



State of Ohio Environmental Protection Agency

Southeast District Office

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

July 23, 2009

Re: Athens County
Hockingport Mobile Home Park
Compliance Evaluation Inspection
Ohio EPA Permit No. 0PV00014
NPDES Permit No. OH0115134
Correspondence (PWW)

Mr. Roger Ketchum
Hockingport Mobile Home Park
P.O. Box 551
Hockingport, Ohio 45739

Dear Mr. Ketchum:

On May 27, 2009, Tim Campbell and I conducted a Compliance Evaluation Inspection (CEI) of the Hockingport Mobile Home Park Wastewater 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 for effluent violations and installation or modification of a sewage treatment system without a Permit to Install.

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	12.72	6/1/2007
001	Nitrogen, Ammonia	30D Qty	Kg/day	0.06	0.21	6/1/2007
001	Fecal Coliform	30D Conc	#/100mL	1000	1634	6/1/2007
001	Nitrogen, Ammonia	1D Conc	mg/L	1.5	17.18	6/4/2007
001	Nitrogen, Ammonia	1D Qty	Kg/day	0.09	0.28	6/4/2007
001	Chlorine	1D Conc	mg/L	.019	0.06	6/4/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	3.4	6/4/2007
001	Nitrogen, Ammonia	1D Conc	mg/L	1.5	8.26	6/18/2007
001	Nitrogen, Ammonia	1D Qty	Kg/day	0.09	0.13	6/18/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	2.3	6/18/2007
July 2007						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	15.44	7/1/2007
001	Nitrogen, Ammonia	30D Qty	Kg/day	0.06	0.24	7/1/2007
001	Nitrogen, Ammonia	1D Conc	mg/L	1.5	11.9	7/2/2007
001	Nitrogen, Ammonia	1D Qty	Kg/day	0.09	0.18	7/2/2007
001	Chlorine	1D Conc	mg/L	0.019	0.34	7/2/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	5	7/2/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	3	7/16/2007
001	Nitrogen, Ammonia	1D Conc	mg/L	1.5	18.98	7/18/2007
001	Nitrogen, Ammonia	1D Qty	Kg/day	0.09	0.29	7/18/2007
August 2007						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	17	8/1/2007
001	Nitrogen, Ammonia	30D Qty	Kg/day	0.06	0.29	8/1/2007
001	Fecal Coliform	30D Conc	#/100mL	1000	5934	8/1/2007
001	Fecal Coliform	7D Conc	#/100mL	2000	5934	8/1/2007
001	Nitrogen, Ammonia	1D Conc	mg/L	1.5	19.05	8/6/2007
001	Nitrogen, Ammonia	1D Qty	Kg/day	0.09	0.32	8/6/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	3.3	8/6/2007
001	Nitrogen, Ammonia	1D Conc	mg/L	1.5	15.24	8/20/2007
001	Nitrogen, Ammonia	1D Qty	Kg/day	0.09	0.25871	8/20/2007
001	Dissolved Oxygen	1D Conc	mg/L	6	4.3	8/20/2007
September 2007						
001	Chlorine	1D Conc	mg/L	0.019	0.56	9/4/2007
October 2007						
001	Dissolved Oxygen	1D Conc	mg/L	6	5.5	10/1/2007
March 2008						
001	Dissolved Oxygen	1D Conc	mg/L	6	4.8	3/19/2008
April 2008						
001	Dissolved Oxygen	1D Conc	mg/L	6	5.7	4/21/2008
May 2008						
001	Nitrogen, Ammonia	30D Conc	mg/L	1	8.4	5/1/2008
001	Nitrogen, Ammonia	30D Qty	Kg/day	0.06	0.11	5/1/2008
001	Fecal Coliform	30D Conc	#/100mL	1000	3567	5/1/2008
001	Fecal Coliform	7D Conc	#/100mL	2000	3567	5/1/2008

Outfall	Parameter	Type	Units	Limit	Reported	Date
001	Chlorine	1D Conc	mg/L	0.019	0.12	5/5/2008
001	Nitrogen, Ammonia	1D Conc	mg/L	1.5	16.59	5/20/2008
001	Nitrogen, Ammonia	1D Qty	Kg/day	0.09	0.22078	5/20/2008
June 2008						
001	Fecal Coliform	30D Conc	#/100mL	1000	1982	6/1/2008
001	Chlorine	1D Conc	mg/L	0.019	0.06	6/2/2008
001	Dissolved Oxygen	1D Conc	mg/L	6	4.3	6/2/2008
July 2008						
001	Chlorine	1D Conc	mg/L	0.019	0.26	7/2/2008
001	Chlorine	1D Conc	mg/L	0.019	0.19	7/16/2008
001	Dissolved Oxygen	1D Conc	mg/L	6	5.3	7/16/2008
August 2008						
001	Chlorine	1D Conc	mg/L	0.019	0.15	8/11/2008
001	Chlorine	1D Conc	mg/L	0.019	0.05	8/25/2008
September 2008						
001	Fecal Coliform	30D Conc	#/100mL	1000	2967	9/1/2008
001	Fecal Coliform	7D Conc	#/100mL	2000	2967	9/1/2008
October 2008						
001	Chlorine	1D Conc	mg/L	0.019	0.23	10/2/2008
001	Chlorine	1D Conc	mg/L	0.019	0.08	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. 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.
4. It is recommended that the certified operator make a determination of the amount of sludge to waste in the plant. Which of these waste activated sludge control methods is used: constant SRT; constant F:M ratio; constant MLSS or sludge quality?
5. The effluent pump station had only one pump at the time of the inspection. Provide a date when the second pump will be installed.
6. It is recommended that you keep track of the flow to the plant by the run time meters on the pumps. This will help with operation of the plant by identifying excessive inflow and infiltration, which is clean water in your collection system.
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. There are several houses owned by you that are rental units adjacent to the MHP. At least 2 of these houses are under investigation by the Athens County Health Department for failing on non-existent sewage systems. During the inspection, you showed us the homes and that you had connected them to the MHP sewage system. It is a violation of Ohio Revised Code Chapter 6111 for installation or modification of a sewage treatment system with first obtaining a Permit to Install (PTI). It is necessary for you to submit a PTI application no later than 60 days from your receipt of this letter.
9. It is strongly recommended that you look into the capacity of your WWTP and see if you have the volume to treat the other houses owned by you that may have failing systems. If there is capacity, you may be able to connect these houses to the WWTP, too. A PTI would also be required for this.

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 9 listed above. If you have any questions, please contact me at (740) 380-5284 at your convenience.

Sincerely,



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
OPV00014	OH0115134	May 27, 2009	C	S	1

B. FACILITY DATA

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Hockingport MHP WWTP 711 S.R. 144 Hockingport, Ohio 45739	11:00 a.m.	September 1, 2006
	Exit Time	Permit Expiration Date
	12:00 p.m.	August 31, 2011

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
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</u> Permit	<u>S</u> Flow Measurement	<u>N/A</u> Pretreatment
<u>N</u> Records/Reports	<u>N</u> Laboratory	<u>U</u> Compliance Schedules
<u>M</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>S</u> Collection System		

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

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

1. Operations – see attached letter Item 4, 5, 6, and 7.
2. Effluent – see attached letter Item 2.
3. Compliance Schedule – see attached letter Item 1.
4. Permit – see attached letter Item 8.
5. Flow Measurement – see attached letter Item 6.


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