



**Environmental
Protection Agency**

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

Re: Ashland County
Camp Nuhop
NPDES Permit

July 10, 2012

Mr. Trevor Dunlap
Executive Director
Camp Nuhop
404 Hillcrest Drive
Ashland, Ohio 44805

Dear Mr. Dunlap:

On June 27, 2012, an inspection was made of the wastewater treatment facilities serving Camp Nuhop located at 1077 Township Road 2916, Perrysville, Ashland County. Jim Machin, the camp's Facilities Manager and your certified operator, was present to answer any questions.

At the time of the inspection, all major treatment units were in operation and appeared to be functioning normally. No major concerns were noted. A clear effluent was being discharged to the receiving stream. We discussed the condition of the grates over the flow equalization tank. These grates have become extremely rusted and some are starting to fall apart. We recommend that for safety reasons these grates be replaced. Aluminum grates will offer better life expectancy than the original steel grates.

During the inspection, Mr. Machin and I discussed the operator's log book and the need to record the daily checks of odor, color, turbidity, and flow rate in the log. I have enclosed a template of a form that can be utilized for this purpose. You are welcome to customize this form to suit your needs. We recommend that this form be kept on a clipboard inside the wooden shed at the treatment plant. A minimum of three months of the log data should be kept onsite at the treatment plant at all times.

A review of the discharge monitoring reports submitted to our office for the months of June 2011 through May 2012 revealed several **violations** of the limits in your National Pollutant Discharge Elimination System (NPDES) permit. A printout of these **violations** has been included for your review. An outfall sign was not present during the inspection. Page 7, Paragraph K, of your permit requires that an outfall sign be erected. This sign shall be installed within the next 60 days.

If you have any questions, please give me a call at 419-373-3070.

Sincerely,

Walter Ariss, P.E.
Environmental Specialist II
Division of Surface Water

/jlm

Enclosures

pc: Mr. Jim Machin
ec: Tracking

[Get New Data](#)

Camp Nuhop NPDES permit limit violations June 2011 through May 2012

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PR00131*CD	July 2011	001	00530	Total Suspended Solids	30D Conc	12.0	12.7	7/1/2011
2PR00131*CD	September 2011	001	00530	Total Suspended Solids	30D Conc	12.0	31.	9/1/2011
2PR00131*CD	September 2011	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	8.56	9/1/2011
2PR00131*CD	September 2011	001	00530	Total Suspended Solids	1D Conc	18.0	31.	9/28/2011
2PR00131*CD	September 2011	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	8.56	9/28/2011
2PR00131*CD	October 2011	001	00530	Total Suspended Solids	30D Conc	12.0	16.	10/1/2011
2PR00131*CD	January 2012	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	3.0	4.47	1/1/2012

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 21R00131

Facility Name Camp Nuhop Expiration Date 1/31/15

Facility Address 1077 TR 2916 Date 6/7/12 Time 10:15 am

City Perryville County Ashtabula Township _____

Name and Address of Owner _____

Person Contacted Jim Machin - Operator Owner Phone _____

Flow: Design 9,000 GPD Present 450-5000 GPD (metered estimated)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 70° sun

OEPA Personnel Walter Ariss District NWDO

1. Plant Effluent - Mark Severity No.

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

2. Effect of effluent on Receiving Stream Name: Peasant Hill Lake

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

Chlorination Tablets
 Dechlorination Tablets
 U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations N Parameters: TSS, NH3

Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name Jim Machin

Frequency of Visits 4/day

Facility Name: Camp Nubep

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	X	Trash Trap	Pumping Frequency: 3-4 times/year
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	X	Flow Equalization	clay/grates extremely rusted need replaced
Aeration Equipment		Plant Timer ___Y___X___N	Cycle Time:
	X	Motor/ Blower Unit <i>running</i>	blowers okay - springs loaded pressure valves
Secondary Treatment	X	Aeration Tank	Color: <i>good color</i> Adequate Aeration: Y <i>X</i> N ___
Final Settling	X	Clarifier	very good clarity
	X	Sludge Return	In <i>X</i> Out ___
	X	Surface Skimmer	In <i>X</i> Out ___
		Fixed Media Clarifier	
Tertiary Treatment	X	Surface Sand Filter	using south bed / both beds very clean
		Polishing Pond	
		Other	
Disinfection	X	Chlorine Tube Feeder	okay
	X	Dechlorination Tube Feeder	okay
		Ultraviolet (UV)	
Flow Metering	X	Elapsed Pump Time	or filter dosing
		Recorder (continuous total)	
Pumps	X	Raw Wastewater (type) <i>Flow EQ</i>	okay
	X	Sand Filter Effluent Dosing	okay
Sludge Handling	X	Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal	X	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	X	Post Aeration	on
		Spray Irrigation	
		Other	