



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.ohio.gov

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

Re: Ottawa County  
Village of Oak Harbor  
NPDES Permit

July 1, 2010

Mayor and Council  
Village of Oak Harbor  
146 Church Street  
Oak Harbor, Ohio 43449

Dear Mayor and Council:

On June 8, 2010, Mr. Rick Zuzik conducted an inspection of the Oak Harbor Wastewater Treatment Plant. Mr. Jerry Neff, Superintendent, was present and provided information on plant operations. The inspection consisted of an interview utilizing an inspection checklist covering major plant operations and a tour of the plant. At the time of our visit, a turbid final effluent was observed being discharged to the Portage River. Our comments and recommendations are as follows:

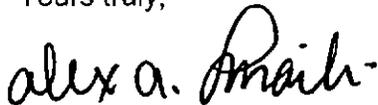
- 1) The south internal wall of the retention basin became destabilized last September, and now all three sides have sloughed off to varying degrees. On June 15<sup>th</sup>, a meeting was held at our office to discuss remediation efforts with Rob Pauley, Village Administrator, and Tom Stalter, your engineering consultant. The repair plan is to cut "stair steps" into the earthen sidewalls and place larger stones at the base to prevent another landslide. We were also informed that two previously closed CSO's will need to be reopened during the project. We requested a letter be submitted documenting the situation with an implementation timeline, and request to temporarily reopen the CSO's. Lastly, we were disappointed that we only became aware of this problem during the inspection, and were not notified following the initial failure.
- 2) NPDES discharge monitoring reports continue to indicate periodic suspended solids and ammonia loading violations. Mr. Neff attributes this to draining the retention basin at its maximum rate, and indicated that he is working on adjusting the feed rate to prevent future permit violations.
- 3) Density baffles installed in the final clarifiers appear to be adversely affecting the settling tanks. Mr. Neff reports chronic bulking solids collecting beneath the baffles which eventually break off. At the time of my visit, the tanks were very turbid, which Mr. Neff indicated is its normal condition. He also stated that he would follow up with your engineering consultant for the possible removal of the units.
- 4) A new high efficiency blower unit was being installed, with another to be installed next year.

Mayor & Council  
July 1, 2010  
Page Two

---

Our completed inspection form is enclosed. If you have any questions, please feel free to contact Mr. Zuzik at (419) 373-3020, or by email at [rick.zuzik@epa.state.oh.us](mailto:rick.zuzik@epa.state.oh.us).

Yours truly,



Alex A. Smaili, P.E.  
Water Quality Engineer II, Unit Supervisor  
Division of Surface Water

RAZ/cs

Enclosure

pc: Jerry Neff, WWTP Superintendent  
DSW, NWDO File

# NPDES COMPLIANCE INSPECTION REPORT

## Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2PB00032	OH0026841	10/06/08	C	S	1

## Section B: Facility Data

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Oak Harbor WWTP 355 East Water Street Oak Harbor, OH 43449	10:00 a.m.	07/01/07
	Exit Time	Permit Expiration Date
	11:30 a.m.	06/30/12

Name(s) and Title(s) of On-Site Representative(s)

Phone Number(s)

Jerry Neff, Superintendent

(419)898-0517

Name, Address and Title of Responsible Official

Phone Number

Mayor & Council  
Village of Oak Harbor  
146 Church Street  
Oak Harbor, OH 43449

## 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>N</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u>  </u> Other
<u>S</u> Collection System		

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

  
Richard A. Zuzik, MSE  
Name(s) and Signature(s) of Inspector(s)

Date

Ohio EPA, Northwest District Office

  
Alex A. Smaili, 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h) ALL DISCHARGES ARE PERMITTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/STATUS:

7 of 9 CSOs eliminated, will remove from permit next renewal.

