



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
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: Hardin County
Hardin County Solid Waste Facility
Indirect Discharge Permit

May 27, 2009

Hardin County Commissioners
One Courthouse Square, Suite 100
Kenton, Ohio 43326

Dear Commissioners:

On May 12, 2009, an Indirect Discharge Permit (IDP) compliance inspection was conducted at the Hardin County Solid Waste Facility. Mr. Tim McKee was present and provided information on operations at the facility. The IDP covers the discharge of leachate and ground water from the landfill to the City of Kenton sanitary sewer.

As discussed during the inspection, our records indicate that numerous parameters have not been reported on 4500 Forms since our last inspection. These reporting deficiencies were also noted during our previous inspection conducted on June 19, 2007. Please inform this office in writing as to the reasons for the above referenced violations, as well as a description of the actions taken or proposed to prevent any further violations. Your response should include the dates, either actual or proposed, for completion of the actions.

A copy of our completed inspection report is enclosed for your records. If you have any questions, please call me at 419-373-3008.

Yours truly,

Thomas Poffenbarger, P.E.
District Engineer
Division of Surface Water

/lb

Enclosure

pc: Mr. Michael Heilman, City of Kenton w/enclosure
Mr. Michael L. Smith, P.E., Hardin County Engineer w/enclosure
Mr. Ryan Laake, DSW, CO w/enclosure
~~DSW-NWDO File w/enclosure~~

IU SITE VISIT DATA SHEET

I. IU SITE VISIT REPORT FORM

INSTRUCTIONS: Record observations made during the IU site visit. Provide as much detail as possible.

Name and address of industry Hardin County Solid Waste Facility, 45 Jones Rd, Kenton, OH 43326

Date of visit May 12, 2009

Time of visit 12:30 PM

Name(s) of inspector(s)

Thomas Poffenbarger, PE.

Provide name(s) and title(s) of industry representative(s).

Name	Title
<u>Mr. Tim McKee</u>	<u>Operator</u>

Classification assigned by CA: Significant Industrial User

Did the CA inspector review/obtain the following as part of the industrial inspection?

1. Description of the products manufactured or the services provided by the IU.
2. Verification of the IU's classification or discussion of any changes.
3. Description of any significant changes in processes or flow.
4. Identification of the raw materials and processes used. (Including a discussion of where wastewater is produced and discharged and attach a step-by-step diagram if possible.)
5. Description of the sample location and any differences in CA and IU locations.
6. Description of the treatment system which is in place.
7. Identification of the chemicals that are maintained onsite and how they are stored. (Attach list of chemicals, if available.)
Discussion regarding the adequacy of spill prevention.
8. Discussion regarding whether hazardous wastes are stored or discharged and any related problems.

Notes:

IU SITE VISIT DATA SHEET (Continued)

IU Name <i>Hardin County Solid Waste Facility</i>	Date <i>May 12, 2009</i>
Notes:	

IU SITE VISIT REPORT FORM COMPLETED BY: <i>Thomas Poffenbarger, PE.</i> TITLE: <i>ES II</i>	DATE: <i>5/12/2009</i> TELEPHONE: <i>419-373-3008</i>
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Notes:

INDUSTRIAL USER INSPECTION CHECKLIST

Facility: *Hardin County Solid Waste Facility*

Date of inspection: *May 12, 2009*

OH Number: *OHP000069*

IDP Number: *ZDP00064*

Facility Representative: *Mr. Tim McKee*

Inspector(s): *Thomas Poffenbarger, P.E.*

COMPLIANCE

1. Date of last pretreatment inspection: *June 19, 2007*

2. Has the facility been in compliance with its permit limits since the last inspection?
If no, explain:

Y / N

3. Is the facility in compliance with all other requirements?

Sampling procedures

Y / N / NA

Reporting (late reporting, failure to report, etc)

Y / N / NA

Compliance schedules

Y / N / NA

Submitted BMR and 90 day compliance reports

Y / N / NA

Any other requirements

Y / N / NA

If any of the above five answers is no, explain:

75 Monitoring frequency violations have occurred since November 2007.

4. Was the facility required to perform any actions as a result of the last inspection?
Explain any unresolved actions:

Y / N

*Monitor and report all parameters in accordance with
Indirect Discharge Permit.*

FACILITY OPERATIONAL CHARACTERISTICS

5. Number of Employees: *1*

6. Shifts/Day: *1 shift / 4-5 Days per week*

7. Production Days/Year: *365*

8. Hours/shift: *1 hour*

9. Any production changes since the last inspection?
If yes, explain:

Y / N

10. General facility description and operations:

Leachate and ground water collection from the Hardin County Landfill.

Waste water is discharged to the City of Kenton Sewers.

