



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 Korteski, Director

July 23, 2009

Re: Athens County
Ketchum Campground
Compliance Evaluation Inspection
Ohio EPA Permit No. 0PR00592*CD
NPDES Permit No. OH017875
Correspondence (PWW)

Mr. Roger Ketchum
Ketchum Campground
P.O. Box 561
Hockingport, Ohio 45739

Dear Mr. Ketchum:

On May 27, 2009, Tim Campbell and I conducted a Compliance Evaluation Inspection (CEI) of the Ketchum Campground Waste Water Treatment Plant (WWTP). You, and maintenance personnel Jeff Wilson and Ray Faucett, accompanied us on the inspection.

The purpose of the inspection was to assess the facility's compliance status with the terms and conditions of the NPDES permit, federal number OH00107875, state number 0PR00592*CD. Wastewater samples were not collected. A copy of the inspection report form is attached. Based on the inspection, a review of the Discharge Monitoring Report (DMR) data and the permit, the facility appeared to be in non-compliance on the day of the inspection.

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

1. We discussed the issue of dechlorination for the facility. The Permit to Install (PTI) Application for the installation of a dechlorination system was approved on 5/16/08, and another PTI application for Ultra Violet Disinfection was approved by 11/25/08. However, neither unit has been installed. You must install either one as soon as possible in order to meet you effluent limitations for fecal coliform and chlorine. Provide a date when this will be accomplished. When it is completed, you must notify Ohio EPA that it is done, in writing.
2. We have received your self-monitoring reports covering the period of June 2007 through April 2009 for the discharge from the referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance and/or deficiencies are as follows:

Outfall	Parameter	Type	Units	Limit	Reported	Date
June 2007						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	1.92	6/1/2007
001	Nitrogen, Ammonia	7D Conc	mg/L	1.5	1.92	6/1/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	5.2	6/4/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	5.7	6/18/2007
July 2007						
001	Chlorine	1D Conc	mg/L	0.038	0.32	7/2/2007
001	Chlorine	1D Conc	mg/L	0.038	0.07	7/16/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	2.4	7/16/2007
August 2007						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	2.9	8/1/2007
001	Nitrogen, Ammonia	7D Conc	mg/L	1.5	2.9	8/1/2007
001	Chlorine	1D Conc	mg/L	0.038	1.05	8/6/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	3.9	8/6/2007
September 2007						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	6.39	9/1/2007
001	Nitrogen, Ammonia	7D Conc	mg/L	1.5	6.39	9/1/2007
001	Nitrogen, Ammonia	30D Qty	Kg/day	0.02	0.02419	9/1/2007
001	Chlorine	1D Conc	mg/L	0.038	1.15	9/4/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	4.3	9/4/2007
001	Chlorine	1D Conc	mg/L	0.038	0.06	9/17/2007
October 2007						
001	Fecal Coliform	30D Conc	#/100mL	1000	1500	10/1/2007
May 2008						
001	Fecal Coliform	30D Conc	#/100mL	1000	7000	5/1/2008
001	Fecal Coliform	7D Conc	#/100mL	2000	7000	5/1/2008
001	Chlorine	1D Conc	mg/L	0.038	0.15	5/5/2008
001	Chlorine	1D Conc	mg/L	0.038	0.06	5/20/2008
June 2008						
001	Dissolved Oxygen	1D Conc	mg/L	6	4.9	6/3/2008
July 2008						
001	Chlorine	1D Conc	mg/L	0.038	0.38	7/2/2008
001	Dissolved Oxygen	1D Conc	mg/L	6	5.1	7/16/2008
August 2008						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	1.03	8/1/2008
001	Fecal Coliform	30D Conc	#/100mL	1000	7000	8/1/2008
001	Fecal Coliform	7D Conc	#/100mL	2000	7000	8/8/2008
001	Dissolved Oxygen	1D Conc	mg/L	6	5.9	8/25/2008
September 2008						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	17.52	9/1/2008
001	Nitrogen, Ammonia	7D Conc	mg/L	1.5	17.52	9/1/2008
001	Nitrogen, Ammonia	30D Qty	Kg/day	0.02	0.08	9/1/2008
001	Nitrogen, Ammonia	7D Qty	Kg/day	0.03	0.08	9/1/2008
001	Fecal Coliform	30D Conc	#/100mL	1000	7000	9/1/2008
001	Fecal Coliform	7D Conc	#/100mL	2000	7000	9/1/2008

