



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490  
www.epa.state.oh.us

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

August 18, 2010

**Re:** Adams County  
Village of Seaman  
Compliance Evaluation Inspection  
Ohio EPA Permit No. 0PB00098\*FD  
Correspondence (PWW)

Mayor and Council  
Village of Seaman  
17806 State Route 247  
P.O. Box 248  
Seaman, Ohio 45679

Dear Mayor and Council:

On February 8, 2010, I conducted a compliance evaluation inspection at the Seaman Wastewater Treatment Plant (WWTP). Rick Hardin represented the Village of Seaman and assisted me during the inspection. The purpose of the inspection was to determine if the treatment plant was meeting the terms and conditions set forth in its NPDES permit.

The following were concerns that arose during the inspection.

- PART III. 3.A. of the Permit states, All wastewater treatment works shall be operated in a manner consistent with the following: At all times, the permittee shall maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee necessary to achieve compliance with the terms and conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with conditions of the permit.**

Perform an evaluation on what the most economical and beneficial method of backup power would be for the Seaman plant. Submit your findings.

The effluent discharge was very grey and solids were apparent. This is unsatisfactory. What caused this poor discharge quality and how are you ensuring this does not occur in the future.

2. **Part I.A. of the Permit requires certain permit requirements to be met. Fecal violations are a problem at the Seaman POTW.**

Ohio EPA requests that the Village install UV disinfection to more effectively reduce fecal violations. Submit a timeframe for addressing this area of concern.

3. **PART III. 5. of the Permit states, Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored flow. Test procedures for the analysis of pollutants shall conform to regulation 40 CFR 136, "Test Procedures For The Analysis of Pollutants" unless other test procedures have been specified in this permit. The permittee shall periodically calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals to insure accuracy of measurements.**

Ohio EPA requests that the Village purchase an incubator for the laboratory. This will ensure that more representative samples are being taken. Submit a timeframe for addressing this area of concern.

4. **OAC 3745-40-04(T) states that the facility storage of sewage sludge shall be provided by the permittee such that there shall be no adverse effects from sewage sludge handling at the permittee's treatment works. Facility storage of sewage sludge shall consist of one hundred twenty days sewage sludge storage for the design capacity of the treatment works. Facility storage of sewage sludge may consist of any combination of additional volume in sludge stabilization units (digesters), separate tanks, sewage sludge treatment lagoons, drying beds, dewatered sewage sludge storage pad areas, or other means to store either liquid or dewatered sewage sludge. In lieu of some of the one hundred twenty day facility storage of sewage sludge requirement, a permittee may demonstrate to the director that they have engineered or contracted alternatives to facility storage of sewage sludge in place. Alternatives to facility storage of sewage sludge include, but are not limited to, the following:**

- (1) **Contracts in effect with a sanitary landfill and sufficient transportation to dispose of sewage sludge that cannot be otherwise managed through facility storage of sewage sludge or other means of use or disposal;**
- (2) **Contracts in effect with another permitted facility and sufficient transportation to transfer sewage sludge that cannot be otherwise managed through facility storage of sewage sludge or other means of use or disposal; or**

- (3) Ownership or leasing of, or contracts in effect with, a regional storage of sewage sludge facility and sufficient transportation to transfer sewage sludge that cannot be otherwise managed through facility storage of sewage sludge or other means of use or disposal.**

Ohio EPA recommends that the Village set money aside to purchase sludge bags and to rent a roll off box in the event that sludge cannot be removed from the plant as needed in wet weather periods. Sludge removal is paramount at facilities with I/I issues.

A copy of the inspection report is enclosed with this letter. Please submit, to this office, a written response to the aforementioned comments within thirty (30) days of receipt. If you have any questions or comments, please contact me at (740) 380-5277.

- 5. Part I.C.A. of the permit requires you to undertake specific actions regarding I/I concerns. You are behind on these requirements.**

I/I continues to be a problem. Broadway at 4<sup>th</sup>, and 3rd at S.R. 247 are likely contributing heavily to wet weather flows. Implement corrective actions in these areas as soon as possible. Submit a timeframe for addressing these areas of concern. Review the compliance schedule in your NPDES permit and ensure you are working towards the goals provided in that schedule.

Sincerely,



Aaron Wolfe  
Storm Water Coordinator  
Division of Surface Water

AW/dh

Enclosure

c: Rick Hardin, Plant Operator

# NPDES Compliance Inspection Report

## A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PB00098	OH0027341	February 8, 2010	C	S	1

## B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Village of Seaman 17806 State Route 247 P.O. Box 248 Seaman, Ohio 45679	1:00 p.m.	August 1, 2008
	Exit Time	Permit Expiration Date
	2:30 p.m.	August 31, 2013

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Rick Hardin	
Name, Address, & Title of Responsible Official	Phone Number
Mayor and Council P.O. Box 248 Seaman, Ohio 45679	

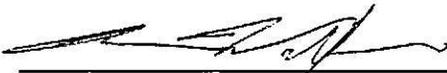
## C. AREAS EVALUATED DURING INSPECTION

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>S</u> Pretreatment
<u>S</u> Records/Reports	<u>M</u> Laboratory	<u>S</u> Compliance Schedules
<u>U</u> Operations & Maintenance	<u>U</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	<u>    </u> Other
<u>M</u> Collection System		

