



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

March 25, 2008

RE: CAMP ASBURY  
PORTAGE COUNTY  
PERMIT NO. 3PR00220

CERTIFIED MAIL

Mr. William Graham  
Camp Asbury  
10776 Asbury Road  
Hiram, OH 44234

Dear Mr. Graham:

On March 20, 2008, an inspection of the above referenced facility's wastewater treatment system was conducted. The facility was represented by Mr. Frank Duplay, Site Manager and you. The purpose of the inspection was to evaluate the operation and maintenance of the treatment plant along with 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. The design flow of the extended aeration wastewater treatment plant is 9,000 gallons per day.
2. The package plant serves a dining hall and 3 retreat centers.
3. The blowers were running and the plant was receiving good aeration.
4. The contents of the aeration tank were medium brown in color and no foam was present. This is typical of a properly operating plant.
5. Both sludge return lines and both skimmer return lines were functioning properly.
6. The weirs and the sidewalls in the settling tank had scum build-up. See Figure 1. They should be scraped down and the heavy scum removed and properly disposed.
7. There was also scum build-up behind the baffle in the settling tank. See Figure 2. The scum should be removed and properly disposed.
8. The surface sand filter beds were covered with vegetation. See Figure 3. The vegetation should be removed immediately and properly disposed. Also, any sludge on the beds should be raked off and disposed.
9. The flow is metered.
10. Kevin from Valley Environmental operates the wastewater treatment plant and collects the samples.
11. McCoy Septic Tank & Drain Service out of Garrettsville hauls sludge for the camp. 2500 gallons of sludge was last hauled from the facility on September 6, 2007. **Mr. Duplay indicated that McCoy Septic Service would be scheduled as soon as the weather is permissible for the truck to access the trash trap and also address items 6 and 7 above.**
12. **No dechlorination treatment unit was present. A dechlorination treatment unit shall be installed within 4 months receipt of this letter.**
13. The final effluent being discharged was clear and appeared to be of satisfactory visual quality.

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14. You were informed that a Web-based application for submitting the monthly operating report is currently available. Web addresses are available below which provide information on this topic along with training dates.

This office has recently reviewed your self-monitoring reports covering the period February 1, 2005, through February 29, 2008, 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	00300	Dissolved Oxygen	1D Conc	6.0	5.2	6/9/2005
001	00300	Dissolved Oxygen	1D Conc	6.0	5.5	12/11/2006
001	31616	Fecal Coliform	30D Conc	1000	7600.	8/1/2007
001	31616	Fecal Coliform	7D Conc	2000	7600.	8/1/2007

#### FREQUENCY VIOLATIONS

Violation Date	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported
2/8/2005	001	00083	Color, Severity	1/Week	1	0
2/8/2005	001	01330	Odor, Severity	1/Week	1	0
2/8/2005	001	01350	Turbidity, Severity	1/Week	1	0
3/1/2005	001	00400	pH	1/Quarter	1	0
4/15/2005	001	00083	Color, Severity	1/Week	1	0
4/15/2005	001	01330	Odor, Severity	1/Week	1	0
4/15/2005	001	01350	Turbidity, Severity	1/Week	1	0
6/1/2005	001	00400	pH	1/Quarter	1	0
6/15/2005	001	00083	Color, Severity	1/Week	1	0
6/15/2005	001	01330	Odor, Severity	1/Week	1	0
6/15/2005	001	01350	Turbidity, Severity	1/Week	1	0
7/1/2005	001	00083	Color, Severity	1/Week	1	0
7/1/2005	001	01330	Odor, Severity	1/Week	1	0
7/1/2005	001	01350	Turbidity, Severity	1/Week	1	0
9/8/2005	001	00083	Color, Severity	1/Week	1	0
9/8/2005	001	01330	Odor, Severity	1/Week	1	0
9/8/2005	001	01350	Turbidity, Severity	1/Week	1	0
12/22/2005	001	00083	Color, Severity	1/Week	1	0
12/22/2005	001	01330	Odor, Severity	1/Week	1	0
12/22/2005	001	01350	Turbidity, Severity	1/Week	1	0
2/15/2006	001	00083	Color, Severity	1/Week	1	0
2/15/2006	001	01330	Odor, Severity	1/Week	1	0
2/15/2006	001	01350	Turbidity, Severity	1/Week	1	0
6/15/2006	001	00083	Color, Severity	1/Week	1	0
6/15/2006	001	01330	Odor, Severity	1/Week	1	0
6/15/2006	001	01350	Turbidity, Severity	1/Week	1	0

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Violation Date	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported
5/22/2007	001	00083	Color, Severity	1/Week	1	0
5/22/2007	001	01330	Odor, Severity	1/Week	1	0
5/22/2007	001	01350	Turbidity, Severity	1/Week	1	0
6/8/2007	001	00083	Color, Severity	1/Week	1	0
6/8/2007	001	01330	Odor, Severity	1/Week	1	0
6/8/2007	001	01350	Turbidity, Severity	1/Week	1	0

Please note that Ohio EPA has converted from the existing **SWIMware** software to a Web-based reporting system, **e-DMR**. The new reporting system is entirely Web based and accessible via any Internet connection. Ohio EPA Form 4500, commonly known as MORs, will now be called Discharge Monitoring Reports (DMRs or e-DMRs). User training is going to be available in May and October of this year. Please consult the following Web site for updates regarding the specific date:

<http://www.epa.state.oh.us/dsw/swims/eDMR/eDMRtraining.html>

If you need additional information pertaining to the SWIMware replacement e-DMR, consult the following Web site.

