



State of Ohio Environmental Protection Agency

Northwest District Office

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

Erie County
Compass Rose Condominiums
NPDES Permit

August 28, 2009

Mr. Harry Baumbaugh, President
Compass Rose Condominiums
Homeowners Association
4608 Compass Rose, #2
Vermilion, Ohio 44089

Dear Mr. Baumbaugh:

On July 29, 2009, an inspection was made of the wastewater treatment facilities serving the condominiums. In general, both operation and maintenance appeared good. All major treatment components were in operation and a very clear final effluent was observed being discharged into Maurer Creek. The surface sand filters contained weeds and need cleaning.

Monthly discharge monitoring reports are being received in a timely manner and indicate compliance with your NPDES permit thus far this year, with the exception of bacteria violations. Enclosed is a copy of the violation to review with your operator.

Our inspection report is also enclosed. If you have any questions, please call me at (419) 373-3020, or email at rick.zuzik@epa.state.oh.us

Sincerely,


Richard A. Zuzik, MSE
Division of Surface Water

pc: Erie County Health Dept.
Eastwood Environmental

NWDO file

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2P000066

Facility Name Compass Rose Condos Expiration Date 6-30-12

Facility Address Westlake Rd, just w. of Vermilion Date 7-29-09 Time 11¹⁵ am (pm)

City _____ County Erie Township Vermilion

Name and Address of Owner CR Condo Assn. Bob Thompson, Treasurer

Person Contacted none Owner Phone (440) 963-0358

Flow: Design 10,000 GPD Present unknown GPD (metered - estimated)

Trib. Pop. 37 units (actual estimated) Weather at time of inspection: Temp 80° Clear

OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<u>0</u>	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: Mauver Creek

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<u>0</u>	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 checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Chlorination Tablets
 Dechlorination Tablets
 Ultraviolet (U.V.)

Yes No _____

4. _____ Compliance with NPDES Permit

Periodic Violations Y N Parameters: Fecal Coliform bacteria

Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service

Name Castwood Env.

Frequency of Visits 1/wk

Facility Name: Compass Rose

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency
		Grease Trap	Pumping Frequency
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	2	Plant Timer ____Y ____N Motor / Blower Unit	Cycle Time:
Secondary Treatment	2	Aeration Tank	Color: <i>light brown</i> Adequate Aeration Y <input checked="" type="checkbox"/> N
Final Settling	1	Clarifier	
	2	Sludge Return	In <input checked="" type="checkbox"/> Out
	2	Surface Skimmer	In <input checked="" type="checkbox"/> Out
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	<i>Weeded - need cleaned</i>
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	<i>very clear effluent</i>
	1	Chlorine Tube Feeder	<i>IN</i>
	1	Dechlorination Tube Feeder	<i>IN</i>
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps	2	Raw Wastewater (type)	
	2	Sand Filter Effluent Dosing	
Sludge Handling	1	Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	<i>IN</i>
		Spray Irrigation	
		Other	

Get New Data

1/1/09 - 6/28/09

Permit No.	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PR00066*ED	May 2009	001	31616	Fecal Coliform	30D Conc	200	750.	5/1/2009
2PR00066*ED	May 2009	001	31616	Fecal Coliform	1D Conc	400	750.	5/13/2009
2PR00066*ED	June 2009	001	31616	Fecal Coliform	30D Conc	200	518.816	6/1/2009
2PR00066*ED	June 2009	001	31616	Fecal Coliform	1D Conc	400	3800.	6/9/2009
2PR00066*ED	June 2009	001	31616	Fecal Coliform	1D Conc	400	750.	6/13/2009