



**Environmental
Protection Agency**

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

Re: Erie County
Kelleys Island
Village Pump
NPDES Permit

June 20, 2012

Mr. Gary Finger, Owner
The Village Pump
P.O. Box 76
Kelleys Island, Ohio 43440

Dear Mr. Finger:

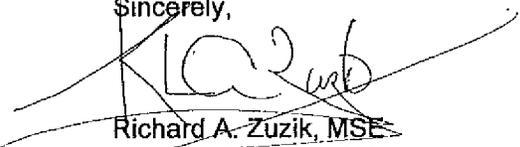
On May 22, 2012, an inspection was made of the wastewater treatment facilities serving The Village Pump. In general, both operation and maintenance of the plant appeared good. All major treatment components were in operation, and a very clear final effluent was observed in the contact tank. The post aeration line was out of service and should be repaired. The sand filters were well kept, and disinfection and dechlorination tablets were present in the tube feeders in preparation of the main tourist season.

Monthly discharge monitoring reports are being received and a review of last year indicated much improved compliance for the entire year. Only two suspended solids violations in April and two chlorine residual violations in June were reported for the entire year of 2011. I attribute the improved compliance to the adjusted pumping arrangement in the flow equalization tank leading to less hydraulic surging and loss of solids to the sand filters. You stated that you are exploring the addition of ultraviolet disinfection equipment to replace the chlorination/dechlorination tube feeders. A Permit to Install (PTI) from our agency would be necessary for this improvement.

Your National Pollutant Discharge Elimination System (NPDES) permit now includes new operator certification rules that require visits two days/week for a minimum of one hour/week. Documentation in the form of a logbook must be kept on-site for Ohio EPA review.

I will be making additional visits during the summer season to observe the plant under midseason operating conditions. I appreciate your support and efforts in properly operating and maintaining your facility, and look forward to your continuing cooperation throughout the season. Enclosed is our inspection report. If 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: Rob Strahm, Bluffton Aeration Service
Erie County Health Department

ec: Tracking

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PRO0083

Facility Name Village Pump Expiration Date 11-30-15
 Facility Address Lakeshore / Downtown Date 5-22-12 Time 1:45 am pm
 City Kelleys Island County Erie Township -
 Name and Address of Owner Gary Finger - P.O. Box 76, KI 43438
 Person Contacted Gary Owner Phone (419) 746-2241
 Flow: Design 14,000 GPD Present _____ GPD (metered - estimated)
 Trib. Pop. Pump / Bay the Moon (actual - estimated) Weather at time of inspection: Temp 65° overcast
 OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<u>0</u>	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild						
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

2. Effect of effluent on Receiving Stream Name: L. Erie

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
<u>0</u>	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild						
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

3. a. Plant has _____ excellent good _____ fair _____ poor operation
 b. Plant has _____ excellent good _____ fair _____ poor maintenance
 c. Sand filters have _____ excellent good _____ fair _____ poor maintenance

d. Not operating at expected efficiency due to:

- (1) _____ hydraulic overload
 (2) _____ organic/ solids overload
 (3) _____ personnel inefficiency
 (4) _____ equipment failure
 (5) _____ wastes
 (6) _____

Disinfection: (Required May 1 thru Oct.31.)	
IN <input checked="" type="checkbox"/>	OUT _____
_____	Chlorination Tablets
_____	Dechlorination Tablets
_____	U.V.

Yes No (2011)

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: TSS, Cl² Residual
 Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service

Name Rob Staham / Gary - Class A
 Frequency of Visits Class A - 2x/week

Facility Name: Village Pump

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	2	Trash Trap	Pumping Frequency:
	2	Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	1	Flow Equalization	IN
Aeration Equipment		Plant Timer ___Y___N Motor/ Blower Unit	Cycle Time:
Secondary Treatment	2	Aeration Tank	Color: <u>Brown</u> Adequate Aeration: Y <input checked="" type="checkbox"/> N ___
Final Settling	1	Clarifier	<u>Good settling</u>
	2	Sludge Return	In <input checked="" type="checkbox"/> Out ___
	2	Surface Skimmer	In <input checked="" type="checkbox"/> Out ___
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	<u>Good</u>
		Polishing Pond	
		Other	
Disinfection	2	Contact Tank / <u>Dechlor</u>	<u>Very clear</u>
	1	Chlorine Tube Feeder	IN
	1	Dechlorination Tube Feeder	IN
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps	1	Raw Wastewater (type)	
	2	Sand Filter Effluent Dosing	
Sludge Handling	1	Aerated Storage Tank	IN
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	1	Post Aeration	<u>OUT - Repair/replace</u>
		Spray Irrigation	
		Other	