



**Environmental  
Protection Agency**

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

Re: Richland County  
Shelby Welded Tube  
NPDES Permit 2GS00009

December 14, 2010

Mr. Aaron Rothhaa  
Shelby Welded Tube  
P. O. Box 125  
5578 State Route 61 North  
Shelby, Ohio 44875

Dear Mr. Rothhaar:

On December 2, 2010, an inspection was made of the wastewater treatment facilities serving Shelby Welded Tube located at 5578 State Route 61 North, Shelby, Richland County. You were present during the inspection to answer any questions.

At the time of the inspection all major treatment units were in operation and appeared to be functioning normally. A clear discharge was observed from the treatment plant. A review of your discharge monitoring reports submitted for April through October 2010, revealed one violation of the limits contained in the small sanitary discharger general NPDES permit. The violation was for exceeding the Fecal Coliform limit in the September sample.

During the inspection we also reviewed the facility's Stormwater Pollution Prevention Plan. The plan appeared adequate and up to date. The monthly inspections are being conducted as required. You indicated that the containment wall around the parts washing area had been completed.

If you have any questions please call me at 419-373-3070.

Sincerely,

Walter Ariss  
Environmental Specialist II  
Division of Surface Water

/llr

Enclosure

pc: DSW-NWDO File

Northwest District Office  
347 North Dunbridge Road  
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OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 26500009

Facility Name Shelby Welded Tube Expiration Date 12/31/2014

Facility Address 5578 SR 61 Date 12/2/10 Time 11:00 am pm

City Shelby County Richland Township \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

Person Contacted Aaron Rothbar Owner Phone \_\_\_\_\_

Flow: Design 2000 GPD Present 400-1200 GPD (metered - estimated)

Trib. Pop. 80-90 employees (actual - estimated) Weather at time of inspection: Temp 30° cloudy

OEPA Personnel Walter Ariss 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: Black Fork Hoboken

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

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

Yes No

4.  \_\_\_\_\_ Compliance with NPDES Permit

Periodic Violations Y N Parameters: Fecal in September sample  
 Chronic Violations \_\_\_\_\_  \_\_\_\_\_

5.  \_\_\_\_\_ Adequate plant safety

6.  \_\_\_\_\_ Operation and Maintenance Service Name Chem Tech

Frequency of Visits 1/ month

Facility Name: Shelby Welded Tube

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	<input checked="" type="checkbox"/>	Plant Timer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Motor/ Blower Unit <i>running</i>	Cycle Time:
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <i>good color</i> Adequate Aeration: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>good clarity</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>both filters clean</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>out</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>out</i>
		Ultraviolet (UV)	
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	<i>on filter dosing</i>
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<i>okay</i>
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	<i>on</i>
		Spray Irrigation	
		Other	