



**Environmental
Protection Agency**

Ted Strickland, Governor
Lee Fisher, Lt. Governor
Chris Korteski, Director

Re: Ottawa County
South Bass Island
Fox's Den
NPDES Permit

September 23, 2010

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

Dear Mr. Fox:

On September 14, 2010, an inspection was made of the wastewater treatment facilities serving Fox's Den Campground. In general, both operation and maintenance appeared good. Our comments and recommendations are as follows:

At the time of my visit, all treatment units were in operation and a clear final effluent was observed in the contact tank prior to discharge. The clarifier had a thick scum layer on the surface, which should be cleaned. Disinfection and dechlorination tablets were in the tube feeders. NPDES discharge monitoring reports are being received and indicate compliance this season, with only one violation reported in the month of July.

Enclosed is my completed inspection report. If you have any questions, please call me at (419) 373-3020, or email at rick.zuzik@epa.state.oh.us

Sincerely,

~~Richard A. Zuzik, MSE~~
Division of Surface Water

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. 2PR00207
 Facility Name Fox's Den Campground Expiration Date 4-30-15
 Facility Address Conlan Rd Date 9-14-10 Time 1:50 am pm
 City S. Bass Island County Ottawa Township PIB
 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 _____ GPD (metered - estimated)
 Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 75° Clear
 OEPA Personnel Bick Zuzik District NWDO

1. Plant Effluent - Mark Severity No. - In Contact Tank

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: L. 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 type="checkbox"/>	Chlorination Tablets
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dechlorination Tablets
<input type="checkbox"/>	<input type="checkbox"/>	Ultraviolet (U.V.)

Yes No (5/10 - 8/10)

4. _____ Compliance with NPDES Permit
 Periodic Violations Y N Parameters: 1 bacteria
 Chronic Violations _____

5. Adequate plant safety
 6. Operation and Maintenance Service Name Castwood
 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	2	Plant Timer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cycle Time:
		Motor / Blower Unit	
Secondary Treatment	1	Aeration Tank	Color: <i>Brown</i> Adequate Aeration Y <input checked="" type="checkbox"/> N
Final Settling	1	Clarifier	<i>thick scum</i>
		Sludge Return	In <input checked="" type="checkbox"/> Out
		Surface Skimmer	In <input type="checkbox"/> Out <input checked="" type="checkbox"/> <i>thick scum</i>
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	<i>OK</i>
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	<i>clear</i>
		Chlorine Tube Feeder	<i>IN</i>
		Dechlorination Tube Feeder	<i>IN</i>
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
		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	