



**Environmental
Protection Agency**

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

Re: Erie County
Kelleys Island
Island House
NPDES Permit

August 30, 2011

Mr. Jim Seba
21500 N.W. Highway, Suite 1102
Southfield, MI 48075

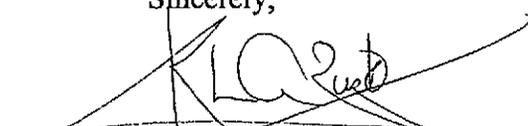
Dear Mr. Seba:

On August 10, 2011, an inspection was made of the sewerage facilities serving Kelleys Island House Restaurant. In general, both operation and maintenance were fair. At the time of my visit, the plant appeared lightly loaded and a very turbid final effluent was observed in the contact tank. All major mechanical components were in operation; however, both sand filters were in need of attention.

Monthly discharge monitoring reports are being received and effluent violations were reported for the month of July. Enclosed is a copy for your review.

My inspection report is 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

/jlm

Enclosures

pc: Erie County Health Department
Eastwood Environmental
File

OHIO ENVIRONMENTAL PROTECTION AGENCY
 OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PR 00078

Facility Name Island House Restaurant Expiration Date 12-31-15

Facility Address 131 Division St Date 7-14-11 Time 1100 (am/pm)

City Kelkeys Island county Erie Township _____

Name and Address of Owner Jim Seba

Person Contacted None Owner Phone (298) 640-4314

Flow: Design 2000 GPD Present _____ GPD (metered - estimated)

Trib. Pop. 65 seats (actual - estimated) Weather at time of inspection: Temp 80° Clear

OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No. - In Contact Tank

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

2. Effect of effluent on Receiving Stream Name: L. 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
	Chlorination Tablets
	Dechlorination Tablets
	U.V.

4. Yes No (7/11)
 Compliance with NPDES Permit

Periodic Violations Y N Parameters: Ammonia fecal

Chronic Violations _____

5. Adequate plant safety No fence around SF

6. Operation and Maintenance Service Name Eastwood Env.

Frequency of Visits _____

Facility Name: Island House

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	/	Trash Trap	Pumping Frequency:
	/	Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment		Plant Timer ___Y___N	Cycle Time:
	/	Motor/ Blower Unit	
Secondary Treatment	/	Aeration Tank	Color: Dilute Brown Adequate Aeration: Y ___ N ___
Final Settling	/	Clarifier	turbid
	/	Sludge Return	In / Out
	/	Surface Skimmer	In / Out
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	ponded
		Polishing Pond	
		Other	
Disinfection	/	Contact Tank	turbid
	/	Chlorine Tube Feeder	IN
	/	Dechlorination Tube Feeder	IN
	/	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		Post Aeration	
		Spray Irrigation	
		Other	

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PR00078*DD	July 2011	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	L.U	13.55	7/1/2011
2PR00078*DD	July 2011	001	00610	Nitrogen, Ammonia (NH3)	7D Conc	3.0	13.55	7/1/2011
2PR00078*DD	July 2011	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.015	.03847	7/1/2011
2PR00078*DD	July 2011	001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.022	.03847	7/1/2011
2PR00078*DD	July 2011	001	31648	E. coli	7D Conc	284	3600.	7/15/2011