



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: Erie County  
Kelleys Island  
The Island Cafe  
NPDES Permit

August 3, 2009

Ms. Patty Johnson, Owner  
The Island Cafe  
P.O. Box 427  
Kelleys Island, Ohio 43438

Dear Ms. Johnson:

On July 7, 2009, an inspection was made of the wastewater treatment facilities serving The Island Cafe. At the time of my visit, all mechanical components were in operation, and a clear effluent was observed in the contact tank. Operation and maintenance appeared improved since my last visit. The surface sand filters had residual solids left from last season and there was debris in the chlorine contact tank. Both units should be cleaned. This was mentioned in my letter dated June 4, 2009.

Monthly discharge monitoring reports are being received and have indicated numerous NPDES permit violations for the months of May and June. A copy of the violations is enclosed for your review. Please be aware of the schedule of compliance contained in your NPDES permit to meet final table effluent limits by this August. Please review the violations with your operator, as noncompliance of the schedule can lead to enforcement action by this Agency.

Enclosed is a copy of our inspection report. If you have any questions, please call me at (419) 373-3020, or email at [rick.zuzik@epa.state.oh.us](mailto:rick.zuzik@epa.state.oh.us).

Sincerely,

Richard A. Zuzik, MSE  
Division of Surface Water  
/csl

pc: Erie County Health Department  
Eastwood Environmental Inc.  
DSW, NWDO file

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PR00122

Facility Name Island Cafe Expiration Date 7-31-13

Facility Address 503 W. Lake Shore Dr. Date 7-7-09 Time 11<sup>5</sup> am  AM

City Kelleys Island County Erie Township \_\_\_\_\_

Name and Address of Owner Patti Johnson, P.O. Box 427, KI

Person Contacted Patti Owner Phone (419) 746-2220

Flow: Design 3200 GPD Present unknown GPD (metered - estimated)

Trib. Pop. 76 seats (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
<input checked="" type="radio"/> 0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
<input type="radio"/> 1	Mild	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 2	Moderate	<input type="checkbox"/>	Light Solids	<input type="checkbox"/>	Musty	<input type="checkbox"/>	Grey
<input type="radio"/> 3	Serious	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 4	Extreme	<input type="checkbox"/>	Heavy Solids	<input type="checkbox"/>	Septic	<input type="checkbox"/>	Black

2. Effect of effluent on Receiving Stream Name: Lake Erie

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<input checked="" type="radio"/> 0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
<input type="radio"/> 1	Mild	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 2	Moderate	<input type="checkbox"/>	Light Solids	<input type="checkbox"/>	Musty	<input type="checkbox"/>	Grey
<input type="radio"/> 3	Serious	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 4	Extreme	<input type="checkbox"/>	Heavy Solids	<input type="checkbox"/>	Septic	<input type="checkbox"/>	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 type="checkbox"/>	Chlorination Tablets
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dechlorination Tablets
<input type="checkbox"/>	<input type="checkbox"/>	Ultraviolet (U.V.)

Yes No

(1/1/09 - 6/26/09)

4.  Compliance with NPDES Permit

Periodic Violations Y N Parameters: \_\_\_\_\_

Chronic Violations  TSS, CBOD

5.  Adequate plant safety

6.  Operation and Maintenance Service

Name Castwood Env.

Frequency of Visits 1/wk

Facility Name: Island Cafe

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

1/1/09 - 6/28/09

Get New Data

Permit No.	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PR00122*CD	May 2009	001	00530	Total Suspended Solids	30D Conc	12	23.5	5/1/2009
2PR00122*CD	May 2009	001	00530	Total Suspended Solids	30D Qty	0.15	.26684	5/1/2009
2PR00122*CD	May 2009	001	00530	Total Suspended Solids	1D Conc	18	30.	5/26/2009
2PR00122*CD	May 2009	001	00530	Total Suspended Solids	1D Qty	0.22	.34065	5/26/2009
2PR00122*CD	June 2009	001	00530	Total Suspended Solids	30D Conc	12	15.	6/1/2009
2PR00122*CD	June 2009	001	00530	Total Suspended Solids	30D Qty	0.15	.2271	6/1/2009
2PR00122*CD	June 2009	001	80082	CBOD 5 day	30D Conc	10	21.3333	6/1/2009
2PR00122*CD	June 2009	001	80082	CBOD 5 day	30D Qty	0.12	.33497	6/1/2009
2PR00122*CD	June 2009	001	00530	Total Suspended Solids	1D Conc	18	24.	6/3/2009
2PR00122*CD	June 2009	001	00530	Total Suspended Solids	1D Qty	0.22	.27252	6/3/2009
2PR00122*CD	June 2009	001	80082	CBOD 5 day	1D Conc	15	52.	6/3/2009
2PR00122*CD	June 2009	001	80082	CBOD 5 day	1D Qty	0.18	.59046	6/3/2009