



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

Re: Marion County
Marion WWTP
NPDES Permit

November 6, 2012

Mr. Jay M. Shoup
Service Director
City of Marion
223 West Center Street
Marion, Ohio 43302

Dear Mr. Shoup:

On October 17, 2012, Mr. Jason Ko conducted a Compliance Evaluation Inspection (CEI) of your wastewater treatment plant (WWTP). Mr. Roger Baldinger, Superintendent, was present and provided information regarding the operation of the facility. This inspection was conducted to evaluate compliance with the facility's National Pollutant Discharge Elimination System (NPDES) permit No. 2PD00011 (OH0026352).

At the time of the inspection, all major treatment components were in service. The mixed liquors in all the oxidation ditches had a healthy brown color indicating a fairly healthy microbial population. The final discharge from the treatment plant was visually clear. Your current NPDES permit expired on July 31, 2012, and we are in the process of drafting the renewal NPDES permit. Please continue to operate your facility per your expired permit.

On August 7, 2012, our Agency conducted a Performance Audit Inspection (PAI) of your in-house laboratory. Please implement the lab recommendations (see the letter dated August 27, 2012) that are intended to help improve your laboratory's performance and data defensibility.

Our review of your Discharge Monitoring Reports (3/1/2012 - 10/1/2012) indicated a number of effluent violations. Please refer to the enclosed violation tables. Please inform this office in writing within 30 days as to the steps taken or proposed to prevent any further violations. If these violations continue to occur and if satisfactory progress is not made, we will have no choice but to recommend escalated enforcement action to achieve compliance.

Our completed inspection report is also 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: Roger Baldinger, Marion WPC

ec: Tracking

NPDES COMPLIANCE INSPECTION REPORT

Section A: National Data System Coding

Permit #	NPDES	Yr/Mo/Day	Inspection Type	Inspector	FacType
2PD00011	OH0026352	2012/10/17	C	S	1

Section B: Facility Data

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
City of Marion WWTP 1810 Marion-Agosta Road Marion, OH 43302	10:00 A.M.	8/1/2007
	Exit Time	Permit Expiration Date
	1:45 P.M.	7/31/2012

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Mr. Roger Baldinger, Superintendent Ms. Susan Foust, Pretreatment Coordinator	(740) 383-6051 (740) 383-6051

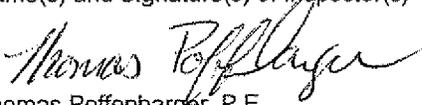
Name, Address and Title of Responsible Official	Phone Number
Mr. Jay Shoup, Service Director City of Marion 233 West Center Street Marion, OH 43302	(740) 387-4651

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

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>-</u> Pretreatment
<u>S</u> Records/Reports	<u>N</u> Laboratory	<u>S</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	<u>-</u> Other

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

- * The NPDES permit renewal application was received on 1/30/2012 & is in the process of being drafted
- * Three CSO's were inspected & no overflows observed
- * Mt Vernon Avenue CSO separation is completed in 2010 & CSO monitoring is continuing
- * PAI of the in-house Lab was inspected on 8/7/12 (refer to the 8/27/12 letter for recommendations)
- * Review of your Discharge Monitoring Reports (3/1/2012 – 10/1/2012) indicated a number of effluent violations

 Jason Ko Name(s) and Signature(s) of Inspector(s)	10/30/12 Date	Ohio EPA, Northwest District Office
 Thomas Poffenbarger, P.E. Name and Signature of Reviewer	11/5/12 Date	Ohio EPA, Northwest 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 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 - Part I.C</u>	___	___	___	
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	

COMMENTS/STATUS:

(d) The Schedule of Compliance in the NPDES permit contained 5 items with specific time frames

- 1) Municipal Construction Schedule
- 2) Municipal CSO Schedule
- 3) Mercury Schedule
- 4) Pollutant Minimization Program (PMP) for Mercury
- 5) Municipal Pretreatment Schedule

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>X</u>	<u>X</u>	___	___	
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>	___	___	
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>	___	___	
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>2</u> DAYS/WEEK <u>7</u>	<u>X</u>	___	___	
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>IV</u>	<u>X</u>	___	___	
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>	___	___	
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	___	<u>X</u>	___	
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>X</u>	___	___	
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES ___ ON MORS ___ 800 NO.	<u>X</u>	___	___	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	___	<u>X</u>	___	

COLLECTION SYSTEM:

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u>50%</u>				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u>X</u> SSO ___)	<u>X</u>	___	___	
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	___	___	<u>X</u>	
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u>X</u>	___	___	
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u>X</u>	___	___	
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<u>X</u>	___	___	
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<u>X</u>	___	___	
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<u>X</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>	___	___	
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<u>X</u>	___	___	
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	___	<u>X</u>	___	

