



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 Korleski, Director

Re: Crawford County
City of Galion WWTP
NPDES Permit

June 2, 2009

Mr. Tim Parks, Superintendent
City of Galion
6374 Hosford Road
Galion, Ohio 44833

Dear Mr. Parks:

On May 4, 2009, an NPDES permit compliance sampling inspection was conducted at the City of Galion Waste Water Treatment Plant. The inspection included a tour of the facility and the completion of the inspection form. Effluent samples were taken as part of this inspection. Sample results will be forwarded to you when they are completed. Our inspection findings and recommendations are summarized below.

At the time of the inspection all units, except the grit classifier, were in operation. The mixed liquor in the aeration tanks had a healthy brown color and the plant was discharging a clear final effluent. The influent bypass was not active.

Upgrades to the digesters have been completed and they were back in service. You stated that you are still working with the engineer and installers to correct some ongoing issues. Phase II of the sludge upgrades is currently underway. Due to these upgrades you are storing your sludge outside and are hauling it to the Crawford County Sanitary Landfill as often as possible. You are accepting the leachate from the landfill in exchange for them taking your sludge and you stated that you have seen no adverse affects at the plant from the leachate.

We are in receipt of your discharge monitoring reports covering the months of May 2008, through March 2009, for the referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance are attached.

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During the inspection, the plant appeared to be operating satisfactorily. Our completed inspection report is enclosed for your records. If you have any questions, please call me at (419) 373 -3019.

Yours truly,



Michelle Sharp
Environmental Specialist II
Division of Surface Water
/llr

Enclosure

~~pc: DSW-NWDO File w/enclosure~~

Permit #: OH0025313
 NPDES #: 2PD00030



State of Ohio Environmental Protection Agency
 Northwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
OH0025313	2PD00030	05/04/2008	C	Sharp	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Galion WWTP 6374 Hosford Rd. Galion, Ohio 44833	9:00 AM	8/1/2006
	Exit Time	Permit Expiration Date
	11:00 AM	1/31/2011
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Tim Parks, Superintendent	419-468-5010	
Name, Address and Title of Responsible Official	Phone Number	
Dave Oles, City Manager City of Galion 301 Harding Way East Galion, Ohio 44833	419-468-1680	

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluate)					
S	Permit	S	Flow Measurement	N	Pretreatment
S	Records/Reports	S	Laboratory	S	Compliance Schedule
S	Operations & Maintenance	S	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal	N	Other
S	Collection System				

Section D: Summary of Findings (Attach additional sheets if necessary)			
Inspector		Reviewer	
<i>Michelle M Sharp</i>		<i>Elizabeth A Wick</i>	
6-5-09		5/15/09	
Date		Date	
Michelle M. Sharp Division of Surface Water Northwest District Office		Elizabeth A. Wick, P.E. Water Quality Engineer Division of Surface Water Northwest District Office	

Sections E thru K: Complete on all inspections as appropriate
Y – Yes, N – No, N/A – Not Applicable, N/E – Not Evaluated

Section E: Permit Verification

Inspection observations verify the permit

- (a) Correct name and mailing address of permittee Y
- (b) Correct name and location of receiving waters..... Y
- (c) Product(s) and production rates conform with permit application (Industries)..... N/A
- (d) Flows and loadings conform with NPDES permit..... Y
- (e) Treatment processes are as described in permit application... Y
- (f) New treatment process(es) added since last inspection..... Y
- (g) Notification given to State of new, different or increased discharges..... N/A
- (h) All discharges are permitted..... Y
- (i) Number and location of discharge points are as described in permit..... Y

Comments/Status:

(f) The sludge handling process is being upgraded from NVIRO to a dryer. This is an ongoing project that should be completed in Spring of 2010.

Section F: Compliance Schedules/Violations

- (a) Any significant violations since the last inspection..... N
- (b) Permittee is taking actions to resolve violations..... N/A
- (c) Permittee has a compliance schedule..... Y
- (d) Compliance schedule contained in
- (e) Permittee is meeting compliance schedule..... N

Comments/Status:

(f) County line was completed in March of 2009 with the replacement of the pumps that the lift station was originally designed for. There have been no bypasses since the upgrade was completed. Phase I of the sludge upgrades are complete and Phase II is currently being completed. It should be finished in Spring of 2010.

