



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: Crawford County
Wagon Wheel Campground
NPDES – *Notice of Violation*

July 27, 2009

Mr. Garry Cole
Wagon Wheel Campground
6787 Baker 47
Shelby, Ohio 44875-9103

Dear Mr. Cole:

On June 2, 2009, an inspection was made of the Wagon Wheel Campground wastewater treatment plant. The facility is located at 3787 Baker 47, Shelby. At the time of inspection the plant appeared to be in good condition. Our observations and recommendations are as follows:

1. The aeration tanks were a chocolate brown color, indicating a good microbial growth in the tanks. The tanks were receiving an adequate amount of aeration.
2. The clarifier had several inches of clear water on the top, but had a high sludge blanket. To prevent solids from being washed onto the sand filters you may want to waste solids from the clarifier more often.
3. Some solids were observed on the sand filter, but their overall condition was good.
4. There was debris in the contact tank. Please have this debris removed as soon as possible and submit a letter to our office once the project is complete.
5. The plant's effluent to the creek was clear.

A review of your discharge monitoring reports from January 2008 through March 2009, indicates violations of the terms and conditions of your NPDES permit. The specific instances of noncompliance are enclosed. In addition, we have yet to receive your discharge monitoring reports for April and May 2009.

The compliance schedule contained in your NPDES permit required you to submit a report detailing how the plant will meet final effluent limitations on or before November 1, 2008. At this time, we have not received this report. Please submit the report within **30 days of receipt of this letter** to avoid possible enforcement action.

Mr. Garry Cole
July 27, 2009
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Please be advised that failure to comply with the effluent limitations and/or monitoring requirements, including adequate laboratory controls, appropriate quality assurance procedures, and records retention, as specified in Part III of your NPDES permit may be cause for enforcement action pursuant to Ohio Revised Code, Chapter 6111. If these violations continue to occur and your monthly reports are not submitted, it may be necessary to initiate enforcement action to achieve compliance.

Our completed inspection report is enclosed. If you have any questions, please call me at (419) 373-3019.

Sincerely,

Michelle Sharp

Michelle Sharp
Division of Surface Water

/cs

Enclosure

pc: Crawford County Health Department w/enclosure
~~DSW-NWDO w/enclosure~~

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PR00187

Facility Name Wagon Wheel Expiration Date 7-31-2013

Facility Address 6787 Baker 47 Date 6-2-09 Time am 1pm

City Shelby County Crawford Township _____

Name and Address of Owner Mr Gary Cole Same

Person Contacted Mr Gary Cole Owner Phone 419-347-1392

Flow: Design 15,000 GPD Present _____ GPD (metered - estimated)

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

OEPA Personnel Michelle Sharp 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: _____

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

Yes No

4. _____ Compliance with NPDES Permit

Periodic Violations Y N Parameters: _____

Chronic Violations _____

5. _____ Adequate plant safety

6. _____ Operation and Maintenance Service Name _____

Frequency of Visits _____

Facility Name: _____

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	X	Trash Trap	Pumping Frequency: 2/yr
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	X	Flow Equalization	
Aeration Equipment	Y	Plant Timer X__Y__N	Cycle Time:
		Motor/ Blower Unit	Continuous during camp season
Secondary Treatment	Y	Aeration Tank	Color: Good Adequate Aeration: Y__N__
Final Settling	X	Clarifier	High Sludge Blanket
	X	Sludge Return	In X Out
	X	Surface Skimmer	In X Out
		Fixed Media Clarifier	
Tertiary Treatment	X	Surface Sand Filter	Good Some Solids
		Polishing Pond	
		Other	
Disinfection	X	Contact Tank	
		Chlorine Tube Feeder	Debris in tank
		Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder. (continuous total)	
Pumps		Raw Wastewater (type)	
		Sand Filter Effluent Dosing	
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal		Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Fusi Aeration	
		Spray Irrigation	
		Other	

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
7/1/2008	001	00610	Nitrogen, Ammonia (NH3	30D Conc	1	24.2
7/15/2008	001	00610	Nitrogen, Ammonia (NH3	7D Conc	1.5	24.2
7/1/2008	001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.06	.45341
7/15/2008	001	00610	Nitrogen, Ammonia (NH3	7D Qty	0.09	.45341
10/1/2008	001	80082	CBOD 5 day	30D Conc	10	11.
8/19/2008	001	31616	Fecal Coliform	1D Conc	2000	5200.
8/1/2008	001	31616	Fecal Coliform	30D Conc	1000	5200.
9/1/2008	001	00530	Total Suspended Solids	30D Conc	12	13.2