COMMENTS/STATUS:

Treatment Works:

- (a) A portable standby generator is now available
- (d) Two 12 hour shifts

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: _____ PARSHALL FLUME _____ ULTRASONIC & WEIR				
_____ WEIR _____ CALCULATED FROM INFLUENT <u>X</u> OTHER(Specify <u>magnate-influent / effluent</u>)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>8/2011</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>TTO, Arsenic, cyanide, TKN, priority pollutants, O&G, Selenium, Sludge & Low Mercury.</u>				
(2) LAB NAME: <u>Alloway</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 : <u>2011</u> <u>X</u> SATISFACTORY ___ MARGINAL ___ UNSATISFACTORY				

COMMENTS/STATUS:

- DMR-QA study #31 indicated all test parameters were rated acceptable
- Performance Audit Inspection of your Lab facility is being scheduled for this year

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

Form Approved
OMB No.

158-R0035

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 (settled)	OUT	21 mgd and above the plant will bypass at Outfall 603
	Stormwater Overflows	OUT	
	Alternate Power Source	S	A portable standby generator is available as backup to dual feed system
Preliminary	Maintenance of Collection Systems	S	
	Pump Station	IN	3 screw pumps and 1 running
	Ventilation	-	
	Bar Screen	IN	2 units (1/4 inch)
	Disposal of Screenings	S	Landfill
	Comminutor	-	
	Grit Chamber	-	
	Disposal of Grit	-	
	Grease Separator	IN	1 unit
Primary	Settling Tanks	IN	4 tanks; 2 in use
	Scum Removal	IN	
	Sludge Removal	IN	
	Effluent	S	
Sludge Disposal	Digesters	OUT	Use for sludge holding tanks
	Temperature and pH	-	
	Gas Production	-	
	Heating Equipment	-	
	Sludge Pumps	IN	3 RAS, 3 WAS, 4 thickeners & 4 Raw
	Sludge holding Tank	IN	2 tanks & aerated tank in use (prior to the press)
	Sludge Thickener	IN	2 units
	Disposal of Sludge	M	Land application
	Sludge Press	IN	2 units; 1 running
Other	Sludge Storage	IN	
	Flow Meter and Recorder	IN	
	Records	S	
	Lab Controls	S	
Secondary-Tertiary List items as required	Chemical Treatment	IN	Polymer
	Oxidation Ditch	IN	All 4 in use
	Secondary Settling	IN	All 4 in use
	Tertiary Settling	IN	All 4 in use
	Blower	IN	3 units; 1 running
Disinfection			
	Effluent	S	Clear
	Disinfection System	IN	
	Effective Dosage	-	
	Contact Time	-	
	Contact Tank	IN	4 units; all in use
	Dechlorination	IN	
Post Air	IN		

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00011*MD	March 2012	001	00300	Dissolved Oxygen	1D Conc	5.0	2.3	3/2/2012
2PD00011*MD	March 2012	001	00300	Dissolved Oxygen	1D Conc	5.0	1.98	3/3/2012
2PD00011*MD	May 2012	001	50092	Mercury, Total (Low Le	30D Qty	0.0005	.00098	5/1/2012
2PD00011*MD	May 2012	001	00300	Dissolved Oxygen	1D Conc	5.0	2.94	5/10/2012
2PD00011*MD	June 2012	001	39100	Bis(2-ethylhexyl) Phth	30D Conc	8.4	13.	6/1/2012
2PD00011*MD	July 2012	001	39100	Bis(2-ethylhexyl) Phth	30D Conc	8.4	15.4	7/1/2012
2PD00011*MD	August 2012	001	00300	Dissolved Oxygen	1D Conc	5.0	4.32	8/5/2012
2PD00011*MD	September 2012	001	00300	Dissolved Oxygen	1D Conc	5.0	4.12	9/8/2012
2PD00011*MD	September 2012	001	00610	Nitrogen, Ammonia (NH3	7D Conc	1.5	1.59143	9/22/2012
2PD00011*MD	September 2012	001	00610	Nitrogen, Ammonia (NH3	7D Qty	60	68.5240	9/22/2012

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00011*MD	May 2012	001	31616	Fecal Coliform			AK	5/8/2012
2PD00011*MD	May 2012	801	31616	Fecal Coliform			AK	5/2/2012
2PD00011*MD	May 2012	901	31616	Fecal Coliform			AK	5/2/2012
2PD00011*MD	September 2012	001	31616	Fecal Coliform			AK	9/8/2012
2PD00011*MD	August 2012	001	31616	Fecal Coliform			AK	8/3/2012