



**Environmental
Protection Agency**

Ted Strickland, Governor
Lee Fisher, Lt. Governor
Chris Korleski, Director

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

September 9, 2010

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

Dear Mr. Cole:

On August 6, 2010, 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 sand filters were in fair condition. There was a significant amount of solids on the middle sand filter. You indicated that a heavy rain event the week before had caused the problem.
3. There were chlorine tablets observed in the chlorine feeder.
4. The plant's effluent to the creek was clear.

A review of your discharge monitoring reports from April 2009 through June 2010 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, May, or June 2010.

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. Also, you were to have acted on this report and achieved compliance with effluent limits by February 1, 2010. Please submit the report within **14 days of receipt of this letter** to avoid possible enforcement action.

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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

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Enclosure

pc: Crawford County Health Department w/enclosure
DSW-NWDO w/enclosure
NWDO-Follow Up File

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2P000187

Facility Name Wagon Wheel Campground Expiration Date July 31, 2013

Facility Address 6787 Baker 47 Date 8-6-10 Time _____ am / pm

City Shelby County Crawford Township _____

Name and Address of Owner Garry Cole

Person Contacted Garry Cole Owner Phone _____

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 type="radio"/> | Clear | <input type="radio"/> | None | <input type="radio"/> | 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: Unnamed trib to Honey Creek

| No. | Severity Description | No. | Turbidity | No. | Odor | No. | Color |
|-----|----------------------|-----------------------|--------------|-----------------------|--------|-----------------------|-----------|
| 0 | None | <input type="radio"/> | Clear | <input type="radio"/> | None | <input type="radio"/> | 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
 Dechlorination Tablets
 U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: _____

Chronic Violations Nitrogen

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: <i>1/yr</i> |
| | | Grease Trap | Pumping Frequency: |
| | | Bar Screen | |
| | | Comminutor | |
| | X | Flow Equalization | |
| Aeration Equipment | X | Plant Timer <u> </u> Y <u>X</u> N | Cycle Time: |
| | | Motor/ Blower Unit | |
| Secondary Treatment | X | Aeration Tank | Color: <i>Good</i> Adequate Aeration: Y <u>X</u> N <u> </u> |
| Final Settling | X | Clarifier | <i>OK</i> |
| | X | Sludge Return | In <u>X</u> Out |
| | X | Surface Skimmer | In <u>X</u> Out |
| | | Fixed Media Clarifier | |
| Tertiary Treatment | X | Surface Sand Filter | <i>Heavy solids on middle</i> |
| | | Polishing Pond | |
| | | Other | |
| Disinfection | X | Contact Tank | |
| | X | Chlorine Tube Feeder | |
| | | Dechlorination Tube Feeder | |
| | | Ultraviolet (UV) | |
| Flow Metering | | Elapsed Pump Time | |
| | | Recorder (continuous total) | |
| Pumps | | Raw Wastewater (type) | |
| | | Sand Filter Effluent Dosing | |
| Sludge Handling | X | Aerated Storage Tank | |
| | | Sludge Drying Bed | |
| Sludge Disposal | X | Municipal POTW | |
| | | Landfill | |
| | | Land Application | |
| Advanced Treatment | | Post Aeration | |
| | | Spray Irrigation | |
| | | Other | |

| Violation Date | Reporting Code | Parameter | Limit Type | Limit | Reported Value |
|----------------|----------------|------------------------|------------|-------|----------------|
| 5/1/2009 | 31616 | Fecal Coliform | 30D Conc | 1000 | 12000. |
| 5/8/2009 | 50060 | Chlorine, Total Residu | 1D Conc | 0.019 | .5 |
| 5/21/2009 | 31616 | Fecal Coliform | 1D Conc | 2000 | 12000. |
| 5/21/2009 | 50060 | Chlorine, Total Residu | 1D Conc | 0.019 | .5 |
| 6/1/2009 | 00610 | Nitrogen, Ammonia (NH3 | 30D Conc | 1.0 | 4.8 |
| 6/1/2009 | 00610 | Nitrogen, Ammonia (NH3 | 30D Qty | 0.06 | .0625 |
| 6/1/2009 | 31616 | Fecal Coliform | 30D Conc | 1000 | 1200. |
| 6/1/2009 | 50060 | Chlorine, Total Residu | 1D Conc | 0.019 | .5 |
| 6/15/2009 | 50060 | Chlorine, Total Residu | 1D Conc | 0.019 | .5 |
| 6/29/2009 | 00610 | Nitrogen, Ammonia (NH3 | 1D Conc | 1.5 | 4.8 |
| 6/29/2009 | 50060 | Chlorine, Total Residu | 1D Conc | 0.019 | .5 |
| 7/1/2009 | 00610 | Nitrogen, Ammonia (NH3 | 30D Conc | 1.0 | 23.6 |
| 7/1/2009 | 00610 | Nitrogen, Ammonia (NH3 | 30D Qty | 0.06 | .34837 |
| 7/1/2009 | 80082 | CBOD 5 day | 30D Conc | 10 | 31.2 |
| 7/8/2009 | 50060 | Chlorine, Total Residu | 1D Conc | 0.019 | .2 |
| 7/21/2009 | 80082 | CBOD 5 day | 1D Conc | 15 | 31.2 |
| 7/22/2009 | 00610 | Nitrogen, Ammonia (NH3 | 1D Conc | 1.5 | 23.6 |
| 7/22/2009 | 00610 | Nitrogen, Ammonia (NH3 | 1D Qty | 0.09 | .34837 |
| 7/22/2009 | 50060 | Chlorine, Total Residu | 1D Conc | 0.019 | .1 |
| 10/1/2009 | 00530 | Total Suspended Solids | 30D Conc | 12 | 13. |