FACILITY OPERATIONAL CHARACTERISTICS CONTINUED

11. Any change in materials used in production since the last inspection?
If yes, explain:

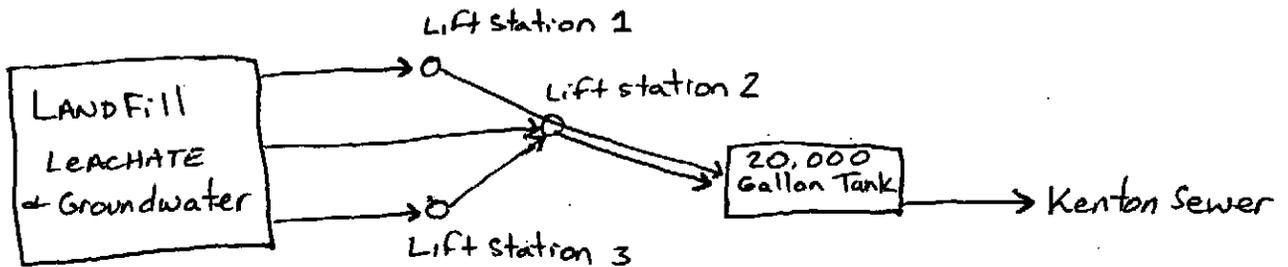
Y (N)

12. Any expansion or production increase expected within the next year?
If yes, explain:

Y (N)

WASTEWATER TREATMENT

13. Provide a schematic diagram and description of the wastewater treatment system:



14. Was a PTI issued for the treatment system?

Y (N)

15. Were there any modifications to the treatment system since the previous inspection?

Y (N)

If yes, was a PTI obtained? *From DSIWM*

(Y) (N)

PTI Number:

Date:

16. What is the treatment mode of operation?

Batch / Continuous / Combination

If batch, list the frequency and duration:

17. Who is responsible for operating the treatment system?

Mr. Tim McKee

18. How often is the treatment system checked?

Daily

WASTEWATER TREATMENT CONTINUED

19. Is there an alarm system for the system?
Explain:

Y (N)

20. Is there an operations and maintenance manual?

Y (N)

21. Is an inventory of critical spare parts maintained?
If yes, list: *Piping / spare pump*

(Y) (N)

22. Are there any bypasses in the system?
If yes, describe the location:

Y (N)

Have bypasses occurred since the last inspection?

Y (N)

Was the POTW notified?

Y (N)

23. Are residuals or sludges generated?

Y (N)

Method of disposal:

Frequency and amount of disposal:

Name of hauler/landfill/disposal facility:

Is any sludge generated subject to RCRA regulations?

Y (N)

If land applying sludge, is there a sludge management plan?

Y (N)

PROCESS AND WASTEWATER INFORMATION

24. List all processes generating wastewater, current wastewater flows, and where applicable, production rates as well as values on which the permit limits are based:

REGULATED PROCESS	SAMPLE LOCATION	WASTEWATER FLOW (GPD)		PRODUCTION DATA (SPECIFY UNITS)	
		Permit	Current	Permit	Current
1. Leachate / Groundwater	Port after 20,000 Gallon Tank		14393		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Regulated Process Flow			14393		
Noncontact Cooling					
Blowdown					
Reverse Osmosis Condensate					
Demineralizer Regeneration					
Filter Backwash					
Compressor Condensate					
Storm water					
Other Dilute Flows					
Unregulated Flows (provide list)					
Sanitary					
TOTAL FLOW			14393		

25. For the above flows not discharged to the POTW, list point of discharge and permit (if any).

None

SELF MONITORING

26. Sample location(s) described in the facility's permit:

Discharge port from the 20,000 gallon tank

27. Is the facility sampling at the location(s) described in the permit?
If no, describe the actual location:

Y / N

28. Is the location(s) where the facility is sampling representative?
If no, indicate a representative location:

Y / N

29. Is the flow measured or estimated?

Measured / Estimated

If measured, how often is the meter calibrated?

Every 2 years

If estimated, describe method of estimation:

30. Is pH monitored continuously?
If yes, how often is the meter calibrated?

Y / N

31. Does the facility collect its own samples?
If no, specify the sample collector:

Y / N

32. Are appropriate sampling procedures followed?
Monitoring frequencies
Sample collection (grab for pH, O&G, CN, phenols, VOCs)
Flow proportioned samples
Proper preservation techniques
Sample holding times
Chain-of-custody forms

Y / N
 Y / N
Y / N
 Y / N
 Y / N
 Y / N

33. Are samples analyzed in accordance with 40 CFR 136?

Y / N

34. Laboratory conducting analyses:

Test America, North Canton, Ohio

TOXICS MANAGEMENT

35. Are any listed toxic organics used in the facility?
If yes, identify organics: Y / N
36. Does the facility have a current toxic organic management plan(TOMP)?
If yes, is it being implemented? Y / N
Y / N
37. Has the facility had any uncontrolled releases or spills to the POTW since
the previous inspection? If yes, please explain: Y / N
38. Does the facility need a spill prevention plan or slug discharge control plan?
If yes, does the facility have a written plan? Y / N
Y / N
39. Identify any potential slug load or spill areas:

REQUIRED FOLLOW-UP ACTIONS

Monitor and report all parameters in accordance
with Indirect Discharge Permit.