



**Environmental  
Protection Agency**

John R. Kasich, Governor  
Mary Taylor, Lt. Governor  
Scott J. Nally, Director

July 18, 2011

**Re:** Athens County  
Heatherstone Village formerly Parklane MHP  
Compliance Evaluation Inspection  
Ohio EPA Permit No. 0GV00027\*AD  
NPDES Permit No. OHG00056  
Correspondence (PWW)

Mr. Robert Prebe, Manager  
Heatherstone Village, Ltd.  
P.O. Box 186  
Athens, Ohio 45701

Dear Mr. Prebe:

On June 16, 2011, I conducted a compliance evaluation inspection at the Heatherstone Village mobile home park (formerly Parklane MHP) sewage treatment plant (STP). This was a follow up inspection to a reconnaissance inspection performed on September 30, 2010 with the Athens City County Health Department. Rick Verhotz, Plant Operator, accompanied me during the inspection. The purpose of the inspection was to *determine the facility's status of compliance with the terms and conditions set forth in its National Pollutant Discharge Elimination System (NPDES) Permit, 0GV00027\*AD.*

As a result of the inspection and file review I have the following comments:

1. NPDES Permit Transfer

The NPDES permit for Parklane MHP was recently transferred to Heatherstone Village, Ltd.

2. NPDES Permit Compliance Schedule – Part III,3

This facility is covered under a general small sanitary sewage treatment system NPDES permit. The permit contains a compliance schedule to comply with final effluent limits. You are required to submit a Permit to Install application for an upgrade, to begin and complete construction and to comply with the final effluent limits as soon as possible, but no later than May 1, 2012. Also by May 1, 2012, you are required to submit a Notice of Intent for coverage under the General NPDES Permit for Small Sanitary STPs, OHS000003.

3. NPDES Permit Part V, K – Operation and Maintenance

The sewer system suffers from excessive inflow and infiltration (I/I). Within 2 months of receipt of this report, submit a plan for inspection and identification of sewer problems, and a list of work to be accomplished with deadlines for completing work to eliminate I/I.

4. NPDES Permit Part V, M – Sampling and Analytical Methods

You shall begin sampling and submitting results in accordance with the permit immediately. Care must be taken to follow standard methods, chain of custody, and proper preservation.

The permit requires daily observation of odor, color, turbidity and flow. Who will perform these observations?

A copy of the inspection form is enclosed. Please reply, in writing, to items 2-4 above, within 30 days of receipt of this report. If you have any questions or comments, please contact me at (740) 380-5284.

Sincerely,



Abbot Stevenson  
Environmental Engineer  
Permits and Compliance Section  
Division of Surface Water

AS/dh

Enclosure

c: Mike Cooper, Athens County Health Department  
c: Rick Verhotz, Stantec Consulting

# NPDES Compliance Inspection Report

## A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OGV00027*AG	OHG00056	June 16, 2011	C	S	1

## B. FACILITY DATA

Name & Location of Facility Inspected	Entry Time	Permit Effective Date
Heatherstone Village formerly Parklane MHP Heatherstone Drive Athens, Ohio	8:50 a.m.	August 1, 2008
	Exit Time	Permit Expiration Date
	9:10 a.m.	DECEMBER 31, 2009

Name(s) & Title(s) of On-Site Representative(s)	Phone Number(s)
Rick Verhotz, Stantec, Operator	(740) 216-6367
Name, Address, & Title of Responsible Official	Phone Number
Bob Prebe, Manager Heatherstone Village P.O. Box 186 Athens, Ohio 45701	(740) 592-2177

## C. AREAS EVALUATED DURING INSPECTION

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

1. Collection System - See letter item 3.
2. Laboratory/Self Monitoring - See letter item 4.
3. Compliance Schedules - See letter item 2.

  
 Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

7/18/11  
 Date

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

7/18/11  
 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Comments:**

a. Property was purchased by Heatherstone Village, Ltd. Transfer documents were submitted 3/28/11.

**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: <u>NPDES Permit</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Permittee is meeting compliance schedule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**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 type="checkbox"/>	<input checked="" 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: <u>1</u> Days/Week: <u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Operator holds unexpired license of class required by permit. Class: <u>A</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Copy of certificate of Operator of Record displayed on-site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Minimum operator staffing requirements fulfilled (OAC 3745-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Routine & preventive maintenance schedule/performed on time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any major equipment breakdown since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Operation & maintenance manual provided & maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Any plant bypasses since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 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"/>
m. Any hydraulic and/or organic overloads experienced since last inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

b. There is no alarm system. Permit requires observation of plant for color, odor, turbidity, and flow every day.

<b>Record Keeping</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Log book provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Log book kept on-site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Log book contains the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Identification of treatment works	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date/Time of arrival/departure of ORC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily record of operation and maintenance activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laboratory results (unless documented on bench sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification of person making log entries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the ORC submitting written notification to Ohio EPA and permittee when a collection system overflow, treatment plant bypass or effluent limit violation has occurred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

b. There is currently no place on site to keep a log.

<b>Collection System</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Percent combined system. Percent: <u>0</u>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lift station alarm systems provided and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Are lift stations equipped with permanent standby power or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Comments:**

i. This sewer system has Inflow/Infiltration problems.

**H. SLUDGE MANAGEMENT**

	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
a. Sludge adequately disposed. Method: <u>at POTW in Lancaster</u>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is sludge disposal contracted? Name: _____	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Land application sites monitored and inspected per state rules	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**I. SELF-MONITORING PROGRAM**

<b>Part 1 – Flow Measurement</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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 checked="" type="checkbox"/> Other <input type="checkbox"/> Ultrasonic & weir      specify: <u>Estimate</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calibration frequency adequate. Date of last calibration: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Flow measurement equipment adequate to handle expected ranges of flows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Actual flow discharged is measured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 N/A				

**Comments:**

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

**Comments:**

a. Permit recently transferred to new owners, who have not yet sampled.

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

**Comments:**

<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Satisfactory calibration and maintenance of instruments and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Adequate records maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Results of latest U.S. EPA quality assurance performance sampling program: Date: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory				

Comments:

## 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	None	None	None	None	

Comments:

## K. MULTIMEDIA OBSERVATIONS

<b>Collection System</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>N/E</b>
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?

Comments: