CR 3175 Date 9/17/09 Time 2:45 am

City Loudonville County Ashland Township _____

Name and Address of Owner _____

Person Contacted _____ Owner Phone _____

Flow: Design 20,000 GPD Present 900-72,000 GPD (metered - estimated)

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

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

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

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: CBOD, NH₃, Cl
 Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name Lyn Makever

Frequency of Visits ?

Facility Name: Mohican River Estates

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 Motor/ Blower Unit <u>running</u>	Cycle Time: <u>okay</u>
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <u>good color</u> Adequate Aeration: Y <input checked="" type="checkbox"/> N
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<u>good clarity</u>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input checked="" type="checkbox"/> Out
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<u>all 4 beds clean</u> <u>good job</u>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<u>okay</u>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<u>okay</u>
		Ultraviolet (UV)	
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	<u>on filter losing station</u>
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<u>okay</u>
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	<u>empty just hauled?</u>
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	<u>on</u>
		Spray Irrigation	
		Other	

Get New Data

Mohican River Estates NPDES Permit limit violations April through August 2009

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PY00028*CD	April 2009	001	80082	CBOD 5 day	1D Conc	12	27.6	4/1/2009
2PY00028*CD	April 2009	001	80082	CBOD 5 day	30D Conc	10	27.6	4/1/2009
2PY00028*CD	April 2009	001	80082	CBOD 5 day	1D Qty	0.91	1.88039	4/1/2009
2PY00028*CD	April 2009	001	80082	CBOD 5 day	30D Qty	0.76	1.88039	4/1/2009
2PY00028*CD	May 2009	001	00610	Nitrogen, Ammonia (NH3	30D Conc	2.0	13.7	5/1/2009
2PY00028*CD	May 2009	001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.15	1.50378	5/1/2009
2PY00028*CD	May 2009	001	00610	Nitrogen, Ammonia (NH3	1D Conc	3.0	13.7	5/4/2009
2PY00028*CD	May 2009	001	00610	Nitrogen, Ammonia (NH3	1D Qty	0.23	1.50378	5/4/2009
2PY00028*CD	July 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	.12	7/1/2009
2PY00028*CD	July 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	.11	7/15/2009
2PY00028*CD	July 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	.11	7/29/2009