



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 Korteski, Director

Re: Ottawa County
S. Bass Island
The Skyway
NPDES Permit

October 10, 2008

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

Dear Ms. Thwaite:

On September 4, 2008, an inspection was made of the wastewater treatment facilities serving The Skyway. In general, both operation and maintenance appeared much improved since my last visit. At the time of my visit, the plant's time was in the "off" mode, however, there were no odors and a clear final effluent was observed in the chlorine contact tank. It appears that two new motors were installed, and the surface sand filters had been cleaned of heavy weed growth. There were disinfection tablets in the tube feeder; however, dechlorination tablets were mostly dissolved. I appreciate the above noted improvements.

As my previous letter indicated, a major unresolved issue continues to be your total noncompliance with all NPDES permit monitoring and reporting requirements since October 1, 2005, the effective date of the permit. Your noncompliance with this issue remains unchanged. This is a serious violation and as I previously informed you, we have initiated enforcement proceedings in order to gain your compliance.

Please find enclosed my completed inspection report. If you have any questions, or feel a meeting is necessary 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

/csi

pc: Ottawa County Health Dept.
{DSW, NWDO file}

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PRO0222

Facility Name The Skyway Expiration Date 9-30-10

Facility Address 1248 Tri Motor Dr Date 9-4-08 Time 10:15 (am/pm)

City S. Bass Island County Ottawa Township Put-in-Bay

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

Person Contacted none Owner Phone (419) 385-4321

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

Trib. Pop. 100 seat food service, 8 unit condos (actual/estimated) Weather at time of inspection: Temp 75° Cloudy

OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	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 - No discharge ATOV

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

Yes No Non Submittal of monthly reports since 10/05

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

5. Adequate plant safety No fence
 6. Operation and Maintenance Service Name _____
 Frequency of Visits _____

Facility Name: 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	2	Plant Timer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cycle Time: ? NO ODORS
		Motor / Blower Unit	
Secondary Treatment	1	Aeration Tank	Color: Brown on timer Adequate Aeration Y <input type="checkbox"/> N <input type="checkbox"/>
Final Settling	1	Clarifier	clear in weir
		Sludge Return	In _____ Out _____ on timer
		Surface Skimmer	In _____ Out "off"
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	cleaned of heavy weeds
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	
		Chlorine Tube Feeder	
		Dechlorination Tube Feeder	
		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	