



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: Mercer County
Celina WWTP
NPDES Permit

February 5, 2009

Mr. Jeffery Hazel, Safety-Service Director
City of Celina
426 West Market Street
Celina, Ohio 45822

Dear Mr. Hazel:

On September 30, 2008, a compliance evaluation inspection of Celina's wastewater treatment plant was conducted. Mr. Kerry Duncan, Superintendent, was present and provided information regarding the operation of the treatment facilities.

At the time of inspection, all major treatment components were in service and the plant was discharging a clear final effluent. The treatment plant laboratory shared with an energy control area and is small for all of the sampling that is required by your NPDES permit. A larger area designated only for laboratory use is recommended.

We are in receipt of your discharge monitoring reports covering the months of January 2008, through September 2008. Our review indicates violations of the conditions of your NPDES permit and are attached.

The new operator certification rules requiring a log book be kept at the plant and the designation of an operator of record have become effective. The logs currently being kept at the plant appear to be appropriate. The operator of record form is enclosed. It should be completed and submitted to our Central Office if you have not already done so.

A copy of our completed inspection report form is enclosed. If you have any questions, please call Michelle Sharp at 419-373-3019.

Yours truly,

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

/llr

Enclosure

pc: DSW, NWDO File w/ enc.
Mr. Kerry Duncan, Superintendent Celina WWTP w/ enc.



State of Ohio Environmental Protection Agency
Northwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
OH0020320	2PD00033	1/16/2008	C	S	

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Celina 1125 South Elm Street Celina, Ohio 45822	1:30 PM	3/1/2007
	Exit Time	Permit Expiration Date
	3:00 PM	1/1/2012
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Kerry Duncan, Superintendent	419-586-2451	
Name, Address and Title of Responsible Official	Phone Number	
Jeffery Hazel, Safety-Service Director City of Celina 426 West Market Street Celina, Ohio 45822	419-586-2311	

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	S	Flow Measurement	N	Pretreatment
S	Records/Reports	M	Laboratory	S	Compliance Schedule
S	Operations & Maintenance	S	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal	N	Other
M	Collection System				

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

Inspector	Reviewer
<p><i>Michelle Sharp</i> 10-30-08</p> <p>Michelle M. Sharp Date</p> <p>Division of Surface Water</p> <p>Northwest District Office</p>	<p><i>Elizabeth A. Wick</i> 10/30/08</p> <p>Elizabeth A. Wick, P.E. Date</p> <p>Water Quality Engineer</p> <p>Division of Surface Water</p> <p>Northwest District Office</p>

Sections E thru K: Complete on all inspections as appropriate
Y – Yes, N – No, N/A – Not Applicable, N/E – Not Evaluated

Section E: Permit Verification

Inspection observations verify the permit

- (a) Correct name and mailing address of permittee Y
- (b) Correct name and location of receiving waters..... Y
- (c) Product(s) and production rates conform with permit application (Industries)..... N/A
- (d) Flows and loadings conform with NPDES permit..... Y
- (e) Treatment processes are as described in permit application... Y
- (f) New treatment process(es) added since last inspection..... N
- (g) Notification given to State of new, different or increased discharges..... N/A
- (h) All discharges are permitted..... Y
- (i) Number and location of discharge points are as described in permit..... Y

Comments/Status:

Section F: Compliance Schedules/Violations

- (a) Any significant violations since the last inspection..... N
- (b) Permittee is taking actions to resolve violations..... N/A
- (c) Permittee has a compliance schedule..... Y
- (d) Compliance schedule contained in
- (e) Permittee is meeting compliance schedule..... Y

Comments/Status:

Section G: Operation & Maintenance

Treatment Works:

Treatment facility properly operated and maintained

- (a) Standby power available.....generator or dual feed Y
- (b) Adequate alarm system available for power or equipment failures.. Y
- (c) All treatment units in service other than backup units..... Y
- (d) Wastewater Treatment Works classification (OAC 3745-7)..... III
- (e) Operator of Record holds unexpired license of class required by permit..... Y
 Class: III
- (f) Copy of certificate of Operator of Record displayed on-site..... Y
- (g) Minimum operator staffing requirements fulfilled (OAC 3745-7)... N/A
- (h) Routine and preventative maintenance scheduled/performed... Y
- (i) Any major equipment breakdown since last inspection..... Y
- (j) Operation and maintenance manual provided and maintained.... Y
- (k) Any plant bypasses since last inspection..... Y
- (l) Regulatory agency notified of bypasses..... Y
 On MORs and/or Spill Hotline (1-800-282-9378)
- (m) Any hydraulic and/or organic overloads since last inspection..... Y

Record Keeping:

- (a) Log book provided..... Y
- (b) Format of log book (i.e. computer log, hard bound book)

Mostly on computer but lab, time, and calibrations are kept in books.

