



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
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: Marion County
Richland Rd WWTP
NPDES Permit

June 3, 2009

Marion County Commissioners
222 West Center Street
Marion, Ohio 43302

Dear Commissioners:

On April 16, 2009, Mr. Jason Ko conducted a Compliance Sampling Inspection of your wastewater treatment plant. Mr. Craig Woodrum was present and provided information regarding the operation of the facility. This inspection was conducted as part of the facility's National Pollutant Discharge Elimination System (NPDES) permit No. 2PJ00002 (OH0058157).

At the time of the inspection, all major treatment components were in service. The final discharge from the treatment plant was visually clear. We collected effluent samples on April 6 to April 7 and May 18 to May 19 to determine the quality of the discharge. The April sampling event indicated the final effluent was not acutely toxic and the conventional pollutants were within the limits. Please refer to the enclosed Bioassay Report Number 09-3874-NW for more detailed analytical information. The May sampling results will be forwarded to you as soon as they become available.

Your current NPDES permit will expire on January 31, 2011. Please note that this NPDES permit (Part I, Item C) requires the County to comply with the final effluent limits by August 1, 2009. Our review of your Discharge Monitoring Reports (1/1/2008 to 4/30/2009) indicated a few effluent violations. Please refer to the enclosed violation table.

The U.S. EPA DMR-QA Study #28 indicated that all test parameters were rated acceptable except for fecal coliform, ammonia, suspended solids and residual chlorine. We encourage your continued participation in the QA Program to assure the accuracy and reliability of your monthly monitoring data.

Our completed inspection report is enclosed with this letter. If you have any questions, please call Mr. Jason Ko of our office at 419-373-3021.

Yours truly,

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

/lb

pc: Craig Woodrum, WW Supt
NWDO File

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2PJ00002	OH0058157	2009/4/16	S	S	P

Section B: Facility Data

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Richland Road WWTP 2160 Richland Road Marion, OH 43302	10:15 A.M.	8/1/2006
	Exit Time	Permit Expiration Date
	11:30 A.M.	1/31/2011

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Mr. Craig Woodrum, Superintendent	(740) 389-1526

Name, Address and Title of Responsible Official	Phone Number
Marion County Commissioners 222 West Center Street Marion, OH 43302	(740) 223-4130

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>--</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluents	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u>-</u> Other

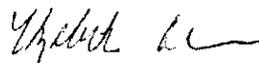
Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

- * Current NPDES permit will expire on 1/31/2011
- * Effluent samples were collected on 4/6 – 4/7/2009 and 5/18 – 5/19/2009
- * The April sampling results indicated that the final effluent was not acutely toxic and conventional pollutants were within limits (see enclosed Bioassay Report Number 09-3874-NW)
- * The May sampling results will be forwarded to you as soon as they become available
- * Phosphorus removal by chemical addition would be in place by this summer (2009) as the County is required to be in compliance with the final effluent limits by 8/1/2009
- * Review of your Discharge Monitoring Reports (1/1/2008 to 5/1/2009) indicated a few effluent violations


 Jason K...
 Name(s) and Signature(s) of Inspector(s)

Date

Ohio EPA, Northwest
 District Office


 Elizabeth A. Wick, P.E.
 Name and Signature of Reviewer

Date

Ohio EPA, Northwest
 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	<u>X</u>	___	___	
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<u>X</u>	___	___	
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	___	___	<u>X</u>	
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	
(e) TREAT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	___	<u>X</u>	___	
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	<u>X</u>	___	___	
(h) ALL DISCHARGES ARE PERMITTED	<u>X</u>	___	___	
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<u>X</u>	___	___	

COMMENTS/STATUS:

Section F: Compliance Schedules/Violations

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

COMMENTS/STATUS:

(d) Comply with the final effluent limits by 8/1/2009

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> </u>	<u>X</u>	<u> </u>	<u> </u>	
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>	<u> </u>	<u> </u>	
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>	<u> </u>	<u> </u>	
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>1</u> DAYS/WEEK <u>5</u>	<u>X</u>	<u> </u>	<u> </u>	
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>III</u>	<u>X</u>	<u> </u>	<u> </u>	
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>	<u> </u>	<u> </u>	
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u> </u>	<u>X</u>	<u> </u>	
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	<u> </u>	<u> </u>	
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u> </u> ON MORS <u> </u> 800 NO.	<u>X</u>	<u> </u>	<u> </u>	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	

COLLECTION SYSTEM:

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u>60%</u>				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u> </u> SSO <u> </u>)	<u>X</u>	<u> </u>	<u> </u>	
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<u>X</u>	<u> </u>	<u> </u>	
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u>X</u>	<u> </u>	<u> </u>	
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u>X</u>	<u> </u>	<u> </u>	
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<u>X</u>	<u> </u>	<u> </u>	
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<u>X</u>	<u> </u>	<u> </u>	
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<u> </u>	<u>X</u>	<u> </u>	
(i) IS THERE AN INFLOW INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<u> </u>	<u>X</u>	<u> </u>	
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	<u> </u>	<u>X</u>	<u> </u>	

