



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

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www.epa.state.oh.us

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

Re: Lucas County
City of Toledo
NPDES Permit

July 16, 2007

Mr. Chris Middlebrough, Manager
Division of Water Reclamation
Bay View Park
Toledo, Ohio 43611-3097

Dear Mr. Middlebrough:

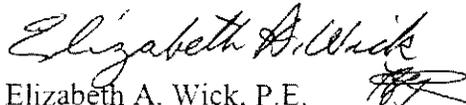
On June 13, 2007, Ohio EPA representative Naajy Abdullah conducted a compliance evaluation inspection of the City of Toledo Bay View Water Reclamation Plant. Mr. Chris McGibbeny provided information about the plant operations and maintenance.

During the inspection, all major components of the plant were in operation. The final effluent was being chlorinated and appeared clear.

The recently constructed wet weather handling facilities appeared to have been utilized during storm events and all units are operational. The new and relocated sample locations were as indicated in the facility's modified NPDES permit.

Our completed inspection checklist is enclosed for your review. If you have any questions, please contact Naajy Abdullah at (419) 373-3017.

Yours truly,


Elizabeth A. Wick, P.E.
District Engineer/Unit Supervisor
Division of Surface Water

/csl

Enclosure

pc: Chris McGibbeny, City of Toledo w/enc.
DSW, NWDO File

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2PF00000	OH 0027740	07/06/13	C	S	1

Section B: Facility Data

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Toledo	10:00 a.m.	01-01-2005
Division of Water Reclamation		Exit Time Permit Expiration Date
Bay View Park	12:00 p.m.	12-31-2009
Toledo, Ohio 43611		

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Chris McGibbeny, Administrator of Operations	(419) 727-2624

Name, Address and Title of Responsible Official	Phone Number
Chris Middebrough	(419) 727-2618

Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment
<u>N</u> Records/Reports	<u>N</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review		
<u>N</u> Collection System	<u>S</u> Sludge Storage/Disposal	<u>N</u> Other

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

- * All major treatment units were operational and in use.
- *Wet weather handling facilities are in and have been utilized when needed.
- *Modification of NPDES permit to include new outfalls has been completed.

	7-16-07	Ohio EPA	Northwest
Name(s) and Signature(s) of Inspector(s)	Date		District Office

	7-16-07	Ohio EPA,	Northwest
Name and Signature of Reviewer	Date		District Office

Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

Section E: Permit Verification

	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	X	___	___	___
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	X	___	___	___
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	___	___	X	___
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT PERMIT APPLICATION/BRIEFING MEMO	X	___	___	___
(e) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	X	___	___	___
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	X	___	___	___
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	___	___	X	___
(h) ALL DISCHARGES ARE PERMITTED	X	___	___	___
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	X	___	___	___
COMMENTS/STATUS:				

(g) City completed construction of wet weather handling facilities.

Section F: Compliance Schedules/Violations

	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION	___	X	___	___
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS	___	___	X	___
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	X	___	___	___
(d) COMPLIANCE SCHEDULE CONTAINED IN _____				
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	X	___	___	___
COMMENTS/STATUS:				

Section G: Operation and Maintenance

TREATMENT WORKS:

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED				
(a) STANDBY POWER AVAILABLE GENERATOR <u>X</u> DUAL FEED	<u>X</u>			
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>			
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>			
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>7</u> DAYS/WEEK	<u>X</u>			
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>IV</u>	<u>X</u>			
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>			
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u>X</u>			
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>			
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>X</u>			
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u> </u> ON MORS <u> </u> 800 NO.			<u>X</u>	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u>X</u>			

COLLECTION SYSTEM: N/A

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u> </u>				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO_ SSO <u> </u>)				
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)				
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED				
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT				
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM				
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED				
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT				
(i) IS THERE AN INFLOW INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION				
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING				
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY				

COMMENTS/STATUS:

(g) No. 8 aeration tank influent pump out.
 No. 3 pump was out for replacement.
 Chlorine tank mixer was out for repair.

