



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

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www.epa.state.oh.us

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

RE: Wyandot County
Carey WWTP
NPDES Permit

April 18, 2008

Mayor and Council
Village of Carey
127 North Vance Street
Carey, OH 43316

Dear Mayor and Council:

On March 7, 2008, Mr. Jason Ko conducted a Compliance Inspection of your wastewater treatment plant. Mr. Doug Keller, Director of Water and Wastewater, was present and provided information regarding the operation of the facility.

At the time of the inspection, all major treatment components were in service. The mixed liquor in the aeration tanks was a healthy brown color. The final discharge from the polishing lagoons was clear with a slight greenish tint. However, we did not collect effluent samples to determine the quality of the discharge during the visit.

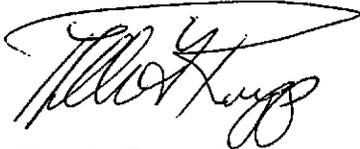
The headworks bypass and two Separate Sewer Overflows (SSO's) were eliminated. The plant still receives excessive flow during rain events caused by clean water infiltration/inflow (I/I) in the collection system. We strongly encourage the Village to continue investigating the I/I problems throughout the entire collection system. The findings and recommendations from smoke testing and video inspections should be incorporated into a comprehensive rehabilitation program with the goal of minimizing the I/I from the collection system.

Our review of your Discharge Monitoring Reports (1/1/2007 to 1/31/2008) indicates some effluent violations. Please refer to the enclosed violation table. Also, please note that your existing National Pollutant Discharge Elimination System (NPDES) permit (2PD00038*HD) expired on December 31, 2007 and we are in the process of preparing a renewal. Please continue to operate your plant per the expired NPDES permit.

Mayor and Council
April 18, 2008
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A copy of our completed inspection report is included for your review. If you have any questions, please call Mr. Jason Ko of our office at 419-373-3021.

Yours truly,

A handwritten signature in black ink, appearing to read "Allen L. Rupp". The signature is stylized with a large, sweeping initial "A" and "L".

Allen L. Rupp, PE
District Engineer/Section Manager
Division of Surface Water

/csf

pc: Roy Johnson, Village Administrator
Doug Keller, Director of Water & Wastewater
'DSW, NWDO File'

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2PD00038	OH0020206	2008/3/7	C	S	P

Section B: Facility Data

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Carey WWTP 299 Wyandot Avenue Carey, OH 43316	9:00 A.M.	1/2/2003
	Exit Time	Permit Expiration Date
	10:00 A.M.	12/31/2007

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Mr. Doug Keller, Superintendent	(419)396-7998 & (419)721-3013

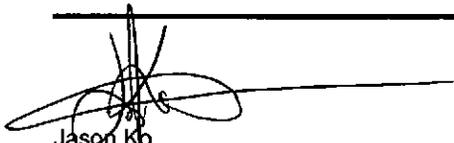
Name, Address and Title of Responsible Official	Phone Number
Mayor & Council Village of Carey 127 Vance Street Carey, OH 43316	(419)396-7681

Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>--</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>S</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluents	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u>-</u> Other

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

- * Current NPDES permit expired on 12/31/2007 and permit renewal is pending
- * Eliminated 2 Separate Sewer Overflows (Manholes C31 & D33) and the plant bypass
- * Sludge handling improvements completed in 2006
- * Encourage the village to continue investigating the Infiltration/Inflow (I/I) in the sewer collection system
- * Cursory review of your Discharge Monitoring Reports (1/1/2007 to 1/31/2008) indicated some effluent violations


 Jason Ko, Ohio EPA, Northwest District Office
 Name(s) and Signature(s) of Inspector(s) Date


 Elizabeth A. Wick, P.E., Ohio EPA, Northwest District Office
 Name and Signature of Reviewer Date

Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

Section E: Permit Verification

	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<u>X</u>	___	___	
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<u>X</u>	___	___	
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	___	___	<u>X</u>	
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	
(e) TREAT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	___	<u>X</u>	___	
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	<u>X</u>	___	___	
(h) ALL DISCHARGES ARE PERMITTED	<u>X</u>	___	___	
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<u>X</u>	___	___	

