



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: Richland County
Country Meadows Care Center
NPDES Permit

October 14, 2008

Phil Kritcher, Administrator
Tandem Health Care d.b.a. Country Meadows Care Center
4910 Algire Road
Bellville, Ohio 44813

Dear Mr. Kritcher,

On October 2, 2008, an inspection was made of the wastewater treatment facilities serving the Country Meadows Care Center located at 4910 Algire Road, Bellville, Richland County. Mr. Brad Herr, your maintenance supervisor, was present to provide information on plant operations and answer any questions.

At the time of the inspection all major components of the treatment system were operating and appeared to be functioning normally. No major concerns were noted. A clear final effluent was being discharged from the treatment plant. During the inspection we discussed the need to check the tablets in the chlorination and dechlorination units at least once per week. We continue to be impressed with the attention that Mr. Herr gives to the operation of the plant.

It was noted that the grating over the flow equalization tank had become severely rusted. The grating has become so deteriorated that it is no longer safe. The grating should be replaced as soon as possible. A replacement grating made of fiberglass reinforced plastic (FRP) may provide for longer life than replacement aluminum grating due to the corrosive conditions in the flow EQ tank.

A review of your discharge monitoring reports for January through August 2008 revealed three violations of the limits contained in your permit. One violation was for exceeding the fecal coliform limit in June. The other two violations were for exceeding the suspended solids limit in August. Our completed inspection report is enclosed for your review.

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

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water
/lb
Enclosed

~~pc: NWDO-DSW-file w/enclosed~~

Lonnie McGhee, McGhee's Technical Water Services Inc. w/enclosure

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PR00224

Facility Name Country Meadows Care Center Expiration Date 9/30/2010

Facility Address 4910 Algire Rd Date 10/2/08 Time 1:30 am

City Bellville County Richland Township _____

Name and Address of Owner Tandem Health Care

Person Contacted Brad Herr Owner Phone _____

Flow: Design 15,000 GPD Present 2,000-5,000 GPD (metered - estimated)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 60° 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: Cedar Fork Mohican

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 2 excellent _____ good _____ fair _____ poor operation
 b. Plant has 2 excellent _____ good _____ fair _____ poor maintenance
 c. Sand filters have 2 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 2 N _____ Parameters: TSS, fecal
 Chronic Violations _____ _____ _____

5. Adequate plant safety

6. Operation and Maintenance Service Name McGhee's TWSI

Frequency of Visits 2/month

Facility Name: Country Meadows Care Center

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: <i>hauled last month</i>
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	<input checked="" type="checkbox"/>	Flow Equalization	<i>need new grates over tanks</i>
Aeration Equipment		Plant Timer <u>Y</u> <input checked="" type="checkbox"/> N	Cycle Time:
	<input checked="" type="checkbox"/>	Motor/ Blower Unit <i>running</i>	
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <i>good color</i> Adequate Aeration: <u>Y</u> <input checked="" type="checkbox"/> N <u> </u>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>very clear</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out <u> </u>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input checked="" type="checkbox"/> Out <u> </u>
	<input checked="" type="checkbox"/>	Fixed Media Clarifier	<i>very clear</i>
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>filters in good shape / more media to be needed</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>need to check tablets at</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>least once / week</i>
		Ultraviolet (UV)	
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	<i>on filter dosing pumps</i>
		Recorder (continuous total)	
Pumps	<input checked="" type="checkbox"/>	Raw Wastewater <i>Flow EQ</i>	<i>okay</i>
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<i>okay</i>
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	<i>hauled out last month</i>
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	
		Spray Irrigation	
		Other	