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained

- (a) Standby power available.....generator or dual feed Y
- (b) Adequate alarm system available for power or equipment failures.. Y
- (c) All treatment units in service other than backup units..... N
- (d) Wastewater Treatment Works classification (OAC 3745-7)..... III
- (e) Operator of Record holds unexpired license of class required by permit..... Y
 Class: III
- (f) Copy of certificate of Operator of Record displayed on-site..... Y
- (g) Minimum operator staffing requirements fulfilled (OAC 3745-7)... N/A
- (h) Routine and preventative maintenance scheduled/performed... Y
- (i) Any major equipment breakdown since last inspection..... Y
- (j) Operation and maintenance manual provided and maintained.... Y
- (k) Any plant bypasses since last inspection..... Y
- (l) Regulatory agency notified of bypasses..... Y
 On MORs and/or Spill Hotline (1-800-282-9378)
- (m) Any hydraulic and/or organic overloads since last inspection..... N

Record Keeping:

- (a) Log book provided..... Y
- (b) Format of log book (i.e. computer log, hard bound book)

3 ring binder/computer log/bench sheets
- (c) Log book(s) kept onsite (in an area protected from weather)..... Y
- (d) Log book contains the following:
 - I. Identification of treatment works..... Y
 - II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7..... Y
 - III. Daily record of operation and maintenance activities (including preventative maintenance, repairs and request for repairs)..... Y
 - IV. Laboratory results (unless documented on bench sheets)... Y
 - V. Identification of person making log entries..... Y
- (d) Has the operator of record submitted written notification to the permittee, Ohio EPA and (if applicable) any local environmental agencies when a collection system overflow, treatment plant bypass or effluent limit violation has occurred..... Y

Section G: Operation & Maintenance (con't)

Collection System:

- (a) Percent combined system: 0%
- (b) Any collection system overflows since last inspection..... Y
(CSO and/or SSO)
- (c) Regulatory agency notified of overflows (SSOs)..... Y
- (d) CSO O&M plan provided and implemented..... N/A
- (e) CSOs monitored and reported in accordance with permit..... N/A
- (f) Portable pumps used to relieve system..... N
- (g) Lift station alarms provided and maintained..... Y
- (h) Are lift stations equipped with permanent standby power
or equivalent..... Y
- (i) Is there an inflow/infiltration problem (separate sewer system),
or were there any major repairs to collection system since
last inspection..... Y
- (j) Any complaints received since last inspection of basement flooding Y
- (k) Are any portions of the sewer system at or near capacity..... N

Comments/Status:

Treatment Works

(c) The classifier for the grit system has a bearing out and has been down for about 2 to 3 weeks. It will be a few more weeks before the repair is complete.

Collection System

- (b) Minor sewer line leak and overflows from County Line lift station
- (h) Two lift stations are, but one small lift station in town is not.
- (j) A couple due to heavy rain events.

Section H: Sludge Management

- (a) Sludge management plan (SMP)
Submitted date: _____ Approval #: _____ Not submitted N/A
- (b) Sludge management plan current..... Y
(c) Sludge adequately disposed..... Y
(Method: NVIRO to landfill)
(d) If sludge is incinerated, where is ash disposed of
(e) Is sludge disposal contracted..... N
(Name: _____)
(f) Has amount of sludge generated changed significantly since
last inspection..... N
(g) Adequate sludge storage provided at plant..... Y
(h) Land application sites monitored and inspected per SMP..... Y
(i) Records kept in accordance with State and Federal law..... Y
(j) Any complaints received in last year regarding sludge..... Y
(k) Is sludge adequately processed (digestion, pathogen control)..... Y

Comments/Status:

- (c) Stockpile is about 85% gone
(j) Odor complaints from a near by subdivision

Section I: Self-Monitoring Program

Flow Measurement:

- (a) Primary flow measuring device operated and maintained..... Y
Type of device: Ultrasonic & Parshall flume Ultrasonic & Weir Weir
Calculated from influent Other (Specify: _____)
- (b) Calibration frequency adequate Y
(Date of last calibration: 6/1/2008)
(c) Secondary instruments operated and maintained..... Y
(d) Flow measurement equipment adequate to handle full range
of flows..... Y
(e) Actual flow discharged is measured..... Y
(f) Flow measuring equipment inspection frequency
 Daily Weekly monthly other

Comments/Status:

Section I: Self-Monitoring Program (con't)

Sampling:

- (a) Sampling location(s) are as specified by permit..... Y
- (b) Parameters and sampling frequency agree with permit..... Y
- (c) Permittee uses required sampling method..... Y
- (d) Sample collection procedures are adequate..... Y
 - (i) Samples refrigerated during compositing..... Y
 - (ii) Proper preservation techniques used..... Y
 - (iii) Containers and sample holding times prior to analysis conform with 40 CFR 136.3..... Y
- (e) Monitoring records (i.e., flow, pH, DO) maintained for a minimum of three years including all original strip chart recordings (i.e, continuous monitoring instrumentation, calibration and maintenance records)..... Y
- (f) Adequate records maintained of sampling date, time, location, etc.. Y

