



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

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

Re: Wyandot County
Upper Sandusky WWTP
NPDES Permit

December 2, 2008

Mayor and Council
City of Upper Sandusky
119 North Seventh Street
Upper Sandusky, Ohio 43351

Dear Mayor and Council:

This will acknowledge our November 19, 2008, compliance inspection at the Upper Sandusky Wastewater Treatment Plant (WWTP). This facility is located on Indian Mill Road in Upper Sandusky. Mr. Aaron Putnam, Superintendent, 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 two aeration tanks was brown and the plant effluent was clear. However, we did not collect effluent samples to determine the water quality of the discharge during our visit.

We understand that the City is working on a Ten Year City-Wide Comprehensive Strategic Plan to address all infrastructure, and is continuing the rehabilitation of the sewer collection system per the 2004 Sanitary Sewer Smoke Testing Final Report. Earlier this year, we received Permit-to-Install (PTI) applications for the storm-mode treatment system and the headworks sewer. The PTIs for these projects were issued on May 22 and July 14, 2008. The City is currently seeking funding from our Division of Environmental Financial Assistance.

Our review of your discharge monitoring reports (11/2007 to 10/2008) for this WWTP indicated a few effluent violations. Please refer to the enclosed violation table. Your facility's National Pollutant Discharge Elimination System (NPDES) permit No. 2PD00039*ID became effective on December 1, 2004 and will expire on November 30, 2009. In order to receive authorization to discharge beyond the expiration date, a renewal NPDES permit application needs to be submitted to our office no later than 180 days prior to the expiration date of your permit.

The U.S. EPA DMR-QA Study #28 indicated that all test parameters were rated acceptable. We encourage your continued participation in the QA Program to assure the accuracy and reliability of your monthly monitoring data.

Mayor and Council
December 2, 2008
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Our completed inspection report is included for your review. If you have any questions or comments, please call Mr. Jason Ko at 419-373-3021.

Yours truly,



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

/lr

pc: Aaron Putnam, Upper Sandusky WWTP
~~DSW:NWDO-File~~

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2PD00039	OH0020001	2008/11/19	C	S	P

Section B: Facility Data

Name and Location of Facility Inspected Upper Sandusky WWTP Indian Mill Road Upper Sandusky, OH 43551	Entry Time 9:30 A.M.	Permit Effective Date 12/1/2004
	Exit Time 10:30 A.M.	Permit Expiration Date 11/30/2009

Name(s) and Title(s) of On-Site Representative(s) Mr. Aaron Putnam, Superintendent	Phone Number(s) (419) 294-2252
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Name, Address and Title of Responsible Official Mayor & Council City of Upper Sandusky 119 North Seventh Street Upper Sandusky, OH 43551	Phone Number (419) 294-3863
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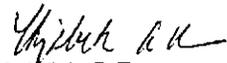
Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>-</u> Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>M</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 will expire on 11/30/2009
- * PTIs (Storm-mode system & Influent sewer) were submitted, and approved on May 22, 2008 and July 14, 2008
- * Elimination of the plant bypass (Outfall 051) is planned
- * The City continues rehabilitating the sewer collection system per the 2004 Sanitary Sewer Report
- * City is also working on a City-Wide Comprehensive Strategic Plan to address all infrastructures
- * cursory review of your Discharge Monitoring Reports (11/1/2007 to 10/30/2008) indicated a few effluent violations


12/1/08
Ohio EPA, Northwest District Office
 Name(s) and Signature(s) of Inspector(s) Date


11/26/08
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>	<u>X</u>	___	___	
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	

COMMENTS/STATUS:

(d) Elimination of the plant bypass & installation of plant improvements (PTIs submitted and approved in 2008)

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>60%</u>				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u> </u> SSO <u> </u>)	<u>X</u>	<u> </u>	<u> </u>	
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<u>X</u>	<u> </u>	<u> </u>	
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u>X</u>	<u> </u>	<u> </u>	
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u>X</u>	<u> </u>	<u> </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> </u>	<u>X</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:

- (i) rehabilitation of sewer collection system is on-going per the 2004 Sanitary Sewer Report

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP)

SUBMITTED DATE 5/96 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 _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>5/08</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, CN & Hex-Cr</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 : <u>2008</u> <u>X</u> 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	--	--	--	--	--	Clear	

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	Fenced
	Bypasses	OUT	Schedule to be eliminated
	Stormwater Overflows	-	
	Alternate Power Source	OUT	Standby generator - test weekly
Preliminary	Maintenance of Collection Systems	S	
	Pump Station	IN	3 units of 50 hp pumps, 1 unit is variable
	Ventilation	IN	
	Bar Screen	IN	
	Disposal of Screenings	S	Landfill
	Comminutor	OUT	Standby
	Grit Chamber	IN	1 aerated unit and ferrous chloride added
	Disposal of Grit	S	Landfill
Primary	Settling Tanks	-	
	Scum Removal	-	
	Sludge Removal	-	
	Effluent	-	
Sludge Disposal	Digesters	IN	Aerobic unit
	Temperature and pH	-	
	Gas Production	-	
	Heating Equipment	-	
	Sludge Pumps	IN	2 WAS & 2 RAS
	Drying Beds	IN	2 in use; 4 total
	Storage Pad	IN	Covered
	Disposal of Sludge	IN	Landfill
	Sludge Blower	IN	2 units
Other	Flow Meter and Recorder	IN	At effluent pumps w/ timers
	Records	S	
	Lab Controls	-	
	Chemical Treatment	IN	Ferrous chloride & polymer
Secondary-Tertiary <i>List items as</i>	Aeration Tank	IN	2 units & brown
	Secondary Settling	IN	2 units
	Blowers	IN	3 units
	Effluent Pump	OUT	
Disinfection	Effluent	S	Clear discharge
	Disinfection System	OUT	UV
	Effective Dosage	-	
	Contact Time	-	
	Contact Tank	-	
	Dechlorination	-	

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00039*ID	November 2007	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.28444	11/1/2007
2PD00039*ID	November 2007	001	00665	Phosphorus, Total (P)	7D Conc	1.5	1.805	11/1/2007
2PD00039*ID	December 2007	001	00665	Phosphorus, Total (P)	7D Conc	1.5	1.9	12/15/2007
2PD00039*ID	December 2007	001	00665	Phosphorus, Total (P)	7D Qty	11.4	17.5184	12/15/2007
2PD00039*ID	February 2008	001	00665	Phosphorus, Total (P)	7D Qty	11.4	11.6468	2/1/2008