OhioEPA

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
S. Bass Island
The Skyway
NPDES Notice of Violation

September 21, 2007

Ms. Susan Thwaite, Owner
The Skyway
P.O. Box 217
Put-in-Bay, OH 43456

Dear Ms. Thwaite:

On August 28, 2007, an inspection was made of the wastewater treatment facilities serving The Skyway. In general, both operation and maintenance were poor. At the time of my visit, inadequate aeration was being provided and the contents of the aeration tank were grey and nearly septic. Both surface sand filters were heavily weeded and there were no chlorine or dechlorination tablets in the tube feeders. Final effluent in the chlorine contact tank was also grey.

During my August 30th phone call informing you of the above noted condition of the plant, I also informed you of your total noncompliance with the NPDES permit issued to monitor this facility. Since October 1, 2005, the effective date of the permit, we have not received the required monthly operating reports. I informed you of the urgent need to attain compliance. Please notify me in writing within 14 days upon receipt of this letter indicating your intention to comply with all NPDES permit conditions, including the name of a licensed operator retained to oversee plant operations and maintenance. Should I not hear from you within the allotted time, I will begin formal enforcement procedures in order to gain your compliance, including penalties, as a result of the economic gain from noncompliance with all NPDES permit conditions.

I will await your response to the above issues. Please find enclosed a copy of your NPDES permit and my completed inspection report. If any of the above is in error, or 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 County Health Deptartment
NWDO File

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PR00222

Facility Name The Skyway Expiration Date 9-30-2010

Facility Address 1248 Trimotor Dr. Date 8-28-07 Time 1:30 am (pm)

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

Name and Address of Owner Susan Thwaite P.O. Box 217, PIB, OH 43456

Person Contacted Bartender Owner Phone

Flow: Design 10,600 GPD Present unknown GPD (metered - estimated)

Trib. Pop. Restaurant / Condos (actual - estimated) Weather at time of inspection: Temp 80° Clear

OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No.

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: Lake 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	
____	✓	Chlorination Tablets
____	✓	Dechlorination Tablets
____	____	U.V.

	Yes	No	
4.	____	✓	Compliance with NPDES Permit — Non submittal of Monthly Reports

	Y	N	Parameters:
Periodic Violations	____	____	_____
Chronic Violations	____	____	_____

5.	____	✓	Adequate plant safety — NO FENCE
6.	____	✓	Operation and Maintenance Service — Name _____

Frequency of Visits _____

Facility Name: The Skyway

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		Plant Timer ___Y ___N Motor/ Blower Unit	Cycle Time:
Secondary Treatment	1	Aeration Tank	Color: Grey Adequate Aeration: Y ___ N ✓
Final Settling	1	Clarifier	Grey
	2	Sludge Return	In ✓ Out
	1	Surface Skimmer	In ✓ Out
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	heavily weeded
		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	