



**Environmental  
Protection Agency**

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

Re: Richland County  
Country Meadows Care Center  
NPDES Permit

November 12, 2010

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

Dear Mr. Kritcher,

On September 30, 2010, 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. A clear final effluent was being discharged from the treatment plant. It was noted that the sand filter beds need to be weeded and raked clean. The existing grating over the flow equalization tank has become extremely rusted and represents a hazard for the operators. The grating should be replaced. This was mentioned in several of our previous inspection reports. These grates shall be replaced **within 30 days of receipt of this letter**. It will be necessary for you to contact our office once the grates have been replaced.

A review of your discharge monitoring reports submitted to our office for October 2009 through September 2010 revealed two violations of the limits contained in your permit. Both violations were for exceeding the total suspended solids limit in the month of August 2010. Our completed inspection report is enclosed for your review. The amount of attention by Mr. Herr continues to provide for exceptional operation of the treatment plant.

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

Sincerely,

Walter Ariss, P.E.  
Environmental Specialist II  
Division of Surface Water

/lb  
Enclosure

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. 28R00224

Facility Name Country Meadows Care Center Expiration Date 10/31/2015

Facility Address 4910 Algire Road Date 9/30/10 Time 1:00 am (pm)

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 \_\_\_\_\_ GPD (metered - estimated)

Trib. Pop. \_\_\_\_\_ (actual - estimated) Weather at time of inspection: Temp 67° 54°

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

Yes No

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

Periodic Violations Y \_\_\_\_\_ N  Parameters: \_\_\_\_\_  
 Chronic Violations \_\_\_\_\_  \_\_\_\_\_

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

6.  \_\_\_\_\_ Operation and Maintenance Service Name McGhee's TWSF

Frequency of Visits 2/week

Facility Name: Counby Meadows Care Center

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency: ?
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	<input checked="" type="checkbox"/>	Flow Equalization	Grates need replaced
Aeration Equipment		Plant Timer <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>	Cycle Time:
	<input checked="" type="checkbox"/>	Motor/ Blower Unit <i>running</i>	
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <i>good color + roll</i> Adequate Aeration: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>several feet of clarity</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>using western side</i>
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>filter beds need weeded + raked clean</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>okay</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>okay</i>
		Ultraviolet (UV)	
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	<i>on filter dosing</i>
		Recorder (continuous total)	
Pumps	<input checked="" type="checkbox"/>	<del>Raw Wastewater (type)</del> <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>okay</i>
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	