



**Environmental
Protection Agency**

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

Re: Ottawa County
Village of Oak Harbor
NPDES Permit

March 26, 2012

Mr. Rob Pauley
Village Administrator
Village of Oak Harbor
146 Church Street
P.O. Box 232
Oak Harbor, Ohio 43449

Dear Mr. Pauley:

On March 20, 2012, a compliance inspection was made at the Oak Harbor Wastewater Treatment Plant (WWTP) in conjunction with the renewal of the National Pollutant Discharge Elimination System (NPDES) permit that expires on June 30. Mr. Jerry Neff, Superintendent, was present and provided information on plant operations. The inspection consisted of an interview utilizing an inspection checklist covering major plant operations, and a tour of the plant. At the time of our visit, a slightly turbid final effluent was observed being discharged to the Portage River. Our comments and recommendations are as follows:

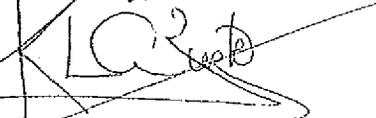
- 1) Work on rebuilding the failed internal sidewalls of the CSO retention basin is now in full force. The repair plan calls for a new "soil stabilized concrete" liner, eight feet thick at the base to one-third way up, tapering off to five feet at the top. A fiber material mat will then be placed on the sidewalls to prevent erosion. Construction is scheduled to be completed by mid-May. There have been three bypass events through the temporary pipe thus far to the Portage River. Mr. Neff has called the 1-800 spill number and notified us as required. Every effort should be made to complete the project ahead of schedule in order to prevent additional bypasses. Please continue to provide updates and notify us when the project is completed.
- 2) The NPDES permit renewal will reflect the elimination of six CSO's; however, two of those, outfalls 003 and 006, have been temporarily reopened during the CSO basin repair. Please notify me when they are permanently closed. Three CSO's will remain. There were two overflow events reported in 2011. Bacteria monitoring will be changed from fecal coliform to E. Coli, which is now the standard. This should not be an issue since Ultra Violet is used for disinfection. We will also determine if a phosphorus limit is appropriate.

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- 3) NPDES discharge monitoring reports continue to indicate suspended solids and ammonia loading violations. Mr. Neff attributes this to draining the retention basin at its maximum rate. Once the basin repair is completed, the optimal feed rate will have to be determined to prevent future permit violations. If noncompliance continues, additional measures will be required to address final effluent loading violations.
- 4) Our last inspection indicated that density baffles installed in the final clarifiers appeared to be adversely affecting the settling tanks. It was later found that the turning mechanism for the scraper was damaged and the unit was replaced last August. At the time of my visit, the tanks were still turbid, which Mr. Neff indicated is its normal condition. A second high efficiency blower unit was installed last April.

Our completed inspection form is enclosed. In the near future, you will be receiving a "draft" copy of the NPDES permit renewal. You should review it carefully, as there is a 30 day comment period to respond to any permit conditions. If any of the above is in error, or you have any questions, please call me at (419) 373-3020, or email at rick.zuzik@epa.state.oh.us.

Sincerely,



Richard A. Zuzik, MSE
Division of Surface Water

/jlm

Enclosure

pc: Jerry Neff, WWTP Superintendent

ec: Inspection Tracking

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
<u>2PB00032</u>	<u>OH0026841</u>	<u>12/03/20</u>	<u>C</u>	<u>S</u>	<u>1</u>

Section B: Facility Data

Name and Location of Facility Inspected Oak Harbor WWTP 355 East Water Street Oak Harbor, OH 43449	Entry Time	Permit Effective Date
	9:30AM	7/1/07
	Exit Time	Permit Expiration Date
	11:00 AM	6/30/12

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Jerry Neff, Superintendent	419 898 0517

Name, Address and Title of Responsible Official	Phone Number
Rob Pauley, Village Administrator 146 Church Street Oak Harbor, OH 43449	419 898 5561

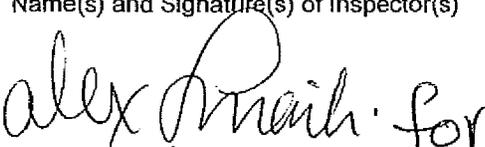
Section C: Areas Evaluated During Inspection

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

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Pretreatment
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Compliance Schedules
<input checked="" type="checkbox"/> Operations & Maintenance	<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Self-Monitoring Program
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Sludge Storage/Disposal	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Collection System		

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)


Richard A. Zuzik, MSE, Ohio EPA, Northwest
 Name(s) and Signature(s) of Inspector(s) Date District Office


Thomas Poffenbarger, PE, Ohio EPA, Northwest
 Name and Signature of Reviewer Date District Office

Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

Section E: Permit Verification				
	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<u>X</u>	___	___	___
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<u>X</u>	___	___	___
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	___	___	<u>X</u>	___
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT	<u>X</u>	___	___	___
(e) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	___	___	<u>X</u>	___
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	___	<u>X</u>	___	___
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	___	___	<u>X</u>	___
(h) ALL DISCHARGES ARE PERMITTED	<u>X</u>	___	___	___
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<u>X</u>	___	___	___

COMMENTS/STATUS:
 6 of 9 CSOs eliminated; will be deleted from permit renewal.
 Permit expires 6/30/12.