Laboratory:

General

- (a) EPA approved analytical testing procedures used (40 CFR 136.3).. Y
- (b) If alternate analytical procedures are used, proper approval has been obtained..... N/A
- (c) Analyses being performed more frequently than required by permit. Y
- (d) If (c) is yes, are results in permittee's self-monitoring report..... Y
- (e) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: Upstream, Downstream, Metals, and Mercury / Sludge

Lab name: Alloway / Ginosko

Quality Control/Quality Assurance

- (f) Quality assurance manual provided and maintained..... Y
- (g) Satisfactory calibration and maintenance of instruments/equipment. Y
- (h) Adequate records maintained..... Y
- (i) Results of latest USEPA quality assurance performance sampling program: Satisfactory Marginal Unsatisfactory

Date: 2008

Comments/Status:

Section J: Effluent/Receiving Water Observations

Outfall Number	Oil sheen	Grease	Turbidity	Visible Foam	Visible Floating Solids	Color	Other
001	None	None	None	None	None	Clear	

Comments/Status:

Section K: Multimedia Observations

- (a) Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories..... N
- (b) Do you notice staining or discoloration of soils, pavement or floors.. N
- (c) Do you notice distressed (unhealthy, discolored, dead) vegetation.. N
- (d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks..... N
- (e) Do you notice any unusual odors or strong chemical smells..... N
- (f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities..... N

If any of the above are observed, ask the following questions:

- (1) What is the cause of the condition?
- (2) Is the observed condition or source a waste product?
- (3) Where is the suspected contaminant normally disposed?
- (4) Is this disposal permitted?
- (5) How long has the condition existed and when did it begin?

Comments/Status:

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Form Approved

OMB No. 158-R0035

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	
	Bypasses	OUT	
	Stormwater Overflows		
	Alternate Power Source	OUT	Generator not running
Preliminary	Maintenance of Collection Systems	S	
	Pump Station	IN	Influent pumps, 2 screw pumps following screening building
	Ventilation	S	
	Bar Screen	IN	2 Mechanical Units
	Disposal of Screenings	S	Landfill
	Comminutor		
	Grit Chamber	IN	Aerated, Classifier is out due to a bad bearing
	Disposal of Grit	S	Landfill
	Precacration tank	IN	2 Units
Primary	Settling Tanks	IN	Dark in color due to leachate being, some floating debris
	Scum Removal	IN	
	Sludge Removal	IN	
	Effluent	S	
Sludge Disposal	Digesters	IN	2 anaerobic units
	Temperature and pH	S	
	Gas Production	S	
	Heating Equipment	IN	
	Sludge Pumps	IN	2 WAS, 3 RAS, 2 Raw pumps
	Disposal of Sludge	S	N-Viro Process, Landfill
	Sludge Holding Tank	IN	Old aeration tanks used for sludge holding
	Sludge Thickener	IN	1 Unit
Belt Filter Press	IN	1 unit, being replaced with a dryer	
Other	Flow Meter and Recorder	IN	
	Records	S	
	Lab Controls	S	
	Chemical Treatment		
Secondary-Tertiary <small>List items as</small>	Acration Tanks	IN	4 Tanks
	Blowers	IN	3 units
	Secondary Clarifiers	IN	2 units
	Lagoons	IN	Two lagoons, one for polishing, the other for flow EQ
Disinfection	Effluent	S	
	Disinfection System	IN	Gas chlorine feed
	Effective Dosage	S	
	Contact Time	S	
	Contact Tank	IN	
	Dechlorination	IN	Sodium bisulfite feed

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
7/1/2008	001	00530	Total Suspended Solids	30D Conc	12	12.0714
8/1/2008	001	00530	Total Suspended Solids	30D Conc	12	13.0166
9/1/2008	001	00530	Total Suspended Solids	30D Conc	12	15.5153
9/1/2008	001	01113	Cadmium, Total Recover	30D Conc	5.3	7.
9/1/2008	001	01113	Cadmium, Total Recover	30D Qty	0.054	.0718
9/8/2008	001	31616	Fecal Coliform	7D Conc	2000	2848.52
9/22/2008	001	00530	Total Suspended Solids	7D Conc	18	22.6
10/1/2008	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.15
10/1/2008	001	00665	Phosphorus, Total (P)	7D Conc	1.5	2.11
3/8/2009	001	00530	Total Suspended Solids	7D Qty	184	208.149