



Environmental
Protection Agency

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

Re: Ottawa County
South Bass Island
Island Club Rentals
NPDES Permit

Mr. Paul Jeris, President
The Island Club
6547 Scenic Park Oval
Middleburg Heights, Ohio 44130

Dear Mr. Jeris:

On July 6, 2011, an inspection was made of the wastewater treatment facilities serving the Island Club. In general, both operation and maintenance of the plant appeared good. My comments and recommendations are as follows:

At the time of my visit, all major treatment components were in operation and a very clear final effluent was observed in the contact tank prior to discharge.

Two of the surface sand filters were being totally rebuilt, and when completed, three of four will have been renovated. Two of the filters were found to be short circuiting disinfection and have been routed to a small sump to the chlorine contact tank. Disinfection and dechlorination tablets were in the tube feeders.

Discharge monitoring reports are being received and indicate only two minor violations thus far this tourist season.

I appreciate your efforts in improving operation and maintenance at this facility. Enclosed is our 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

/llr

Enclosure

pc: DSW-NWDO File
Ottawa County Health Department

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PR00074

Facility Name Island Club Expiration Date 7-31-12

Facility Address Put-in-Bay Rd Date 7-6-11 Time 1045 am

City S. Bass Island County Ottawa Township PIB

Name and Address of Owner Paul Jeris, Pres

Person Contacted none Owner Phone (216) 898-9951

Flow: Design 29,000 GPD Present _____ GPD (metered - estimated)

Trib. Pop. 73 units (actual - estimated) Weather at time of inspection: Temp 80° Clear

OEPA Personnel Rick Zuzik District NWDO

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

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

2. Effect of effluent on Receiving Stream Name: L. Erie - Not Observed

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

Yes No (1/11 - 6/11)

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: ph, D.O.
 Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name _____

Frequency of Visits _____

Facility Name: Island Club

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	1	Flow Equalization	<i>IN</i>
Aeration Equipment		Plant Timer <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>	Cycle Time:
		Motor/ Blower Unit	
Secondary Treatment		Aeration Tank	Color: <i>Brown</i> Adequate Aeration: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>
<i>2 plants</i> Final Settling		Clarifier	<i>Good Settling</i>
		Sludge Return	In <input checked="" type="checkbox"/> Out
		Surface Skimmer	In <input checked="" type="checkbox"/> Out
		Fixed Media Clarifier	
Tertiary Treatment	4	Surface Sand Filter	<i>3 or 4 totally rebuilt</i>
		Polishing Pond	
		Other	
Disinfection	2	Contact Tank & De Chlor	<i>Very clear</i>
	1	Chlorine Tube Feeder	<i>IN</i>
	1	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	<input checked="" type="checkbox"/>	Aerated Storage Tank	
	<input checked="" type="checkbox"/>	Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	<i>IN</i>
		Spray Irrigation	
		Other	