



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8481 FAX: (419) 352-8468
www.epa.state.oh.us

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

Re: Erie County
Kelleys Island
Village Pump
NPDES Permit

September 2, 2008

Mr. Gary Finger, Owner
The Village Pump
P.O. Box 76
Kelleys Island, Ohio 43440

Dear Mr. Finger:

On July 31, 2008, an inspection was made of the wastewater treatment facilities serving The Village Pump. In general, both operation and maintenance of the plant appeared "good". All major treatment components were in operation, and a slightly turbid final effluent was observed being discharged from the plant. Both sand filters were ponded, and in need of attention. This is a sign of surging solids through the plant as a result of high peak flows. I was informed shortly after the inspection that the filters were serviced. I was pleased to see disinfection and dechlorination tablets in the tube feeders. NPDES monthly reports are being received and indicated periodic violations since the beginning of the year. A copy of the violations is enclosed to review with your operator.

Please find enclosed our inspection report. If you have any questions, please feel free to call me at (419) 373-3020 or email at rick.zuzik@epa.state.oh.us.

Sincerely,

Richard A. Zuzik, MSE
Division of Surface Water

/csl

pc: Rob Strahm, Bluffton Aeration Service
Erie County Health Department
'DSW; NWDO file'

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PR00083

Facility Name Village Pump Expiration Date 8-31-10

Facility Address Lakeshore/Downtown Date 7-31-08 Time 11⁰⁰ am / pm

City Kelleys Island County Erie Township -

Name and Address of Owner Gary Finger, P.O. Box 76, KI

Person Contacted Gary Owner Phone _____

Flow: Design 14,000 GPD Present unknown GPD (metered - estimated)

Trib. Pop. Pump's Bay the Moor (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
0	None		<input checked="" type="checkbox"/> Clear		<input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Colorless
1	Mild						
2	Moderate		<input type="checkbox"/> Light Solids		<input type="checkbox"/> Musty		<input type="checkbox"/> Grey
3	Serious						
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 via stem tile

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color - NOT OBSERVED
0	None		<input type="checkbox"/> Clear		<input type="checkbox"/> None		<input type="checkbox"/> Colorless
1	Mild						
2	Moderate		<input type="checkbox"/> Light Solids		<input type="checkbox"/> Musty		<input type="checkbox"/> Grey
3	Serious						
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) ponded sand filters

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

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: Ammonia, TSS, E. Coli

Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service

Name Bluffton Aeration

Frequency of Visits 1/WK

Facility Name: Village Pump

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 Motor / Blower Unit	Cycle Time:
Secondary Treatment	2	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>Both Ponded</i>
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	
	1	Chlorine Tube Feeder	
	1	Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
		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		Post Aeration	
		Spray Irrigation	
		Other	

Get New Data

Permit No.	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PR00083*CD	May 2008	001	31648	E. coli	30D Conc	126	170.	5/1/2008
2PR00083*CD	June 2008	001	00610	Nitrogen, Ammonia (NH	30D Conc	2	2.63	6/1/2008
2PR00083*CD	July 2008	001	00530	Total Suspended Solids	30D Conc	12	18.	7/1/2008
2PR00083*CD	July 2008	001	00610	Nitrogen, Ammonia (NH	30D Conc	2	3.19	7/1/2008
2PR00083*CD	July 2008	001	00610	Nitrogen, Ammonia (NH	1D Conc	3	3.19	7/8/2008