



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  
Fox's Den - Put-in-Bay  
NPDES Permit

October 5, 2007

Mr. Richard Fox, Owner  
Fox's Den Campground  
P.O. Box 345  
Put-in-Bay, Ohio 43456

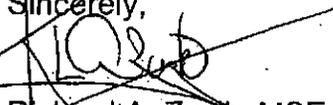
Dear Mr. Fox:

On August 28, 2007, an inspection was made of the wastewater treatment facilities serving Fox's Den Campground. In general, both operation and maintenance of the plant appeared fair. Our comments and recommendations are as follows:

At the time of our visit, all treatment units were in operation and a clear and stable final effluent was observed in the contact tank prior to discharge. One deficiency was the lack of disinfection tablets in the tube feeder. Disinfection/ dechlorination needs to be maintained through October 31st, the end of the summer disinfection season. A review of NPDES permit monthly operating reports since last summer indicates periodic noncompliance of ammonia, total suspended solids and bacteria effluent limits. A summary of the violations since April 2005, the effective date of the permit is enclosed. Please review the violations with your operator, and inform me within 14 days of your plans to improve compliance.

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

Sincerely,

  
Richard A. Zuzik, MSE  
Division of Surface Water

/llr

Enclosure

pc: Eastwood Environmental  
(DSW-NWDO File )

OHIO ENVIRONMENTAL PROTECTION AGENCY  
 OPERATION AND MAINTENANCE INSPECTION  
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PRO0207

Facility Name Fox's Den Campground Expiration Date 3-31-10

Facility Address Conlan Road Date 8-28-07 Time 1:20 am  pm

City Put-in-Bay County Ottawa Township Put-in-Bay

Name and Address of Owner Ken Fox, P.O. Box 345, PIB

Person Contacted None Owner Phone (419) 285-2123

Flow: Design 5000 GPD Present unknown GPD (metered - estimated)

Trib. Pop. \_\_\_\_\_ (actual - estimated) Weather at time of inspection: Temp 8 ° Clear

OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<input checked="" type="radio"/> 0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
<input type="radio"/> 1	Mild	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 2	Moderate	<input type="checkbox"/>	Light Solids	<input type="checkbox"/>	Musty	<input type="checkbox"/>	Grey
<input type="radio"/> 3	Serious	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 4	Extreme	<input type="checkbox"/>	Heavy Solids	<input type="checkbox"/>	Septic	<input type="checkbox"/>	Black

2. Effect of effluent on Receiving Stream Name: Lake Erie - NOT OBSERVED

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<input type="radio"/> 0	None	<input type="checkbox"/>	Clear	<input type="checkbox"/>	None	<input type="checkbox"/>	Colorless
<input type="radio"/> 1	Mild	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 2	Moderate	<input type="checkbox"/>	Light Solids	<input type="checkbox"/>	Musty	<input type="checkbox"/>	Grey
<input type="radio"/> 3	Serious	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="radio"/> 4	Extreme	<input type="checkbox"/>	Heavy Solids	<input type="checkbox"/>	Septic	<input type="checkbox"/>	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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Chlorination Tablets  
 Dechlorination Tablets  
 U.V.

Yes No

4.  Compliance with NPDES Permit

Periodic Violations Y N Parameters: Ammonia, CBOD, Fecal

Chronic Violations \_\_\_\_\_

5.  Adequate plant safety

6.  Operation and Maintenance Service Name Eastwood Environmental

Frequency of Visits \_\_\_\_\_

Facility Name:

Fox's Den

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	1	Plant Timer. <input checked="" type="checkbox"/> Y. <input type="checkbox"/> N Motor/Blower Unit	Cycle Time:
Secondary Treatment	1	Aeration Tank	Color: <u>Med. Brown</u> Adequate Aeration: Y. <input checked="" type="checkbox"/> N. <input type="checkbox"/>
Final Settling	1	Clarifier	<u>scum covered</u> <u>good settling</u>
	1	Sludge Return	In <input checked="" type="checkbox"/> Out
	1	Surface Skimmer	In      Out <input checked="" type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	<u>OK</u>
		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	1	(type)	
	1	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	Limit Type	Limit	Reported Value	Violation Date
2PR00207*AD	June 2005	001	00610	Nitrogen, Ammonia (NH3	7D Conc	1.0	1.21	6/1/2005
2PR00207*AD	June 2005	001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.02	.0229	6/1/2005
2PR00207*AD	June 2005	001	80082	CBOD 5 day	1D Conc	15	18.	6/2/2005
2PR00207*AD	June 2005	001	80082	CBOD 5 day	30D Conc	10	18.	6/1/2005
2PR00207*AD	June 2005	001	80082	CBOD 5 day	1D Qty	0.3	.34065	6/2/2005
2PR00207*AD	June 2005	001	80082	CBOD 5 day	30D Qty	0.2	.34065	6/1/2005
2PR00207*AD	June 2006	001	31616	Fecal Coliform	7D Conc	2000	6900.	6/1/2006
2PR00207*AD	July 2007	001	00610	Nitrogen, Ammonia (NH3	1D Conc	1.5	8.81	7/5/2007
2PR00207*AD	July 2007	001	00610	Nitrogen, Ammonia (NH3	7D Conc	1.0	8.81	7/1/2007
2PR00207*AD	July 2007	001	00610	Nitrogen, Ammonia (NH3	1D Qty	0.03	.16673	7/5/2007
2PR00207*AD	July 2007	001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.02	.09207	7/1/2007
2PR00207*AD	July 2007	001	31616	Fecal Coliform	7D Conc	2000	3200.	7/8/2007
2PR00207*AD	July 2007	001	00400	pH	1D Conc	6.5	6.4	7/5/2007