- (c) Log book(s) kept onsite (in an area protected from weather)..... Y
- (d) Log book contains the following:
 - I. Identification of treatment works..... Y
 - II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7..... Y
 - III. Daily record of operation and maintenance activities (including preventative maintenance, repairs and request for repairs)..... Y
 - IV. Laboratory results (unless documented on bench sheets)... Y
 - V. Identification of person making log entries..... Y
- (d) Has the operator of record submitted written notification to the permittee, Ohio EPA and (if applicable) any local environmental agencies when a collection system overflow, treatment plant bypass or effluent limit violation has occurred..... Y

Section G: Operation & Maintenance (cont)

Collection System:

- (a) Percent combined system: 0%
- (b) Any collection system overflows since last inspection..... Y
(CSO and/or SSO)
- (c) Regulatory agency notified of overflows (SSOs)..... Y
- (d) CSO O&M plan provided and implemented..... N/A
- (e) CSOs monitored and reported in accordance with permit..... N/A
- (f) Portable pumps used to relieve system..... N
- (g) Lift station alarms provided and maintained..... Y
- (h) Are lift stations equipped with permanent standby power
or equivalent..... N
- (i) Is there an inflow/infiltration problem (separate sewer system),
or were there any major repairs to collection system since
last inspection..... Y
- (j) Any complaints received since last inspection of basement flooding N
- (k) Are any portions of the sewer system at or near capacity..... Y

Comments/Status:

(h) One lift station is and one more will be in the next year.
(i) Started focusing more on preventative maintenance like sewer cleaning.
(k) Yes during wet weather.

Section H: Sludge Management

- (a) Sludge management plan (SMP)
Submitted date: Approval #: Not submitted N/A
- (b) Sludge management plan current..... Y
(c) Sludge adequately disposed..... Y
(Method:Land Apply)
(d) If sludge is incinerated, where is ash disposed of
(e) Is sludge disposal contracted..... Y
(Name:Xumburge Farms)
(f) Has amount of sludge generated changed significantly since
last inspection..... N
(g) Adequate sludge storage provided at plant..... Y
(h) Land application sites monitored and inspected per SMP..... Y
(i) Records kept in accordance with State and Federal law..... Y
(j) Any complaints received in last year regarding sludge..... N
(k) Is sludge adequately processed (digestion, pathogen control)..... Y

Comments/Status:

Section I: Self-Monitoring Program

Flow Measurement:

- (a) Primary flow measuring device operated and maintained..... Y
Type of device: Ultrasonic & Parshall flume Ultrasonic & Weir Weir
Calculated from influent Other (Specify:)
- (b) Calibration frequency adequate Y
(Date of last calibration: 4/21/2008)
(c) Secondary instruments operated and maintained..... Y
(d) Flow measurement equipment adequate to handle full range
of flows..... Y
(e) Actual flow discharged is measured..... Y
(f) Flow measuring equipment inspection frequency
 Daily Weekly monthly other

Comments/Status:

Section I: Self-Monitoring Program (con't)

Sampling:

- (a) Sampling location(s) are as specified by permit..... Y
- (b) Parameters and sampling frequency agree with permit..... Y
- (c) Permittee uses required sampling method..... Y
- (d) Sample collection procedures are adequate..... Y
 - (i) Samples refrigerated during compositing..... Y
 - (ii) Proper preservation techniques used..... Y
 - (iii) Containers and sample holding times prior to analysis conform with 40 CFR 136.3..... Y
- (e) Monitoring records (i.e., flow, pH, DO) maintained for a minimum of three years including all original strip chart recordings (i.e, continuous monitoring instrumentation, calibration and maintenance records)..... Y
- (f) Adequate records maintained of sampling date, time, location, etc.. Y

Laboratory:

General

- (a) EPA approved analytical testing procedures used (40 CFR 136.3).. Y
- (b) If alternate analytical procedures are used, proper approval has been obtained..... N/A
- (c) Analyses being performed more frequently than required by permit. Y
- (d) If (c) is yes, are results in permittee's self-monitoring report..... Y
- (e) Commercial laboratory used..... Y
Parameters analyzed by commercial lab: Metals, hardness, nitrate and nitrite, TKN, and sludge parameters except for fecals.

Lab name: Alloway

Quality Control/Quality Assurance

- (f) Quality assurance manual provided and maintained..... Y
- (g) Satisfactory calibration and maintenance of instruments/equipment. Y
- (h) Adequate records maintained..... Y
- (i) Results of latest USEPA quality assurance performance sampling program: Satisfactory Marginal Unsatisfactory
Date: 2008

Comments/Status:

(e) The plant tests TSS, pH, 5 day BOD, CBOD, ammonia, fecal, temperature, and DO.

