



State of Ohio Environmental Protection Agency

Northeast District Office

2110 East Aurora Rd.  
Twinsburg, Ohio 44087

TELE: (330) 963-1200 FAX: (330) 487-0769  
www.epa.state.oh.us

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

September 25, 2009

RE: PHEASANT RUN WWTP  
PERMIT NO. 3PW00001  
LORAIN COUNTY  
LAGRANGE TOWNSHIP

**CERTIFIED MAIL**

Mr. Floyd Peaco, General Manager  
Pheasant Run Association  
200 East Lake Drive  
P.O.Box 522  
Lagrange, Ohio 44050

Dear Mr. Peaco:

On August 26, 2009, an inspection of the above referenced facility's wastewater treatment system was conducted. The facility was represented Ms. Christina Douglas from Uni-tech Environmental Services Inc. The purpose of the inspection was to evaluate the operation and maintenance of the treatment system along the facility's compliance status with respect to the terms and conditions of the above referenced National Pollutant Discharge Elimination System (NPDES) permit.

During the inspection, the following items were noted/discussed:

1. Uni-tech Environmental Services, Inc. is the current operator of the treatment system. Uni-tech is also responsible for collecting the samples and reporting the data to Ohio EPA electronic discharge monitoring reporting e-DMR system.
2. The plant design of the wastewater treatment system is 100,000 gpd.
3. The blowers were running and the plant was receiving good aeration.
4. The contents of the aeration tank were medium brown in color. This is typical of a properly operating plant.
5. Scum/ solids were floating on top of the settling tank. These solids should be removed on a regular basis.
6. A check valve needs to be installed on the blower in order to allow both blowers to operate properly. This would allow the digester to be used more efficiently.
7. The cloth membranes on the disk filters are approaching their life span. Planning should begin for the replacement of these cloth membranes.
8. An illegal bypass to the chlorine contact chamber from the clarifier of the original treatment system exists. See Figures 1 and 2. The bypass needs to be permanently sealed off immediately.
9. J&L hauls approximately 8,000 gallons of sludge every two weeks to the French Creek Wastewater Treatment Plant.
10. One of four air line drops to the equalization tank is broken. This needs to be repaired immediately.
11. J&L pumps out the equalization tank every six months.
12. The dechlorination discharge feed line is broken. This needs to be repaired immediately.
13. A bad float was discovered earlier in the day in the effluent pump station. Ms. Douglas indicated that all four floats would be replaced.
14. The discharge was visually clear.
15. Dirt has been dumped immediately downstream of the outfall adjacent to the tributary. The material should be pulled away from the tributary or a silt fence should be installed to prevent sediment from entering the tributary.
16. Please note that the facility's NPDES permit expires on September 30, 2010. A complete NPDES permit renewal application along with an antidegradation addendum form is required to be submitted to this office 6 months prior to the expiration date of the existing permit.

This office has recently reviewed your self-monitoring reports covering the period January 1, 2008 through July 31, 2009, for the referenced facility. Our review indicates violations of the terms and conditions of your NPDES permit. The specific instances of noncompliance are as follows:

**Limit Violations**

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	50060	Chlorine, Total Residue	1D Conc	0.019	.05	6/17/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.8	1.18917	7/8/2008
001	50060	Chlorine, Total Residue	1D Conc	0.019	.061	7/17/2008
001	50060	Chlorine, Total Residue	1D Conc	0.019	.07	8/29/2008
001	50060	Chlorine, Total Residue	1D Conc	0.019	.13	9/22/2008
001	00530	Total Suspended Solids	30D Conc	12.0	16.	12/1/2008
001	00530	Total Suspended Solids	30D Qty	4.5	6.60104	12/1/2008
001	00530	Total Suspended Solids	7D Conc	18.0	80.	12/8/2008
001	00530	Total Suspended Solids	7D Qty	6.8	33.0052	12/8/2008
001	00530	Total Suspended Solids	30D Conc	12.0	13.125	2/1/2009
001	00530	Total Suspended Solids	30D Qty	4.5	9.52826	2/1/2009
001	00530	Total Suspended Solids	7D Conc	18.0	22.	2/8/2009
001	00530	Total Suspended Solids	7D Qty	6.8	19.1823	2/8/2009
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	3.8	4.8015	2/8/2009
001	00530	Total Suspended Solids	7D Conc	18.0	29.	2/22/2009
001	00530	Total Suspended Solids	7D Qty	6.8	18.5502	2/22/2009
001	00530	Total Suspended Solids	7D Conc	18.0	42.	4/8/2009
001	00530	Total Suspended Solids	7D Qty	6.8	17.8046	4/8/2009
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	2.3	3.825	5/1/2009
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.8	1.58856	5/1/2009
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.5	2.365	6/1/2009
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.5	.7935	6/1/2009
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	2.3	9.145	6/8/2009
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.8	3.07734	6/8/2009

