



**Environmental
Protection Agency**

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

Re: Erie County
Harbourtown MHP
NPDES Permit

December 13, 2010

Mr. Matt Fisher, Manager
Harbourtown Mobile Home Park
6320 Poorman Road
Vermilion, Ohio 44089

Dear Mr. Fisher:

On December 1, 2010, an inspection was made of the wastewater treatment facilities serving the Harbourtown Mobile Home Park in conjunction with the renewal of the NPDES Permit, which expires February 28, 2011. In general, both operation and maintenance appeared good.

At the time of my visit, all major treatment components were in operation, and a very clear final effluent was observed being discharged from the plant. One of the surface sand filters was rebuilt this year, and plans are to rebuild the last one next year. The other two were previously renovated. Old clay tile service taps are being replaced on a "as needed" basis, and approximately 30 to 40 lines have been replaced over the last three years. In order to expedite excessive clean water removal from the collection system, I would encourage you to develop an annual service line replacement program of at least 20 lots per year.

NPDES discharge monitoring reports are being received in a timely manner. A review of reports since January indicates compliance, with the exception of a few ammonia concentration/ loading violations. A copy is enclosed for your review.

In the near future you will be receiving a draft copy of the NPDES permit renewal. You should review it carefully, as there is a 30 day comment period to respond to any permit conditions. Once issued as a final document, it will remain in effect for another five year period.

My completed inspection report and an Operator of Record form are enclosed. If there are any errors, or 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
DSW

/l/r

pc: ~~DSW-NWDO-File~~
Erie County Health Department
Mr. Sheldon Fromson

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN [REDACTED]

NPDES Permit No. 2PS00001

Facility Name Harbourtown MHP Expiration Date 2-28-11

Facility Address 6320 Poormen Rd Date 12-1-10 Time 11:00 am pm

City - County Erie Township Vermilion

Name and Address of Owner Sheldon Fromson

Person Contacted Sally-Office, Matt Fisher - Mgr Office Owner Phone (440) 967-9382

Flow Design 50,000 GPD Present GPD (metered - estimated)

Trib. Pop. 200 of 228 lots (actual - estimated) Weather at time of inspection: Temp 35° Overcast

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	<u>/</u>	Clear	<u>/</u>	None	<u>/</u>	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: Lake Erie - Not Observed

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear		None		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	<u>N/A</u>
<u> </u>	<u> </u>	Chlorination Tablets
<u> </u>	<u> </u>	Dechlorination Tablets
<u> </u>	<u> </u>	Ultraviolet (U.V.)

Yes / No

(1/10 - 11/10)

4. / Compliance with NPDES Permit

Periodic Violations / N Parameters: Ammonia

Chronic Violations

5. / Adequate plant safety

6. / Operation and Maintenance Service

Name Rich Jacobs
 Frequency of Visits 2/WK

Facility Name: Harbortown MHP

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency <i>New 2008</i>
		Grease Trap	Pumping Frequency
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	2	Plant Timer <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Cycle Time:
		Motor / Blower Unit	
Secondary Treatment	2	Aeration Tank	Color: <i>Brown</i> Adequate Aeration Y <input checked="" type="checkbox"/> N
Final Settling	2	Clarifier	<i>Good Settling</i>
	2	Sludge Return	In <input checked="" type="checkbox"/> Out
	2	Surface Skimmer	In <input checked="" type="checkbox"/> Out
		Fixed Media Clarifier	
Tertiary Treatment	4	Surface Sand Filter	
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	<i>Very clear</i>
	1	Chlorine Tube Feeder	
	1	Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering	1	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	✓	Municipal POTW	
		Landfill	
	✓	Land Application	<i>in</i>
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	



Ohio Environmental Protection Agency
 Division of Drinking and Ground Waters
 Operator Certification Unit

Operator of Record (ORC) Notification Form

Ohio Environmental Protection Agency
 Division of Drinking and Ground Waters
 Operator Certification Unit
 50 West Town St, Suite 700
 P.O. Box 1049
 Columbus, OH 43216-1049

Phone: (614) 644-2752
 1- 866 - 411-OPCT (6728)
 Fax: (614) 644-2909
 email: opcert@epa.state.oh.us
 website: www.epa.state.oh.us/ddagw/opcert.html

I. SYSTEM INFORMATION

Name of System: _____ Phone Number: _____
 PWS ID/NPDES Permit #: _____ STU # _____ Classification: _____

 Name of Facility Owner or Permittee, Title (Print) Facility Owner or Permittee (Signature)

II. SYSTEM TYPE (Check only one of the following. Use additional sheets if necessary.)

Public Water System (PWS)	Distribution System	Treatment Works	Collection System

III. OPERATOR OF RECORD INFORMATION

Add Additional(A), New (N) or Remove(R)	Name of Operator of Record	Certification Number & Expiration Date	I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. (Signature of certified operator)*

* A signature by an operator of record who is being removed is not required.
 (Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: _____

For Internal Use Only	
Reviewed by:	Date of SDWIS update:
Date of Compliance Status Letter:	