COMMENTS/STATUS:

Section F: Compliance Schedules/Violations

	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION	___	<u>X</u>	___	
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS	___	___	<u>X</u>	
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	<u>X</u>	___	___	
(d) COMPLIANCE SCHEDULE CONTAINED IN <u>NPDES</u>				
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	

COMMENTS/STATUS:

(d) Elimination of two SSO's in 2006 & the plant bypass

Section G: Operation and Maintenance

TREATMENT WORKS:

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED				
(a) STANDBY POWER AVAILABLE GENERATOR <u>X</u> DUAL FEED <u> </u>	<u>X</u>	<u> </u>	<u> </u>	
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>	<u> </u>	<u> </u>	
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>	<u> </u>	<u> </u>	
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>1</u> DAYS/WEEK <u>5</u>	<u>X</u>	<u> </u>	<u> </u>	
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>III</u>	<u>X</u>	<u> </u>	<u> </u>	
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>	<u> </u>	<u> </u>	
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u> </u>	<u>X</u>	<u> </u>	
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	<u> </u>	<u> </u>	
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u> </u> ON MORS <u> </u> 800 NO.	<u>X</u>	<u> </u>	<u> </u>	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	

COLLECTION SYSTEM:

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u>0</u> %				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u> </u> SSO <u> </u>)	<u> </u>	<u>X</u>	<u> </u>	
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<u> </u>	<u> </u>	<u>X</u>	
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u> </u>	<u> </u>	<u>X</u>	
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u> </u>	<u> </u>	<u>X</u>	
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<u>X</u>	<u> </u>	<u> </u>	
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<u>X</u>	<u> </u>	<u> </u>	
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<u> </u>	<u>X</u>	<u> </u>	
(i) IS THERE AN INFLOW INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<u>X</u>	<u> </u>	<u> </u>	
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	<u> </u>	<u>X</u>	<u> </u>	

COMMENTS/STATUS:

Treatment Works:

- (a) test weekly
- (d) weekends on part-time basis

Collection System:

- (l) rehabilitation of sewer collection system is on-going

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP)

SUBMITTED DATE 1986 APPROVAL # _____ NOT SUBMITTED _____ N/A

	Yes	No	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	<u>X</u>	___	___	___
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: <u>Landfill</u>)	<u>X</u>	___	___	___
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	___	___	___	___
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: _____)	<u>X</u>	___	___	___
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	___	<u>X</u>	___	___
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<u>X</u>	___	___	___
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	___	___	<u>X</u>	___
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<u>X</u>	___	___	___
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	___	<u>X</u>	___	___
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<u>X</u>	___	___	___

COMMENTS/STATUS:

Section I: Self-Monitoring Program

Part 1. Flow measurement

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED	<u>X</u>	___	___	___
TYPE OF DEVICE: <u>X</u> PARSHALL FLUME ___ ULTRASONIC & WEIR ___ WEIR ___ CALCULATED FROM INFLUENT ___ OTHER (Specify <u>magnate-influent</u>)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>11/07</u>)	<u>X</u>	___	___	___
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<u>X</u>	___	___	___
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<u>X</u>	___	___	___
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<u>X</u>	___	___	___
(f) FLOW MEASURING EQUIPMENT INSPECTION				
FREQUENCY: <u>X</u> DAILY ___ WEEKLY ___ MONTHLY ___ OTHER				

COMMENTS/STATUS:

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<u>X</u>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	___	___	___
(e) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g., continuous monitoring instrumentation, calibration and maintenance records)	<u>X</u>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC.	<u>X</u>	___	___	___

COMMENTS/STATUS:

Part 3. Laboratory

	Yes	No	N/A	N/E
GENERAL				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	___	<u>X</u>	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	___	<u>X</u>	___	___
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	___	___	<u>X</u>	___
(e) COMMERCIAL LABORATORY USED	<u>X</u>	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB <u>oil & grease, Nitrates & Nitrite, P, metals & Fecal</u>				
(2) LAB NAME: <u>Ginosko</u>				
QUALITY CONTROL/QUALITY ASSURANCE				
(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : _____ SATISFACTORY _____ MARGINAL _____ UNSATISFACTORY				