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP)
SUBMITTED DATE _____ APPROVAL # _____ NOT SUBMITTED _____ N/A _____

	Yes	No	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	<u>X</u>	_____	_____	_____
(c) SLUDGE ADEQUATELY DISPOSED (METHOD:land application)	<u>X</u>	_____	_____	_____
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	_____	_____	_____	_____
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: _Stuckey Brd. PX COV_)	<u>X</u>	_____	_____	_____
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	_____	<u>X</u>	_____	_____
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<u>X</u>	_____	_____	_____
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	<u>X</u>	_____	_____	_____
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<u>X</u>	_____	_____	_____
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	_____	<u>X</u>	_____	_____
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<u>X</u>	_____	_____	_____

COMMENTS/STATUS:

Section I: Self-Monitoring Program

Part 1. Flow measurement

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED <u>X</u>	<u>X</u>	_____	_____	_____
TYPE OF DEVICE: <u>X</u> ULTRASONIC & PARSHALL FLUME <u>X</u> ULTRASONIC & WEIR _____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify)	_____	_____	_____	_____
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration _____)	<u>X</u>	_____	_____	_____
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<u>X</u>	_____	_____	_____
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<u>X</u>	_____	_____	_____
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<u>X</u>	_____	_____	_____
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: _____ DAILY _____ WEEKLY _____ MONTHLY _____ OTHER	_____	_____	_____	_____

COMMENTS/STATUS:

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	X	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	X	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	X	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	X	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	X	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	X	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	X	___	___	___
(e) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g., continuous monitoring instrumentation, calibration and maintenance records)	X	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC.	X	___	___	___

COMMENTS/STATUS:

Part 3. Laboratory

	Yes	No	N/A	N/E
GENERAL				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	X	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	___	X	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	___	X	___	___
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	___	___	X	___
(e) COMMERCIAL LABORATORY USED	___	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB				

Metals, Oil and Grease, biomonitoring(2) LAB NAME: Jones & Henry**QUALITY CONTROL/QUALITY ASSURANCE**

(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	___	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	___	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	___	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : _____ SATISFACTORY ___ MARGINAL ___ UNSATISFACTORY				

COMMENTS/STATUS:

Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	None	None	None	None	None	Clear	

COMMENTS/STATUS:

Section K: Multimedia Observations

	Yes	No	N/A	N/E
(a) ARE THERE INDICATIONS OF SLOPPY HOUSEKEEPING OR POOR MAINTENANCE IN WORK AND STORAGE AREAS OR LABORATORIES	___	X	___	___
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	___	X	___	___
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	___	X	___	___
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	___	X	___	___
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	___	X	___	___
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	___	X	___	___

IF ANY OF THE ABOVE ARE OBSERVED, ASK THE FOLLOWING QUESTIONS:

- (1) WHAT IS THE CAUSE OF THE CONDITION?
- (2) IS THE OBSERVED CONDITION OR SOURCE A WASTE PRODUCT?
- (3) WHERE IS THE SUSPECTED CONTAMINANT NORMALLY DISPOSED?
- (4) IS THIS DISPOSAL PERMITTED?
- (5) HOW LONG HAS THE CONDITION EXISTED AND WHEN DID IT BEGIN?

COMMENTS/STATUS:

F. GROUND - VISUAL OBSERVATION - UNIFORM PROCESS

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	
	Bypasses	OUT	
	Stormwater Overflows	IN	
	Alternate Power Source	S	2 Feeds from Electric Co.
Preliminary	Maintenance of Collection Systems	--	Not evaluated
	Pump Station	IN	5 pumps in plant. 1 out for electrical repair
	Ventilation	S	
	Bar Screen	IN	3
	Disposal of Screenings	S	Solid Waste (landfill)
	Comminutor	---	
	Grit Chamber	IN	4 Tanks
	Disposal of Grit	S	Landfill
	Skimming Tanks	IN	4 Tanks
Primary	Settling Tanks	IN	10 Tanks
	Scum Removal	IN	
	Sludge Removal	IN	6 Pumps
	Effluent	S	
	Sludge pumps		
Sludge Disposal	Digesters	IN	8 Tanks (5 online, 1 offline) 2 storage tanks
	Temperature and pH	S	
	Gas Production	S	
	Heating Equipment	IN	
	Sludge Pumps	IN	Five
	Storage Beds	IN	One Pad
	Vacuum Filter	IN	8
	Disposal of Sludge	IN	Land application / land use/Landfill.
	Sludge Thickness	IN	2 Units
	DAF	IN	
Other	Flow Meter and Recorder	IN	Influent magmeter on each pump effluent (ultrasonic)
	Records	S	
	Lab Controls	--	
	Chemical Treatment	IN	Ferrous salt, Polymer
Secondary-Tertiary List items as	Aeration	IN	9 tanks: 7 online, 2 are off
	Final Settling Tanks	IN	12 tanks
	Sludge Removal	IN	
Disinfection	Effluent	S	Clear
	Disinfection System	IN	Chlorine Gas
	Effective Dosage	S	
	Contact Time	S	
	Contact Tank	IN	
	Dechlorination	IN	Sodium Bisulfite