



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
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: Ottawa County
Middle Bass Island
East Point Villas
NPDES No. 2PW00017

September 18, 2007

Mr. Greg Ridge
East Point Villas
10688 West State Route 18
Fostoria, OH 44830

Dear Mr. Ridge:

Two inspections were made this summer of the wastewater treatment facilities serving the East Point Villas on Middle Bass Island. This is primarily a seasonal operation with intermittent loading, which makes operation more challenging. Since the main plant components are enclosed, I was unable to inspect them, however, the sand filters and chlorine contact tank, which contained treated final effluent were observed. My findings and recommendations are as follows:

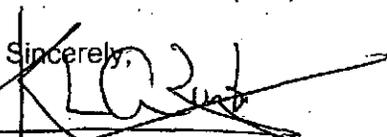
June 11, 2007- At the time of my visit, no discharge was taking place, however, a clear effluent was observed in the chlorine contact tank. The surface sand filters were very well kept, but there were no dechlorination tablets in the tube feeder.

August 14, 2007- Once again there was no discharge at the time of my visit however, I observed a very clear final effluent in the contact tank. I was pleased to see both chlorine and dechlorination tablets in the tube feeders.

A review of monthly operating reports indicates periodic violations of your NPDES permit. Enclosed is a copy for your review.

Enclosed are our completed inspection reports. If you have any questions, please feel free to call me at (419) 373-3020 or email at rick.zuzik@epa.state.oh.us.

Sincerely,



Richard A. Zuzik, MSE
Division of Surface Water
/lb

pc: Ottawa Co. HD
Eastwood Environmental

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PW00017

Facility Name East Point Villas Expiration Date 3-31-10

Facility Address 1575 Deist Rd Date 8-14-07 Time 2⁰⁰ am (pm)

City Middle Bass Island County Ottawa Township Pot-in-Bay

Name and Address of Owner Greg Ridge

Person Contacted None Owner Phone (419) 435-7676

Flow: Design 4000 GPD Present _____ GPD (metered - estimated)

Trib. Pop. 10 condos (actual - estimated) Weather at time of inspection: Temp 80° Cloudy

OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No. (observed in a 12 contact tank)

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<u>0</u>	None		<u>Clear</u>		<u>None</u>		<u>Colorless</u>
1	Mild						
2	Moderate		<u>Light Solids</u>		<u>Musty</u>		<u>Grey</u>
3	Serious						
4	Extreme		<u>Heavy Solids</u>		<u>Septic</u>		<u>Black</u>

2. Effect of effluent on Receiving Stream Name: Lake Erie - NO DISCHARGE

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		<u>Clear</u>		<u>None</u>		<u>Colorless</u>
1	Mild						
2	Moderate		<u>Light Solids</u>		<u>Musty</u>		<u>Grey</u>
3	Serious						
4	Extreme		<u>Heavy Solids</u>		<u>Septic</u>		<u>Black</u>

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.)	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT
<input checked="" type="checkbox"/>	<input type="checkbox"/> Chlorination Tablets
<input type="checkbox"/>	<input type="checkbox"/> Dechlorination Tablets
<input type="checkbox"/>	<input type="checkbox"/> U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: Ammonia, fecal, CBOD, TSS

Chronic Violations _____

5. Adequate plant safety Plant Enclosed

6. Operation and Maintenance Service Name Eastwood Environmental

Frequency of Visits _____

Facility Name: E. Point Villas

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	1	Flow Equalization	
Aeration Equipment		Plant Timer: <u>Y</u> <u>N</u>	Cycle Time: <i>motor/ Blower audible</i>
	1	Motor/ Blower Unit	
Secondary Treatment	1	Aeration Tank	Color: <i>NOT OBSERVED (housed)</i> Adequate Aeration: <u>Y</u> <u>N</u>
Final Settling	1	Clarifier	<i>NOT OBSERVED</i>
	1	Sludge Return	In Out <i>NOT OBSERVED</i>
	1	Surface Skimmer	In Out <i>NOT OBSERVED</i>
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	<i>Well Kept</i>
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	
	1	Chlorine Tube Feeder	
	1	Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
	2	Sand Filter Effluent Dosing	
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal		Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PW00017

Facility Name East Point Villas Expiration Date 3-31-10

Facility Address 1575 Dewt Rd Date 6-11-07 Time 1:30 am pm

~~City~~ Middle Bass Island County Ottawa Township Put-in-Bay

Name and Address of Owner Greg Bridge, 10688 W. SR 18, Fostoria

Person Contacted none Owner Phone (419) 435-7676

Flow: Design 4000 GPD Present GPD (metered - estimated)

Trib. Pop. 10 condos (actual - estimated) Weather at time of inspection: Temp 80 ° Clear

OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No. (observed in Cl² 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 DISCHARGE ATOV

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	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	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chlorination Tablets
<input type="checkbox"/>	<input type="checkbox"/>	Dechlorination Tablets
<input type="checkbox"/>	<input type="checkbox"/>	U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: Ammonia, bacteria, TSS, CBOD

Chronic Violations

5. Adequate plant safety

6. Operation and Maintenance Service Name Eastwood Env.

Frequency of Visits

Facility Name: E. Point Villas

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	1	Flow Equalization	
Aeration Equipment		Plant Timer. ___Y. ___N	Cycle Time:
	1	Motor/Blower Unit	
Secondary Treatment	1	Aeration Tank	Color: Adequate Aeration: Y. ___ N. ___
Final Settling	1	Clarifier	
	1	Sludge Return	In Out
	1	Surface Skimmer	In Out
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	<i>Very clean</i>
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	
	1	Chlorine Tube Feeder	
	1	Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder. (continuous total)	
Pumps		Raw Wastewater. (type)	
	2	Sand Filter Effluent Dosing	
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal		Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	LimitType	Limit	Reported Value	Violation Date
2PW00017*AD	December 2006	001	00610	Nitrogen, Ammonia (NH3	1D Conc	4.5	14.59	12/6/2006
2PW00017*AD	December 2006	001	00610	Nitrogen, Ammonia (NH3	30D Conc	3.0	8.45	12/1/2006
2PW00017*AD	August 2006	001	00610	Nitrogen, Ammonia (NH3	1D Conc	1.5	5.	8/21/2006
2PW00017*AD	August 2006	001	00610	Nitrogen, Ammonia (NH3	30D Conc	1.0	5.	8/1/2006
2PW00017*AD	August 2006	001	00610	Nitrogen, Ammonia (NH3	1D Qty	0.023	.0757	8/21/2006
2PW00017*AD	August 2006	001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.015	.0757	8/1/2006
2PW00017*AD	August 2006	001	31616	Fecal Coliform	1D Conc	2000	2900.	8/21/2006
2PW00017*AD	August 2006	001	31616	Fecal Coliform	30D Conc	1000	2900.	8/1/2006
2PW00017*AD	August 2006	001	80082	CBOD 5 day	30D Conc	10	11.	8/1/2006
2PW00017*AD	August 2006	001	80082	CBOD 5 day	30D Qty	0.15	.16654	8/1/2006
2PW00017*AD	June 2007	001	00530	Total Suspended Solids	1D Conc	18	25.	6/18/2007
2PW00017*AD	June 2007	001	00530	Total Suspended Solids	30D Conc	12	25.	6/1/2007
2PW00017*AD	June 2007	001	31616	Fecal Coliform	30D Conc	1000	1800.	6/1/2007
2PW00017*AD	June 2007	001	80082	CBOD 5 day	30D Conc	10	11.	6/1/2007