**Frequency Violations**

Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported	Violation Date
001	00530	Total Suspended Solids	2/Week	2	1	02/01/2008
001	80082	CBOD 5 day	2/Week	2	1	02/01/2008
601	00530	Total Suspended Solids	1/Week	1	0	02/01/2008
601	80082	CBOD 5 day	1/Week	1	0	02/01/2008
001	31616	Fecal Coliform	1/Week	1	0	05/01/2008
001	01074	Nickel, Total Recoverable	2/Year	1	0	06/01/2008
001	50092	Mercury, Total (Low Le	2/Year	1	0	06/01/2008
801	00610	Nitrogen, Ammonia (NH3)	1/Quarter	1	0	06/01/2008
901	00610	Nitrogen, Ammonia (NH3)	1/Quarter	1	0	06/01/2008
001	00530	Total Suspended Solids	2/Week	2	1	04/08/2009
001	80082	CBOD 5 day	2/Week	2	1	04/08/2009

MR. FLOYD PEACO, GENERAL MANAGER  
SEPTEMBER 24, 2009  
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**Code Violations**

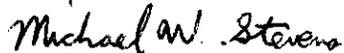
Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	31616	Fecal Coliform			AK	8/14/2008
901	31616	Fecal Coliform			AK	8/14/2008

**Please notify this office in writing within 14 days receipt of this letter your intentions to resolve items 5,6,7,8,10,12,13,15, and 16. This letter shall include a completion date for each item. A follow-up inspection will be conducted subsequent to the final completion date.**

Please be advised that such instances of noncompliance may be cause for enforcement actions pursuant to the Ohio Revised Code, Chapter 6111.

Should you have any comments or questions concerning this letter, please feel free to call me at 330-963-1143.

Respectfully,



Michael W. Stevens  
Environmental Engineer  
Division of Surface Water

MWS:bo

enclosure(s)

