



**Environmental  
Protection Agency**

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

RE: Marion County  
Richland Road WWTP  
NPDES Permit

May 30, 2012

Marion County Commissioners  
222 West Center Street  
Marion, Ohio 43302

Dear Commissioners:

This will acknowledge our May 10, 2012, compliance inspection at your wastewater treatment plant (WWTP). This facility is located on the east side of Richland Road, just south of State Route 529. This inspection was conducted to evaluate compliance with your facility's National Pollutant Discharge Elimination System (NPDES) permit 2PJ00002 (OH0058157). Mr. Jeff Good was present and provided information regarding the operation of the facility.

At the time of the inspection, all major treatment components were in service. The final discharge from the treatment plant was visually clear. The chemical addition system for phosphorus removal is operational. Please note that this NPDES permit (Part I, Item C) required the County to comply with the final effluent limits by August 1, 2009.

Your current NPDES permit will expire on January 31, 2016. Our review of your Discharge Monitoring Reports (4/1/2011 to 4/1/2012) indicated a number of effluent violations. Please refer to the enclosed violation table.

On May 3, 2011, our Agency conducted a Performance Audit Inspection of your in-house laboratory. Please implement these lab recommendations (see our letter dated May 24, 2011), which are intended to help improve your laboratory's performance and data defensibility. Please submit a copy of your lab plan of action to my attention within 10 days of receipt of this letter. The U.S. EPA DMR-QA Study #31 indicated that all test parameters were rated acceptable except for suspended solids, BOD5 and phosphorus. We encourage your continued participation in the QA Program to assure the accuracy and reliability of your monthly monitoring data.

Our completed inspection report is enclosed with this letter. If you have any questions, please call Mr. Jason Ko of our office at 419-373-3021.

Yours truly,

Elizabeth A. Wick, P.E.  
Environmental Engineer/Section Manager  
Division of Surface Water

JK/jlm

Enclosures

pc: Jeff Good, Wastewater Superintendent

ec: Inspection Tracking

## NPDES COMPLIANCE INSPECTION REPORT

### Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2PJ00002	OH0058157	2012/5/10	C	S	P

### Section B: Facility Data

Name and Location of Facility Inspected  Richland Road WWTP 2160 Richland Road Marion, OH 43302	Entry Time	Permit Effective Date
	10:00 A.M.	8/1/2011
	Exit Time	Permit Expiration Date
	11:15 A.M.	1/31/2016

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Mr. Jeff Good, Superintendent	(740) 389-1526

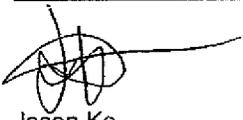
Name, Address and Title of Responsible Official	Phone Number
Marion County Commissioners 222 West Center Street Marion, OH 43302	(740) 223-4130

### Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>S</u> Permit	<u>S</u> Flow Measurement	-- Pretreatment
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>M</u> Compliance Schedules
<u>S</u> Operations & Maintenance	<u>S</u> Effluents	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>S</u> Sludge Storage/Disposal	- Other

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

- \* Current NPDES permit will expire on 1/31/2016
- \* Performance Audit Inspection was conducted on your in-house laboratory (5/3/2011)
- \* Phosphorus removal by chemical addition is in place & operational
- \* Review of your Discharge Monitoring Reports (4/1/2011 to 4/1/2012) indicated some effluent violations

  
 Jason Ko, Ohio EPA, Northwest District Office  
 Name(s) and Signature(s) of Inspector(s) Date 5/24/12

  
 Thomas Poffenberger, P.E., Ohio EPA, Northwest District Office  
 Name and Signature of Reviewer Date 5/23/12

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 PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	
(e) TREAT 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:

**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>NPDES</u>				
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	

COMMENTS/STATUS:

(d) Comply with the final effluent limits by 8/1/2009 & phosphorus removal by chemical addition is in place.

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>	
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>	<u>   </u>	<u>   </u>	
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<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>	
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>III</u>	<u>X</u>	<u>   </u>	<u>   </u>	
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>	<u>   </u>	<u>   </u>	
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u>   </u>	<u>X</u>	<u>   </u>	
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	<u>   </u>	<u>   </u>	
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>X</u>	<u>   </u>	<u>   </u>	
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u>   </u> ON MORS <u>   </u> 800 NO. <u>   </u>	<u>X</u>	<u>   </u>	<u>   </u>	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u>X</u>	<u>   </u>	<u>   </u>	

COLLECTION SYSTEM:

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

COMMENTS/STATUS:

Treatment Works:

- (a) test weekly
- (d) weekends on part-time basis

**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>X</u>
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____				
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: _____)	_____	_____	_____	<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:

**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>	_____	_____	_____
TYPE OF DEVICE: <u>X</u> PARSHALL FLUME _____ ULTRASONIC & WEIR				
_____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>2010</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:

