



**Environmental
Protection Agency**

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

Re: Richland County
Pleasant Hill Outdoor Center
NPDES Permit

July 26, 2010

Mr. Scott Hall, Director
Pleasant Hill Outdoor Center
4654 Pleasant Hill Road
Perrysville, Ohio 44864

Dear Mr. Hall,

On July 15, 2010, an inspection was made of the wastewater treatment facilities serving the Pleasant Hill Outdoor Center located at 4654 Pleasant Hill Road, Perrysville, Richland County. The condition of the plant was satisfactory and a clear effluent was being discharged.

A few concerns were noted as follows. The equalization tank blower and motor are experiencing a serious vibration. You indicated that you have been working to identify the cause of the vibration. The problem should be investigated and corrected as it will most certainly lead to premature failure of the blower or motor. The ultraviolet disinfection system was not plugged in. Disinfection is required from May 1 through October 31 of each year. The system might have been unplugged due to lack of water to keep the bulbs submersed. If this is the case, a weir should be installed on the downstream side of the bulb channel at an elevation that keeps the bulbs submersed in water. This could be done with concrete or a metal plate.

A review of your discharge monitoring reports for the months of July 2009 through May 2010 revealed nine violations of the limits contained in your NPDES permit. All but one of the violations were for exceeding the total suspended solids limit, however no violations have occurred since February of 2010.

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

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water

/lb

Enclosure

pc: ~~NWDO-DSW file~~
Jim Machin

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PR00173

Facility Name Pleasant Hill Outdoor Center Expiration Date 2/28/2014

Facility Address 4654 Pleasant Hill Road Date 7/5/10 Time 1:15 am ~~pm~~

City Perryville County Richland Township _____

Name and Address of Owner _____

Person Contacted Scott Hall - Director Owner Phone _____

Flow: Design 10,000 GPD Present 400-3,000 GPD (metered - estimated)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 90° sunny

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	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2	Moderate	<input type="checkbox"/>	Light Solids	<input type="checkbox"/>	Musty	<input type="checkbox"/>	Grey
3	Serious	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4	Extreme	<input type="checkbox"/>	Heavy Solids	<input type="checkbox"/>	Septic	<input type="checkbox"/>	Black

2. Effect of effluent on Receiving Stream Name: Tributary to Pleasant Hill Lake

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	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2	Moderate	<input type="checkbox"/>	Light Solids	<input type="checkbox"/>	Musty	<input type="checkbox"/>	Grey
3	Serious	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4	Extreme	<input type="checkbox"/>	Heavy Solids	<input type="checkbox"/>	Septic	<input type="checkbox"/>	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
_____	<input checked="" type="checkbox"/> U.V.

Yes. No

4. _____ Compliance with NPDES Permit

Periodic Violations Y N Parameters: TSS
 Chronic Violations _____

5. _____ Adequate plant safety

6. _____ Operation and Maintenance Service Name Jim Mackin

Frequency of Visits As needed

Facility Name: Pleasant Hill Outdoor 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	OK
Aeration Equipment		Plant Timer <u>Y</u> <input checked="" type="checkbox"/> N	Cycle Time: need to fix EQ blower
	<input checked="" type="checkbox"/>	Motor/ Blower Unit <i>running</i>	
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: good color Adequate Aeration: <u>Y</u> <input checked="" type="checkbox"/> N
Final Settling	<input checked="" type="checkbox"/>	Clarifier	
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out
	<input checked="" type="checkbox"/>	Surface Skimmer	In Out <input checked="" type="checkbox"/>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	Both beds fairly clean
		Polishing Pond	
		Other	
Disinfection		Chlorine Tube Feeder	
		Dechlorination Tube Feeder	
	<input checked="" type="checkbox"/>	Ultraviolet (UV)	UV unit unplugged
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	on filter dosing
		Recorder (continuous total)	
Pumps	<input checked="" type="checkbox"/>	Raw Wastewater (type) <i>Flow EQ</i>	OK
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	OK
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	OK
		Sludge Drying Bed	OK
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	on
		Spray Irrigation	
		Other	