



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

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

March 27, 2009

**Re:** Pike County  
City of Waverly  
Ohio EPA Permit No. 0PC00011\*GD  
NPDES Permit No. OH0023353  
Compliance Evaluation Inspection  
Correspondence (PWW)

Mayor and Council  
City of Waverly  
211 West North Street  
Waverly, Ohio 45690

Dear Mayor and Council:

On March 18, 2009, I performed a compliance evaluation inspection of the Wastewater Treatment Plant (WWTP) serving the City of Waverly. John Voorhes, plant superintendent, represented the City of Waverly and accompanied me during the inspection. The purpose of the inspection was to determine if the WWTP was meeting the terms and conditions set forth in the NPDES permit.

A copy of the inspection report is attached to this letter. If you have any questions, feel free to contact me at (740) 380-5268.

Sincerely,

Jack Knapp  
District Representative  
Division of Surface Water

JK/dh

Enclosure

c: John Voorhes, Plant Superintendent

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
0PC00011*GD	OH0023353	March 18, 2009	C	S	1

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Waverly WWTP 9334 State Route 220 Waverly, Ohio 45690	9:00 a.m.	August 1, 2007
	Exit Time	Permit Expiration Date
	11:45 a.m.	January 31, 2009

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
John Voorhes, Superintendent	(740) 947-4403
Name, Address and Title of Responsible Official	Phone Number
Mayor and Council City of Waverly 211 West North Street Waverly, Ohio 45690	(740) 947-3193

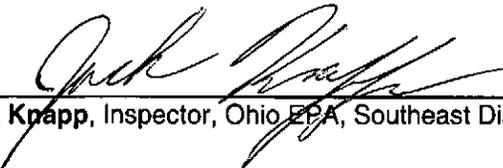
**C. AREAS EVALUATED DURING INSPECTION**

<u>  S  </u> Permit	<u>  S  </u> Flow Measurement	<u>  N  </u> Pretreatment
<u>  S  </u> Records/Reports	<u>  S  </u> Laboratory	<u>  N/A  </u> Compliance Schedules
<u>  S  </u> Operations & Maintenance	<u>  S  </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)

See attached letter.

  
\_\_\_\_\_  
Jack Knapp, Inspector, Ohio EPA, Southeast District Office

3/27/09  
\_\_\_\_\_  
Date

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

3/30/09  
\_\_\_\_\_  
Date

**E. PERMIT VERIFICATION**

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

Comments:

**F. COMPLIANCE SCHEDULES/VIOLATIONS**

	Yes	No	N/A	N/E
a. Any significant violations since the last inspection		X		
b. Permittee is taking actions to resolve violations			X	
c. Permittee has compliance schedule		X		
d. Compliance schedule contained in: <u>NPDES</u>			X	
e. Permittee is meeting compliance schedule			X	

Comments:

**G. OPERATION AND MAINTENANCE**

Treatment Facility Properly Operated and Maintained	Yes	No	N/A	N/E
a. Standby power available: Generator: <u>X</u> Dual Feed: _____	X			
b. Adequate alarm system available for power or equipment failures	X			
c. All treatment units in service other than backup units	X			
d. Sufficient operating staff provided: No. of shifts: <u>5</u> Days/Week: _____	X			
e. Operator holds unexpired license of class required by permit Class: <u>III</u>	X			
f. Routine and preventive maintenance schedule/performed on time	X			
g. Any major equipment breakdown since last inspection		X		
h. Operation and maintenance manual provided and maintained	X			
i. Any plant bypasses since last inspection		X		
j. Regulatory agency notified of bypasses: _____ on MORS _____ 800 No.			X	
k. Any hydraulic and/or organic overloads experienced since last inspection		X		

Comments:

Collection System	Yes	No	N/A	N/E
a. Percent combined system: <u>0</u> %				
b. Any collection system overflows since last inspection: CSO _____ SSO: _____		X		
c. Regulatory agency notified of overflow (SSOs)			X	
d. CSO O and M plan provided and implemented			X	
e. CSOs monitored and reported in accordance with permit			X	
f. Portable pumps used to relieve system			X	
g. Lift station alarm systems provided and maintained	X			
h. Are lift stations equipped with permanent standby power or equivalent	X			
i. Is there an inflow/infiltration problem (separate sewer system), or were there any major repairs to collection system since last inspection	X*			
j. Any complaints received since last inspection of basement flooding		X		
k. Are any portions of the sewer system at or near capacity		X		

Comments: \*The city has started evaluating the collection system to find major sources of I/I.

## H. SLUDGE MANAGEMENT

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

Comments:

## 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: <u>X</u> ultrasonic & parshall flume _____ calculated from influent _____ weir _____ other _____ ultrasonic & weir _____ specify:	X			
b. Calibration frequency adequate (date of last calibration: <u>1/29/2009</u> )	X			
c. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained	X			
d. Flow measurement equipment adequate to handle expected ranges of flows	X			
e. Actual flow discharged is measured	X			
f. Flow measuring equipment inspection frequency: <u>X</u> Daily _____ Weekly _____ Monthly _____ Other				

Comments:



## K. MULTIMEDIA OBSERVATIONS

	Yes	No	N/A	NE
a. Are there indications of sloppy housekeeping or poor maintenance in work and storage areas or laboratories		X		
b. Do you notice staining or discoloration of soils, pavement, or floors		X		
c. Do you notice distressed (unhealthy, discolored, dead) vegetation		X		
d. Do you see unidentified dark smoke or dustclouds coming from sources		X		
e. Do you notice any unusual odors or strong chemical smells		X		
f. Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities		X		

**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:**