Section F: Compliance Schedules/Violations				
	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION	___	<u>X</u>	___	___
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS	___	___	<u>X</u>	___
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	<u>X</u>	___	___	___
(d) COMPLIANCE SCHEDULE CONTAINED IN <u>NEWS</u>	___	___	___	___
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	___

COMMENTS/STATUS:
 Continued loading violations to be monitored following CSO basin repair.

Section G: Operation and Maintenance

TREATMENT WORKS:

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED				
(a) STANDBY POWER AVAILABLE GENERATOR <u>x</u> DUAL FEED <u> </u>	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
1. (c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>x</u>	<u>x</u>	<u> </u>	<u> </u>
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>1</u> DAYS/WEEK <u>5</u>	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>II</u>	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
1. (f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u> </u>	<u>x</u>	<u> </u>	<u> </u>
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
2. (i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u> </u> ON MORS <u>x</u> 800 NO.	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u>x</u>	<u> </u>	<u> </u>	<u> </u>

COLLECTION SYSTEM:

	Yes	No	N/A	N/E
3. (a) PERCENT COMBINED SYSTEM <u>60-70%</u>				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u>x</u> SSO <u> </u>)	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<u> </u>	<u>x</u>	<u> </u>	<u> </u>
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<u> </u>	<u>x</u>	<u> </u>	<u> </u>
(i) IS THERE AN INFLOW/INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION	<u> </u>	<u>x</u>	<u> </u>	<u> </u>
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<u>x</u>	<u> </u>	<u> </u>	<u> </u>
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	<u> </u>	<u>x</u>	<u> </u>	<u> </u>

COMMENTS/STATUS:

1. CSO basin out of service until mid May.
2. 3 bypass events since temporary bypass line installed.
3. 2 CSO events in 2011.

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP)

SUBMITTED DATE _____ APPROVAL # _____ NOT SUBMITTED _____ N/A _____

	Yes	No	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	<u>X</u>	_____	_____	_____
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: <u>land application</u>)	<u>X</u>	_____	_____	_____
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	_____	_____	_____	_____
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: <u>Mid Ohio</u>)	<u>X</u>	_____	_____	_____
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	_____	<u>X</u>	_____	_____
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<u>X</u>	_____	_____	_____
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	<u>X</u>	_____	_____	_____
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<u>X</u>	_____	_____	_____
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	<u>X</u>	_____	_____	_____
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<u>X</u>	_____	_____	_____

COMMENTS/STATUS:

Belt filter press - Class B.

Dried solids hauled 2x/year.

Section I: Self-Monitoring Program

Part 1. Flow measurement

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED <u>X</u>	<u>X</u>	_____	_____	_____
TYPE OF DEVICE: <u>X</u> ULTRASONIC & PARSHALL FLUME _____ ULTRASONIC & WEIR _____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>4/11</u>)	<u>X</u>	_____	_____	_____
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<u>X</u>	_____	_____	_____
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<u>X</u>	_____	_____	_____
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<u>X</u>	_____	_____	_____
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: <u>X</u> DAILY _____ WEEKLY _____ MONTHLY _____ OTHER _____				

COMMENTS/STATUS:

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<u>X</u>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	___	___	___
(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 and maintenance records)	<u>X</u>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC	<u>X</u>	___	___	___

COMMENTS/STATUS:

Part 3. Laboratory

	Yes	No	N/A	N/E
GENERAL				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	<u>X</u>	___	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	___	<u>X</u>	___	___
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	<u>X</u>	___	___	___
(e) COMMERCIAL LABORATORY USED	<u>X</u>	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB				
<u>Metal, O&G, Sludge</u>				
(2) LAB NAME: <u>Jones & Henry</u>				
QUALITY CONTROL/QUALITY ASSURANCE				
(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : _____ SATISFACTORY ___ MARGINAL ___ UNSATISFACTORY				

COMMENTS/STATUS:

N/A

Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	none	none	yes	none	none	none	

COMMENTS/STATUS:

Section K: Multimedia Observations

	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 OTHER THAN SMOKESTACKS	<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 CONDITION?
- (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/STATUS:

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	
	Bypasses – Temporary Line	OUT	ATOV, used 3 times
	Stormwater Overflows	OUT	6 of 9 eliminated
	Alternate Power Source	S	Generator
Preliminary	Maintenance of Collection Systems	M	60-70% combined
	Pump Station	IN	4 total, 2 village, 2 Ottawa Co
	Ventilation	S	
	Bar Screen	OUT	Bypass
	Disposal of Screenings		
	Comminutor	IN	
	Grit Chamber	IN	Aerated
	Disposal of Grit	S	Landfill
Primary	Settling Tanks	IN	3, very weak influent – 20 mg/l BOD
	Scum Removal	IN	
	Sludge Removal	IN	
	Effluent	S	Normal
Sludge Disposal	Digesters	IN	3 aerobic
	Temperature and pH		
	Gas Production		
	Heating Equipment		
	Sludge Pumps	IN	5 WAS, 8 RAS
	Drying Beds		
	Vacuum Filter		
	Disposal of Sludge	S	Land applied
Belt Filter Press	IN	Run weekly	
Other	Flow Meter and Recorder	IN	.850 ATOV
	Records	S	
	Lab Controls	S	
	Chemical Treatment		
Secondary-Tertiary List items as	Trickling Filter Towers	IN	Two, light growth
	Final Settling	IN	Turbid
	Blowers	IN	2, 1 new
Disinfection	Effluent	M	Turbid
	Disinfection System	OUT	U.V.
	Effective Dosage		
	Contact Time		
	Contact Tank	IN	Post aeration
	Dechlorination		