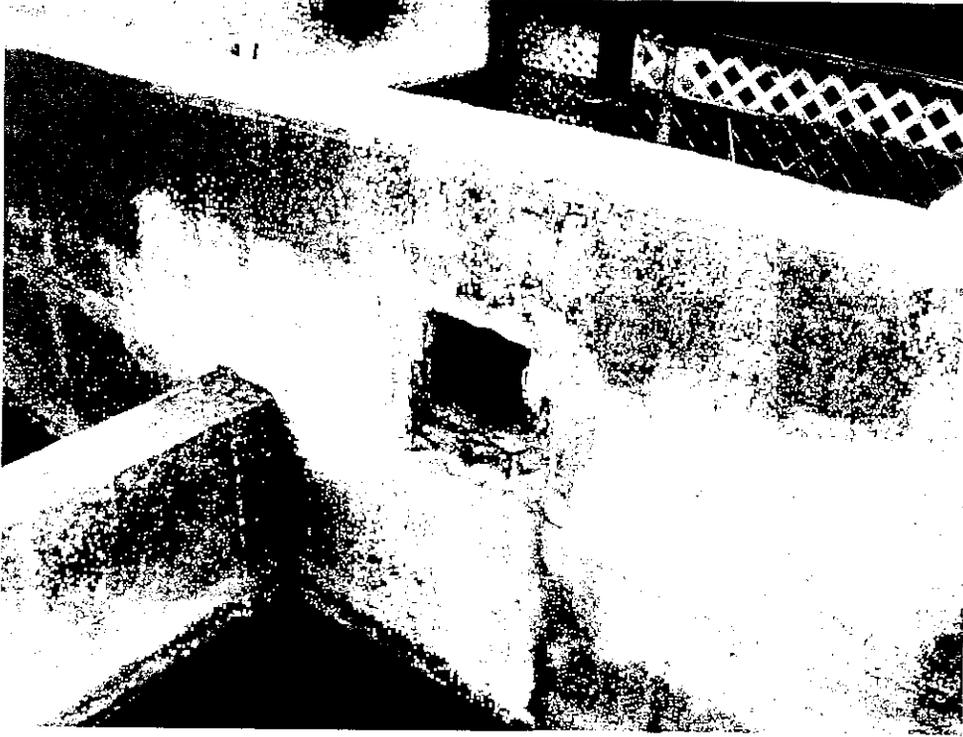


Figure 1

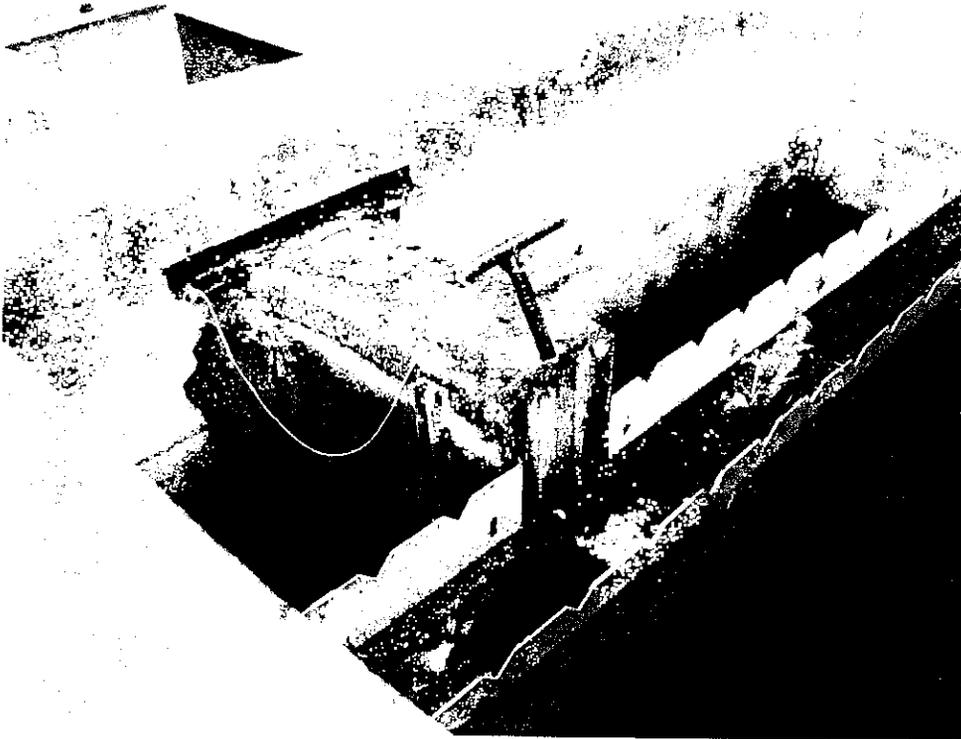


Figure 2

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Timothy J. Stevens</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery  <i>9/30/09</i></p>
<p>1. Article Addressed to:</p> <p><b>MR. FLOYD PEACU, GENERAL MANAGER  PHEASANT RUN ASSOCIATION  200 EAST LAKE DRIVE  PO BOX 522  LAGRANGE, OH 44050</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below.</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number **7009 1680 0000 6381 2531 M.STEVENS 9/25/09**  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
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<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Sent to: *Floyd Peacu, Gen Mgr*  
Street, Apt, No. or P.O. Box No.: *Pheasant Run Assoc*  
City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

7009 1680 0000 6381 2531