Section J: Effluent/Receiving Water Observations

Outfall Number	Oil sheen	Grease	Turbidity	Visible Foam	Visible Floating Solids	Color	Other
001	None	None	None	None	None	Clear	

Comments/Status:

Section K: Multimedia Observations

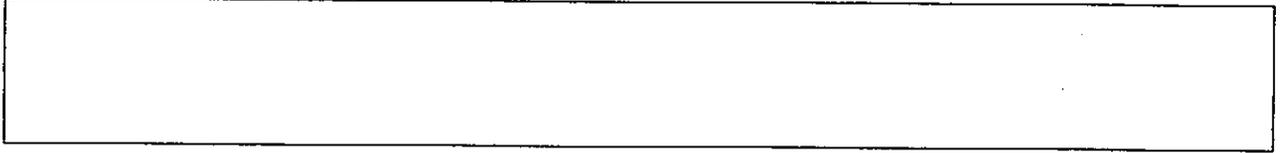
- (a) Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories..... N
- (b) Do you notice staining or discoloration of soils, pavement or floors.. N
- (c) Do you notice distressed (unhealthy, discolored, dead) vegetation.. N
- (d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks..... N
- (e) Do you notice any unusual odors or strong chemical smells..... N
- (f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities..... N

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:

Permit # : OH0020320
NPDES #: 2PD00033



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	
	Bypasses	OUT	
	Stormwater Overflows		
	Alternate Power Source	OUT	Generator not running.
Preliminary	Maintenance of Collection Systems	S	
	Pump Station		
	Ventilation	S	
	Bar Screen	S	
	Disposal of Screenings	S	Landfill
	Comminutor		
	Grit Chamber	S	DAF
	Disposal of Grit	S	Landfill
	Screw Pump	IN	
Primary	Settling Tanks		
	Scum Removal		
	Sludge Removal		
	Effluent		
Sludge Disposal	Digesters		
	Temperature and pH		
	Gas Production		
	Heating Equipment		
	Sludge Pumps	IN	2 WAS, 3 RAS
	Disposal of Sludge	S	
Other	Flow Meter and Recorder	IN	
	Records	S	
	Lab Controls	M	Small and shared space
	Chemical Treatment		
Secondary-Tertiary List items as	Oxidation Ditches	S	
	Blowers		
	Secondary Clarifiers	S	2 units
	Lagoons		
Disinfection	Effluent	S	
	Disinfection System	IN	UV
	Effective Dosage	S	
	Contact Time		
	Contact Tank		
	Dechlorination		
	Chlorination	S	Use to control filamentous bacteria

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
1/1/2008	001	00530	Total Suspended Solids	30D Qty	113.	179.831
1/8/2008	001	00530	Total Suspended Solids	7D Conc	15.	18.
1/8/2008	001	00530	Total Suspended Solids	7D Qty	170.	540.137
2/1/2008	001	00530	Total Suspended Solids	30D Conc	10.	12.4545
2/1/2008	001	00530	Total Suspended Solids	7D Conc	15.	17.3333
2/1/2008	001	00530	Total Suspended Solids	30D Qty	113.	278.514
2/1/2008	001	00530	Total Suspended Solids	7D Qty	170.	729.480
2/1/2008	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	38.	39.3678
2/1/2008	001	00610	Nitrogen, Ammonia (NH3)	7D Qty	57.	67.5188
2/1/2008	001	80082	CBOD 5 day	7D Qty	213.	214.198
2/8/2008	001	00530	Total Suspended Solids	7D Conc	15.	15.6666
2/8/2008	001	00530	Total Suspended Solids	7D Qty	170.	171.142
2/8/2008	001	00610	Nitrogen, Ammonia (NH3)	7D Conc	5.0	7.25333
2/8/2008	001	00610	Nitrogen, Ammonia (NH3)	7D Qty	57.	71.6969
3/1/2008	001	00530	Total Suspended Solids	30D Qty	113.	125.632
3/1/2008	001	00530	Total Suspended Solids	7D Qty	170.	189.676



Operator of Record (ORC) Notification Form

Ohio Environmental Protection Agency
 Division of Drinking and Ground Waters
 Operator Certification Unit
 50 West Town St, Suite 700
 P.O. Box 1049
 Columbus, OH 43216-1049

Phone: (614) 644-2752
 1- 866 - 411-OPCT (6728)
 Fax: (614) 644-2909
 email: opcert@epa.state.oh.us
 website: www.epa.state.oh.us/ddagw/opcert.html

I. SYSTEM INFORMATION

Name of System: _____ Phone Number: _____

PWS ID/NPDES Permit #: _____ STU # _____ Classification: _____

Name of Facility Owner or Permittee, Title (Print) _____ Facility Owner or Permittee (Signature) _____

II. SYSTEM TYPE (Check only one of the following. Use additional sheets if necessary.)

Public Water System (PWS)	Distribution System	Treatment Works	Collection System

III. OPERATOR OF RECORD INFORMATION

Add Additional(A), New (N) or Remove(R)	Name of Operator of Record	Certification Number & Expiration Date	I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. (Signature of certified operator)*

* A signature by an operator of record who is being removed is not required.
 (Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: _____

For Internal Use Only	
Reviewed by:	Date of SDWIS update:
Date of Compliance Status Letter:	