(b) Recommend flow meter calibration be done annually

**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
<b>GENERAL</b>				
(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>oil &amp; grease, Nitrates &amp; Nitrite, metals, TKN &amp; Sludge</u>				
(2) LAB NAME : <u>Alloway</u>				
<b>QUALITY CONTROL/QUALITY ASSURANCE</b>				
(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 : <u>2011</u> _____ SATISFACTORY <u>X</u> MARGINAL _____ UNSATISFACTORY				

COMMENTS/STATUS:

TSS, BOD & P were rated unacceptable

**Section J: Effluent/Receiving Water Observations**

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	--	--	--	--	--	Clear	

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	___	<u>X</u>	___	___
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	___	<u>X</u>	___	___
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	___	<u>X</u>	___	___
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	___	<u>X</u>	___	___
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	___	<u>X</u>	___	___
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	___	<u>X</u>	___	___

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	Fenced
	Bypasses	-	
	Stormwater Overflows	-	
	Alternate Power Source	S	Standby generator – test monthly (for screw pump only)
Preliminary	Maintenance of Collection Systems	S	
	Pump Station	IN	3 screw pumps; 1 running
	Ventilation	-	
	Bar Screen	IN	1 mechanical & 1 manual (standby)
	Disposal of Screenings	S	Landfill
	Comminutor	-	
	Cyclone Grit Separator	IN	
	Disposal of Grit	S	Landfill
Primary	Settling Tanks	-	
	Scum Removal	-	
	Sludge Removal	-	
	Effluent	-	
Sludge Disposal	Digesters	IN	2 aerobic units
	Temperature and pH	-	
	Gas Production	-	
	Heating Equipment	-	
	Sludge Pumps	IN	2 WAS/RAS
	Sludge Thickner	IN	2 in use
	Storage Building	IN	
	Disposal of Sludge	IN	Land application
	Sludge Blower	IN	3 units; 1 running
	Sludge Press	OUT	1 unit
Other	Flow Meter and Recorder	IN	At effluent
	Records	S	
	Lab Controls	-	
	Chemical Treatment	IN	P removal
Secondary-Tertiary List items as	Orbal Aeration Tank	IN	1 units & brown
	Secondary Settling	IN	2 units
Disinfection	Effluent	S	Clear discharge
	Disinfection System	S	
	Effective Dosage	S	
	Contact Time	S	
	Contact Tank	IN	
	Dechlorination	IN	

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PJ00002*FD	April 2011	001	00665	Phosphorus, Total (P)	7D Qty	9.93	10.5546	4/22/2011
2PJ00002*FD	May 2011	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.3	1.395	5/1/2011
2PJ00002*FD	May 2011	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	8.61	16.8212	5/1/2011
2PJ00002*FD	May 2011	001	00610	Nitrogen, Ammonia (NH3)	7D Qty	13.25	31.8831	5/1/2011
2PJ00002*FD	May 2011	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.415	5/1/2011
2PJ00002*FD	May 2011	001	00665	Phosphorus, Total (P)	30D Qty	6.62	9.63075	5/1/2011
2PJ00002*FD	May 2011	001	00610	Nitrogen, Ammonia (NH3)	7D Conc	2.0	2.02	5/15/2011
2PJ00002*FD	May 2011	001	00610	Nitrogen, Ammonia (NH3)	7D Qty	13.25	19.7081	5/15/2011
2PJ00002*FD	May 2011	001	00665	Phosphorus, Total (P)	7D Conc	1.5	4.31	5/15/2011
2PJ00002*FD	May 2011	001	00665	Phosphorus, Total (P)	7D Qty	9.93	26.1225	5/15/2011
2PJ00002*FD	June 2011	001	00665	Phosphorus, Total (P)	30D Conc	1.0	1.648	6/1/2011
2PJ00002*FD	June 2011	001	00665	Phosphorus, Total (P)	30D Qty	6.62	11.8984	6/1/2011
2PJ00002*FD	June 2011	001	00665	Phosphorus, Total (P)	7D Conc	1.5	1.86	6/8/2011
2PJ00002*FD	June 2011	001	00665	Phosphorus, Total (P)	7D Qty	9.93	28.3821	6/8/2011
2PJ00002*FD	June 2011	001	00665	Phosphorus, Total (P)	7D Conc	1.5	2.33	6/15/2011
2PJ00002*FD	June 2011	001	00665	Phosphorus, Total (P)	7D Qty	9.93	12.0715	6/15/2011
2PJ00002*GD	September 2011	001	00665	Phosphorus, Total (P)	7D Conc	1.5	1.56	9/15/2011
2PJ00002*GD	October 2011	001	61942	pH, Minimum	1D Conc	6.5	6.1	10/20/2011
2PJ00002*GD	November 2011	001	00530	Total Suspended Solids	7D Conc	18.0	34.5	11/22/2011
2PJ00002*GD	November 2011	001	00530	Total Suspended Solids	7D Qty	119.22	190.461	11/22/2011