COMMENTS/STATUS:

Treatment Works:

- (a) test weekly
- (d) weekends on part-time basis

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: _____)	_____	_____	_____	<u>X</u>
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	_____	_____	_____	_____
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: _____)	_____	_____	_____	<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 TYPE OF DEVICE: <u>X</u> PARSHALL FLUME _____ ULTRASONIC & WEIR _____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify _____)	<u>X</u>	_____	_____	_____
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>11/08</u>)	<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: <u>X</u> DAILY _____ WEEKLY _____ MONTHLY _____ OTHER	_____	_____	_____	_____

COMMENTS/STATUS:

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<u>X</u>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	___	___	___
(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)	<u>X</u>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC.	<u>X</u>	___	___	___

COMMENTS/STATUS:

Part 3. Laboratory

	Yes	No	N/A	N/E
GENERAL				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	___	<u>X</u>	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	___	<u>X</u>	___	___
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	___	___	<u>X</u>	___
(e) COMMERCIAL LABORATORY USED	<u>X</u>	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB <u>oil & grease, Nitrates & Nitrite, P, metals, TKN & Sludge - Ginosko</u> <u>Bioassay - Alloway</u>				
(2) LAB NAME :				
QUALITY CONTROL/QUALITY ASSURANCE				
(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : <u>2008</u> _____ SATISFACTORY <u>X</u> MARGINAL _____ UNSATISFACTORY				

COMMENTS/STATUS:

Fecal, ammonia, TSS & Cl2 were rated unacceptable

Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	--	--	--	--	--	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	---	<u>X</u>	---	---
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	---	<u>X</u>	---	---
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	---	<u>X</u>	---	---
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	---	<u>X</u>	---	---
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	---	<u>X</u>	---	---
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	---	<u>X</u>	---	---

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:

Section L: Sampling Procedures (for CSIs)

- GRAB SAMPLES OBTAINED
- COMPOSITE SAMPLE OBTAINED
- COMPOSITE FREQUENCY _____ PRESERVATION _____
- FLOW PROPORTIONED SAMPLE OBTAINED
- AUTOMATIC SAMPLER USED
- SAMPLE SPLIT WITH PERMITTEE
- CHAIN OF CUSTODY EMPLOYED
- SAMPLE OBTAINED FROM THE FACILITY SAMPLING DEVICE

SAMPLE REFRIGERATED DURING COMPOSITING : YES NO
SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE _____

COMMENTS/STATUS:

See Bioassay Report Number 09-3874-NW (enclosed)

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Form Approved
OMB No. 158-R0035

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	Fenced
	Bypasses	-	
	Stormwater Overflows	-	
	Alternate Power Source	S	Standby generator – test monthly (for screw pump only)
Preliminary	Maintenance of Collection Systems	S	
	Pump Station	IN	3 screw pumps; 1 running
	Ventilation	-	
	Bar Screen	IN	1 mechanical
	Disposal of Screenings	S	Landfill
	Comminutor	-	
	Cyclone Grit Separator	IN	
	Disposal of Grit	S	Landfill
Primary	Settling Tanks	-	
	Scum Removal	-	
	Sludge Removal	-	
	Effluent	-	
Sludge Disposal	Digesters	IN	2 aerobic units
	Temperature and pH	-	
	Gas Production	-	
	Heating Equipment	-	
	Sludge Pumps	IN	2 WAS/ RAS
	Sludge Thickner	IN	2 in use
	Storage Building	IN	
	Disposal of Sludge	IN	Land application
	Sludge Blower	IN	3 units; 1 running
	Sludge Press	OUT	1 unit
Other	Flow Meter and Recorder	IN	At effluent
	Records	S	
	Lab Controls	-	
	Chemical Treatment	-	
Secondary- Tertiary <small>List items as</small>	Orbal Aeration Tank	IN	1 units & brown
	Secondary Settling	IN	2 units
Disinfection	Effluent	S	Clear discharge
	Disinfection System	OUT	
	Effective Dosage	-	
	Contact Time	-	
	Contact Tank	-	
	Dechlorination	-	

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PJ00002*FD	March 2008	001	00610	Nitrogen, Ammonia (NH3	30D Qty	19.87	20.2153	3/1/2008
2PJ00002*FD	June 2008	001	00610	Nitrogen, Ammonia (NH3	7D Qty	13.25	15.4204	6/15/2008
2PJ00002*FD	March 2009	001	00610	Nitrogen, Ammonia (NH3	7D Conc	4.5	5.62667	3/15/2009
2PJ00002*FD	March 2009	001	00610	Nitrogen, Ammonia (NH3	7D Qty	29.81	29.8885	3/15/2009