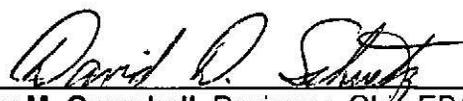
(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)

## D. SUMMARY OF FINDINGS/COMMENTS (attach additional sheets if necessary)

See attached letter

  
 \_\_\_\_\_  
 Aaron Wolfe, Inspector, Ohio EPA, Southeast District Office

8/18/10  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Timothy M. Campbell, Reviewer, Ohio EPA, Southeast District Office

8/18/10  
 \_\_\_\_\_  
 Date

**E. PERMIT VERIFICATION**

Inspection Observations Verify the Permit	YES	NO	N/A	N/E
a. Correct name & mailing address of permittee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Correct name & location of receiving waters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Product(s) & production rates conform with permit application (industries)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flows & loadings conform with NPDES permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Treatment processes are as described in permit application/briefing memo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. New treatment process(es) added since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notification given to state of new, different, or increased discharges	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. All discharges are permitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Number & location of discharge points are as described in permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. COMPLIANCE SCHEDULES/VIOLATIONS**

	YES	NO	N/A	N/E
a. Any significant violations since the last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permittee is taking actions to resolve violations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Permittee has compliance schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance schedule contained in:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. OPERATION AND MAINTENANCE**

Treatment Facility Properly Operated & Maintained	YES	NO	N/A	N/E
a. Standby power available: Generator: <input type="checkbox"/> Dual Feed: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate alarm system available for power or equipment failures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All treatment units in service other than backup units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sufficient operating staff provided: # of shifts: 40 hrs Days/Week:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Routine & preventive maintenance schedule/performed on time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any major equipment breakdown since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Operation & maintenance manual provided & maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any plant bypasses since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Regulatory agency notified of bypasses: On MORS: <input type="checkbox"/> 800 No.: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Any hydraulic and/or organic overloads experienced since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Collection System	YES	NO	N/A	N/E
a. Percent combined system. Percent:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Any collection system overflows since last inspection: CSO: <input type="checkbox"/> SSO: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory agency notified of overflow (SSOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. CSO O&M plan provided and implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. CSOs monitored and reported in accordance with permit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Portable pumps used to relieve system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent (gas)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any complaints received since last inspection of basement flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are any portions of the sewer system at or near capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## H. SLUDGE MANAGEMENT

	YES	NO	N/A	N/E
a. Sludge adequately disposed. Method: Land application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If sludge is incinerated, where is ash disposed of?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is sludge disposal contracted? Name:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has amount of sludge generated changed significantly since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adequate sludge storage provided at facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Records kept in accordance with state rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any complaints received in last year regarding sludge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is sludge adequately processed (digestion, dewatering, pathogen control) in accordance with Ohio EPA rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Comments:

Will move toward sending 100% sludge to Rumpke. Would like to keep Land App. possibility open in permit.

## I. SELF-MONITORING PROGRAM

Part 1 – Flow Measurement	YES	NO	N/A	N/E
a. Primary flow measuring device properly operated & maintained. Type of device: <input type="checkbox"/> Ultrasonic & parshall flume <input type="checkbox"/> Calculated from influent <input type="checkbox"/> Weir <input type="checkbox"/> Other <input checked="" type="checkbox"/> Ultrasonic & weir      specify:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: August 2009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flow measurement equipment adequate to handle expected ranges of flows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Actual flow discharged is measured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Flow measuring equipment inspection frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Other (1/year)				

<b>Part 2 – Sampling</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Sampling locations(s) are as specified by permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parameters and sampling frequency agree with permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Permittee uses required sampling method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sample collection procedures are adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Samples refrigerated during compositing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Proper preservation techniques used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conform with 40 CFR 136.3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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, & maintenance records)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Adequate records maintained of sampling date, time, exact location, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part 3 – Laboratory, General</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. EPA approved analytical testing procedures used (40 CFR 136.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If alternate analytical procedures are used, proper approval has been obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Analyses being performed more frequently than required by permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If (c) is yes, are results reported in permittee's self-monitoring report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Commercial laboratory used:				
1. Parameters analyzed by commercial lab:				
2. Lab name: Sardinia/Winchester/MASI				

<b>Part 3 – Laboratory, Quality Control/Quality Assurance</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Quality assurance manual provided and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Satisfactory calibration and maintenance of instruments and equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: Date: NA <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

**J. EFFLUENT/RECEIVING WATER OBSERVATIONS**

<b>Outfall #</b>	<b>Oil Sheen</b>	<b>Grease</b>	<b>Turbidity</b>	<b>Visible Foam</b>	<b>Visible Float Solids</b>	<b>Color</b>	<b>Other</b>
001	None	None	Severe	None	Moderate	Severe	

**K. MULTIMEDIA OBSERVATIONS**

Collection System	YES	NO	N/A	N/E
a. Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you notice staining or discoloration of soils, pavement, or floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you notice distressed (unhealthy, discolored, dead) vegetation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you see unidentified dark smoke or dustclouds coming from sources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you notice any unusual odors or strong chemical smells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If any of the above are observed, ask the following questions:**

1. What is the cause of the conditions?
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?