<http://www.epa.state.oh.us/dsw/swims/eDMR/eDMR.html>

**Please notify this office in writing within 15 days receipt of this letter your intentions to address items 6, 7, 8, 11, and 12. The letter should contain dates either actual or proposed for completion of the actions.**

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/mt

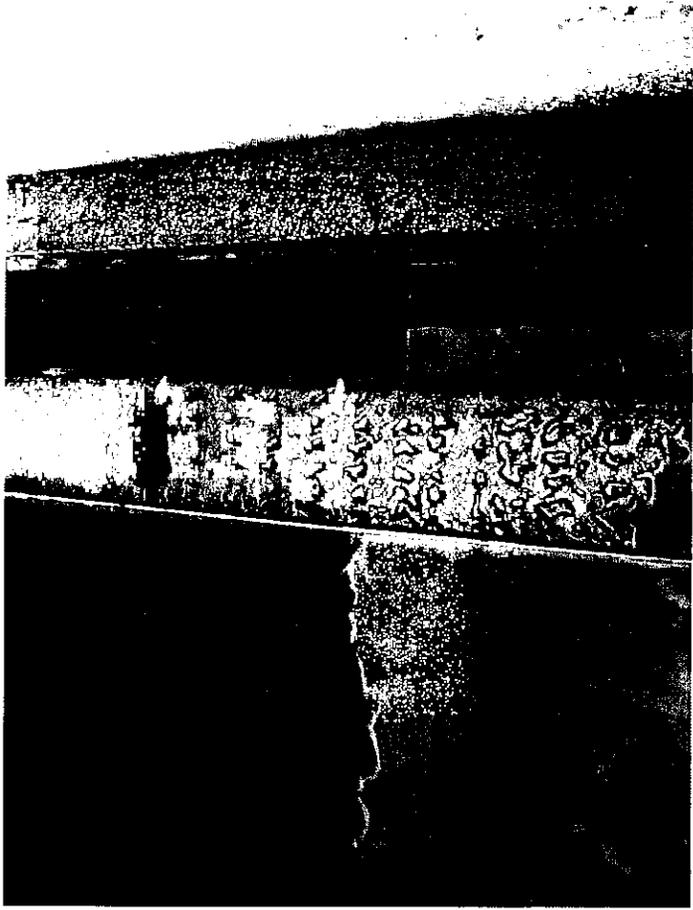


Figure 1



Figure 2

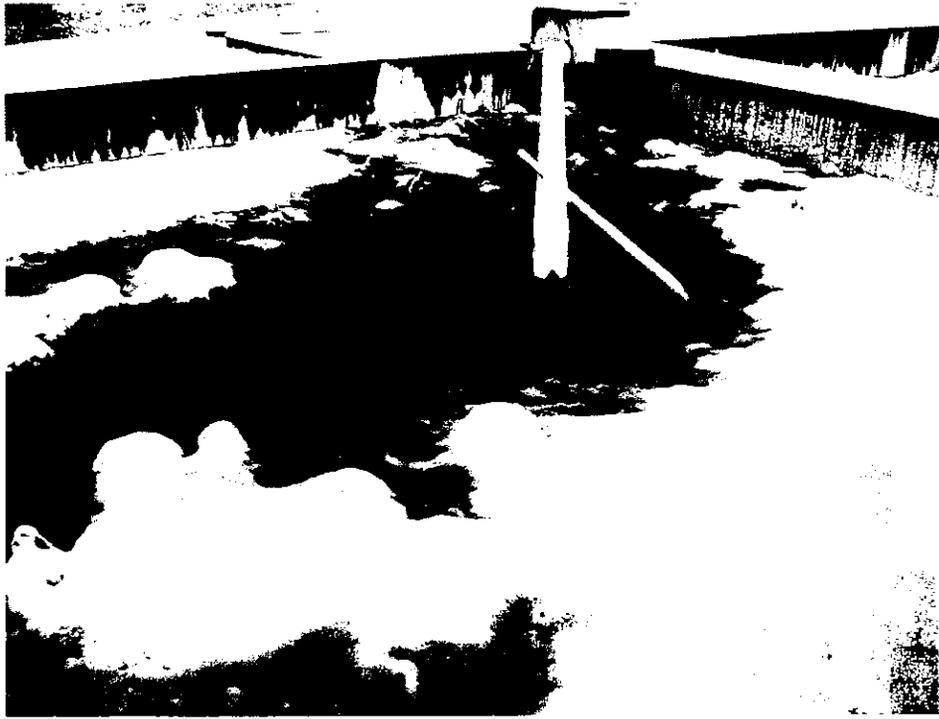


Figure 3

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 checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>William W. Graham</u></p> <p>C. Date of Delivery <u>3/26/08</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>WILLIAM GRAHAM  CAMP ASBURY  10766 ASBURY ROAD  HIRAM OH 44234</p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number <u>7004 2510 0002 4075 1176</u> (STEVENS 3/25/08)  (Transfer from service label)</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2510 0002 4075 1176

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent to <u>WILLIAM GRAHAM</u></p> <p>Street, Apt. No., or PO Box No. <u>CAMP ASBURY</u></p> <p>City, State, ZIP+4</p>	
PS Form 3800, June 2002	See Reverse for Instructions