Outfall	Parameter	Type	Units	Limit	Reported	Date
001	Dissolved Oxygen	1D Conc	mg/L	6	4.8	9/2/2008
001	Chlorine	1D Conc	mg/L	0.038	0.05	9/15/2008
October 2008						
001	Chlorine	1D Conc	mg/L	0.038	0.44	10/2/2008
001	Chlorine	1D Conc	mg/L	0.038	0.63	10/15/2008

Provide reasons for the above referenced violations, as well as a description of the actions taken or proposed to prevent any further violations. Your response should include dates, either actual or proposed, for completion of the actions.

3. In order to resolve the non-disinfection violations, we recommend you look at providing equalization (EQ) at the head of the plant because this plant receives most of the waste on the weekends and much less during the week, when the campground has lower occupational rates. Providing EQ would allow the operator the ability to slowly bleed the weekend waste to the plant during the week. In your response to this item, indicate how you intend to address this issue, together with time frames.
4. Part III of the NPDES permit requires proper operation and maintenance of the treatment plant. The sand filters are low on sand. It is necessary for you to add sand for proper operation. I have attached a list of suppliers of the appropriate filter sand. Adequate sand shall be added to the sand filters within 30 days of receipt of this letter. Notify Ohio EPA when the beds have been redone.
5. It is recommended that you put run-time meters on the dosing pumps to provide a measurement of the flow to aid in the design of the EQ tank and operation of the plant.
6. Your NPDES permit requires your sewage treatment plant to be operated by a class I certified wastewater operator. Provide the name and contact information of your certified operator.
7. A maintenance log is required to be kept by both the owner and the operator of record for a facility. I have attached a copy of the rule for your reference.
8. In the future we will modify your NPDES permit to include sampling on Sunday, since the high traffic time at this facility is on the weekends.

As you are aware, the Ohio EPA recently initiated enforcement action to resolve your outstanding issues of non-compliance. You should make every effort to return the facility to compliance with the Ohio Water Pollution Control Act, Revised Code Chapter 6111.

Please respond, in writing, within 30 days of receipt of this report, to Items 1 through 7 listed above. If you have any questions, please contact me at (740) 380-5284 at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Abbot Stevenson", with a long horizontal flourish extending to the right.

Ms. Abbot Stevenson
Environmental Engineer
Permits and Enforcement Section
Division of Surface Water

AS/dh

Enclosure

NPDES
Compliance Inspection Report

A. NATIONAL DATA SYSTEM CODING

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OPR00592*CD	OH00107875	May 27, 2009	C	S	1

B. FACILITY DATA

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Ketchum Campground North of Twp. 161 and 163 Hockingport, Ohio 45739	11:00 a.m.	April 1, 2006
	Exit Time	Permit Expiration Date
	12:00 p.m.	March 31, 2011

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Roger Ketchum, Owner Ray Foucett and Jeff Wilson, WWTP Maintenance	(740) 667-3630
Name, Address and Title of Responsible Official	Phone Number
Roger Ketchum, Owner P.O. Box 551 Hockingport, Ohio 45739	(740) 667-3630

C. AREAS EVALUATED DURING INSPECTION

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

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

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

1. Operation – see attached letter Item 3, 4, and 5.
2. Flow Measurement – see attached letter Item 5.
3. Effluent – see attached letter Item 2.
4. Compliance Schedule – see attached letter Item 1.


Abbot Stevenson, Inspector, Ohio EPA, Southeast District Office

7/23/09
Date


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

7/23/09
Date