



Environmental
Protection Agency

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

Re: Erie County
Kelleys Island
Village Pump
NPDES Permit

August 2, 2011

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

Dear Mr. Finger:

On July 14, 2011, 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 very clear final effluent was observed in the contact tank. The sand filters were well kept, and disinfection and dechlorination tablets were present in the tube feeders. You stated that your grease traps were recently pumped. Due to the nature of your business, we recommend the traps, including the trap for Bag the Moon, be pumped twice per season.

Monthly discharge monitoring reports are being received and some violations have been reported since the beginning of the year. A copy of the violations is included to review with your operator.

Please find enclosed my inspection report. 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

/cs

Enclosure

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

Facility Name Village Pump NPDES Permit No. 2PR00083
 Expiration Date 11-30-15
 Facility Address Lake Shore / Downtown Date 7-19-11 Time 1:50 am pm
 City Kelleys Island County Erie Township _____
 Name and Address of Owner Gary Finger
 Person Contacted Gary Owner Phone (419) 746-2241
 Flow: Design 14,000 GPD Present _____ GPD (metered - estimated)
 Trib. Pop. Pump / Bay the Man (actual - estimated) Weather at time of inspection: Temp 85° Clear
 OEPA Personnel Rick Zuzit District NWDO

1. Plant Effluent - Mark Severity No. In decolor tank

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

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<u>0</u>	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>✓</u>	_____	Chlorination Tablets
_____	_____	Dechlorination Tablets
_____	_____	U.V.

Yes No

4. ✓ Compliance with NPDES Permit

Periodic Violations Y N Parameters: TSS, Cl² Residual
 Chronic Violations _____

5. ✓ Adequate plant safety

6. ✓ Operation and Maintenance Service Name Bluffton Aeration

Frequency of Visits _____

Facility Name: Village Pump

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	2	Trash Trap	Pumping Frequency:
	2	Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	1	Flow Equalization	IN
Aeration Equipment		Plant Timer ___Y___N	Cycle Time:
		Motor/ Blower Unit	
Secondary Treatment	2	Aeration Tank	Color: <i>Choc. Brown</i> Adequate Aeration: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Final Settling	1	Clarifier	
	2	Sludge Return	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
	2	Surface Skimmer	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	<i>both well kept</i>
		Polishing Pond	
		Other	
Disinfection	2	Contact Tank / + dechlor	<i>in, very clear</i>
	1	Chlorine Tube Feeder	IN
	1	Dechlorination Tube Feeder	IN
		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>domestic bubbler</i>
		Spray Irrigation	
		Other	

(1/11 - 6/11)

Get New Data								
Permit No.	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PR00083*DD	April 2011	001	00530	Total Suspended Solids	30D Conc	12.0	22.	4/1/2011
2PR00083*DD	April 2011	001	00530	Total Suspended Solids	7D Conc	18.0	22.	4/8/2011
2PR00083*DD	June 2011	001	50060	Chlorine, Total Residu	1D Conc	0.038	.3	6/13/2011
2PR00083*DD	June 2011	001	50060	Chlorine, Total Residu	1D Conc	0.038	.3	6/24/2011