COMMENTS/STATUS:

Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	-	-	-	-	-	slight greenish	

COMMENTS/STATUS:

Section K: Multimedia Observations

	Yes	No	N/A	N/E
(a) ARE THERE INDICATIONS OF SLOPPY HOUSEKEEPING OR POOR MAINTENANCE IN WORK AND STORAGE AREAS OR LABORATORIES	___	<u>X</u>	___	___
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	___	<u>X</u>	___	___
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	___	<u>X</u>	___	___
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	___	<u>X</u>	___	___
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	___	<u>X</u>	___	___
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	___	<u>X</u>	___	___

IF ANY OF THE ABOVE ARE OBSERVED, ASK THE FOLLOWING QUESTIONS:

- (1) WHAT IS THE CAUSE OF THE CONDITION?
- (2) IS THE OBSERVED CONDITION OR SOURCE A WASTE PRODUCT?
- (3) WHERE IS THE SUSPECTED CONTAMINANT NORMALLY DISPOSED?
- (4) IS THIS DISPOSAL PERMITTED?
- (5) HOW LONG HAS THE CONDITION EXISTED AND WHEN DID IT BEGIN?

COMMENTS/STATUS:

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Form Approved

OMB No. 158-R0035

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	
	Bypasses	OUT	Eliminated
	Stormwater Overflows	OUT	SSO's were eliminated
	Alternate Power Source	OUT	Standby generator-tested weekly
Preliminary	Maintenance of Collection Systems	S	Investigating I/I to reduce stormwater to sanitary sewer on-going basis
	Pump Station	IN	3 raw pumps
	Ventilation	IN	
	Bar Screen	IN	2 units; 1 in use
	Disposal of Screenings	S	Landfill
	Comminutor	IN	2 units; 1 in use
	Grit Chamber	IN	1 aerated unit
	Disposal of Grit	S	Landfill
	Storm Retention Basins	IN	2 basins w/ 3 blowers out ; 2 mixers/basin in use
Primary	Settling Tanks	IN	1 unit
	Scum Removal	IN	
	Sludge Removal	IN	
	Effluent	S	
Sludge Disposal	Digesters (Aerobic)	IN	2 units
	Temperature and pH	---	
	Gas Production	---	
	Heating Equipment	---	
	Sludge Pumps	IN	2 RAS/ WAS & 2 RAW
	Sludge storage pad	IN	
	Sludge blowers	IN	2 units
	Disposal of Sludge	S	landfill
	Sludge Press	OUT	1 unit
Other	Flow Meter and Recorder	IN	At influent & effluent
	Records	S	
	Lab Controls	S	
	Chemical Treatment	---	
Secondary-Tertiary List items as	Aeration Tanks	IN	5 units & brown
	Secondary Settling	IN	2 units; new unit in use and weir needs to be cleaned
	Blowers	IN	3 units; 1 in use
	Tertiary pump Station	IN	5 units; 3 new & 2 old
	Polishing lagoons	IN	2 units
Disinfection	Effluent	S	Slight greenish tint
	Disinfection System	OUT	
	Effective Dosage	---	
	Contact Time	---	
	Contact Tank	IN	
	Dechlorination	OUT	

New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00038*HD	March 2007	001	01119	Copper, Total Recovers	30D Conc	24.9	34.	3/1/2007
2PD00038*HD	May 2007	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	2	2.10625	5/1/2007
2PD00038*HD	June 2007	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	2	2.1725	6/1/2007
2PD00038*HD	July 2007	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	2	2.44778	7/1/2007
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	3.6	1/2/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	4.	1/3/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	3.4	1/4/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	4.6	1/17/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	4.6	1/21/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	3.5	1/22/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	4.4	1/23/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	3.4	1/24/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	3.3	1/25/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	2.9	1/28/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	4.	1/29/2008
2PD00038*HD	January 2008	001	00300	Dissolved Oxygen	1D Conc	5.0	4.7	1/30/2008