**Section F: Compliance Schedules/Violations**

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

COMMENTS/STATUS:

All compliance schedule items met

Section G: Operation and Maintenance

TREATMENT WORKS:

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) STANDBY POWER AVAILABLE GENERATOR <input checked="" type="checkbox"/> DUAL FEED <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>1</u> DAYS/WEEK <u>5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>II</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <input type="checkbox"/> ON MORS <input type="checkbox"/> 800 NO.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COLLECTION SYSTEM:

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u>60-70</u> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <input checked="" type="checkbox"/> SSO <input type="checkbox"/> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) IS THERE AN INFLOW/INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/STATUS:

- ① Internal Walls of EQ Basin have failed
- ② No events in 2009, one in 2010

**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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: <u>land application</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: <u>Mid Ohio</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/STATUS:

Belt filter press - Class B  
Dried solids hauled 2x/year

**Section I: Self-Monitoring Program**

Part 1. Flow measurement

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE OF DEVICE: <input checked="" type="checkbox"/> ULTRASONIC & PARSHALL FLUME <input type="checkbox"/> ULTRASONIC & WEIR <input type="checkbox"/> WEIR <input type="checkbox"/> CALCULATED FROM INFLUENT <input type="checkbox"/> OTHER (Specify _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>9/10</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER				

COMMENTS/STATUS:

**Part 2. Sampling**

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

COMMENTS/STATUS:

**Part 3. Laboratory**

	Yes	No	N/A	N/E
<b>GENERAL</b>				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) COMMERCIAL LABORATORY USED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB <u>Metals, O&amp;G, Sludge</u>				
(2) LAB NAME: <u>Jones &amp; Henry</u>				

**QUALITY CONTROL/QUALITY ASSURANCE**

(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) ADEQUATE RECORDS MAINTAINED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : <u>N/A</u> _____ SATISFACTORY _____ MARGINAL _____ UNSATISFACTORY				

COMMENTS/STATUS:

**Section J: Effluent/Receiving Water Observations**

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	none	none	YES	none	none	none	

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	___	✓	___	___
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	___	✓	___	___
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	___	✓	___	___
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	___	✓	___	___
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	___	✓	___	___
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	___	✓	___	___

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:

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

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 Prot.	S	
	Safety Features	S	
	Bypasses	OUT	SECONDARY
	Stormwater Overflows	OUT	7 of 9 CSOs eliminated
	Alternate Power Source	S	Generator
Preliminary	Maintenance of Collection Systems	S	60-70% Combined
	Pump Station	IN	4 Total, 2 Village, 2 County
	Ventilation	S	
	Bar Screen	OUT	Bypass
	Disposal of Screenings	-	
	Comminutor	IN	
	Grit Chamber	IN	
	EQ Basin	OUT	Interior walls failing, odor complaints follows use
Primary	Settling Tanks	IN	3
	Scum Removal	IN	
	Sludge Removal	IN	
	Effluent	S	Normal
Sludge Disposal	Digesters	IN	3 Aerobic
	Temperature and pH	-	
	Gas Production	-	
	Heating Equipment	-	
	Sludge Pumps	IN	5 WAS, 8 RAS
	Drying Beds	-	
	Vacuum Filter	-	
	Belt Filter Press	OUT	land applied - Mid OH Run weekly, 15% - 19% Solids
Other	Flow Meter and Recorder	IN	0.420 ATOV
	Records	S	
	Lab Controls	S	
	Chemical Treatment	-	
Secondary-Tertiary List items as required	Trickling Filter Towers	IN	Two, good distributed, light growth
	Final Settling	IN	Density Baffles having adverse effect, bulking solids Very Turbid
	Blowers	IN	1 new this year, 1 next year (positive displacement)
Disinfection	Effluent	M	Turbid
	Disinfection System	IN	Ultra Violet - 2 banks, use 1 normally
	Effective Dosage	-	
	Contact Time	-	
	Contact Tank	IN	Post Aeration due to low D.O.
	Dechlorination	-	