



**Environmental  
Protection Agency**

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

March 5, 2013

RE: TRUMBULL COUNTY  
BLOOMFIELD TOWNSHIP  
BLOOMFIELD HIGH SCHOOL  
NPDES PERMIT NO. OH0139238  
OHIO EPA PERMIT NO. 3PT00128

Mr. Russell Mcquaide, Superintendent  
Bloomfield-Mespo Local School District  
2077 Park Road West  
North Bloomfield, Ohio 44450

Mr. Mcquaide:

Ohio EPA conducted a compliance evaluation inspection of the wastewater treatment works serving the above-referenced facility on February 28, 2013. The inspection was performed to evaluate the overall operation and maintenance of the treatment works, and determine the facility's compliance with the terms and conditions of the National Pollutant Discharge Elimination System (NPDES) permit.

The current 9,000-gpd treatment system consists of a trash trap, 4,000-gallon flow equalization tank, extended aeration activated sludge process, 1,000-gallon aerated sludge holding tank, final settling tank, 500-gallon dose tank, slow surface sand filtration, and chlorination/dechlorination chamber. Treated effluent is discharged to an unnamed tributary of the Grand River.

During the inspection, the following observations and/or deficiencies were noted:

1. The overall operation and maintenance of the treatment works appeared to be satisfactory. All treatment units appeared to be in operation.
2. Foaming was observed in the aeration tank.
3. The mixed liquor was a chocolate brown color, indicative of a healthy biological population.
4. The sand filter walls are deteriorating, and need to be repaired.
5. Please place the stone riprap around the edges of the splash pads to help prevent channelizing and/or ponding in the sand filters.
6. Please locate, and expose the final outfall location. Tracing dye may be helpful for this.
7. Part II, J of the facility's NPDES permit requires that an outfall sign be erected at the outfall point by no later than four months from the effective date of the permit, which was October 1, 2011. No such sign was observed during the inspection. Please refer to the

above-referenced part of the NPDES permit for specific instructions regarding the sizing, positioning, and what information must be displayed on the sign.

8. The final effluent appeared to be clear, and was not causing any immediately-noticeable, adverse impacts to the receiving stream.

A review of the facility's monthly electronic Discharge Monitoring Reports (eDMRs) received by Ohio EPA for the period March 2011 – January 2013 indicated violations of the terms and conditions of the NPDES permit. The specific instances of noncompliance include:

| Permit No   | Reporting Period | Station | Reporting Code | Parameter              | Limit Type | Limit | Reported Value | Violation Date |
|-------------|------------------|---------|----------------|------------------------|------------|-------|----------------|----------------|
| 3PT00128*AD | June 2011        | 001     | 00530          | Total Suspended Solids | 30D Conc   | 12    | 59.            | 6/1/2011       |
| 3PT00128*AD | June 2011        | 001     | 00530          | Total Suspended Solids | 1D Conc    | 18    | 59.            | 6/23/2011      |
| 3PT00128*AD | August 2011      | 001     | 00530          | Total Suspended Solids | 30D Conc   | 12    | 23.5           | 8/1/2011       |
| 3PT00128*AD | August 2011      | 001     | 00530          | Total Suspended Solids | 1D Conc    | 18    | 44.            | 8/17/2011      |

In addition to the above, our review of the facility's data reporting procedures also noted that Mr. Lew Strohm continues to submit the facility's eDMR data, despite this office's understanding that you are now the acting superintendent. Pursuant to Part III, Item 28 of the NPDES permit, "all reports submitted to the Director shall be signed and certified in accordance with the requirements of 40 CFR 122.22". 40 CFR 122.22 explains that reports or any other information requested by the Director must be signed and certified by an individual having authority to sign permit applications as described in 40 CFR 122.22 (a), or by a duly authorized representative. As explained in this section:

*A person is a duly authorized representative if:*

- (1) *The authorization is made in writing by a person described in paragraph (a) of this section;*
- (2) *The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (A duly authorized representative may thus be either a named individual or any individual occupying a named position.) and,*
- (3) *The written authorization is submitted to the Director.*

Please note that if Mr. Lew Strohm is no longer the superintendent, he may not submit eDMR data on the school district's behalf.

Ohio EPA understands that there are multiple wastewater operators designated for the facility. A review of the O & M logbook indicated that Ms. Kerry Kern makes regular visits to the treatment works to perform O & M duties. However, this office has no documentation on file indicating that Ms. Kern has been officially designated as an operator of record. To ensure that Ms. Kern's time at the plant counts towards meeting the minimum staffing requirements for the plant (operator must perform two visits a week for an hour total), please see to it that the enclosed Operator of Record Notification (ORC) form is completed and submitted to Ohio EPA.

BLOOMFIELD HIGH SCHOOL  
MARCH 5, 2013  
PAGE 3 OF 4

Please be advised that failure to comply with the terms and conditions of the NPDES permit may be subject to enforcement actions pursuant to Chapter 6111 of the Ohio Revised Code. Please provide to this office, within 14 days' receipt of this notification, written documentation describing the actions that will be taken, or have been taken, to address the above-referenced items. Your response shall include specific dates for the initiation and completion of this action plan. Please be advised that past or current acts of noncompliance can continue as subjects of future enforcement actions.

Should you have any questions or comments regarding this letter, please feel free to contact this office at (330) 963-1120.

Respectfully,

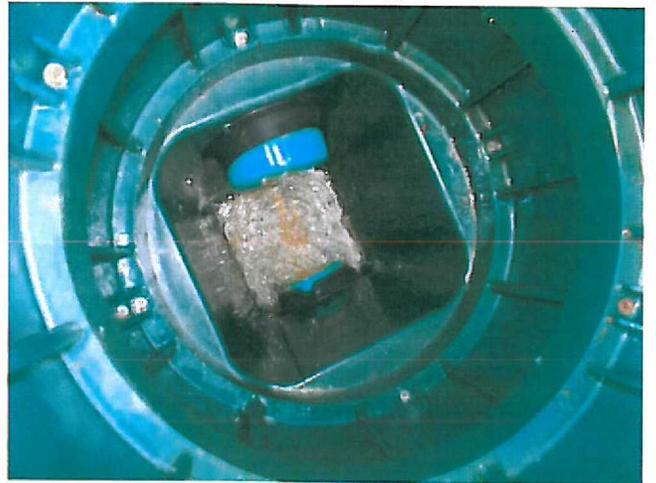


Tomás Parry, P.E.  
Environmental Engineer  
Division of Surface Water

TP/cs

Attachments: ORC form  
Photos

cc: Steve Kramer, R.S., Trumbull County Board of Health





**Operator of Record (ORC) Notification Form**

Ohio Environmental Protection Agency  
 Division of Drinking and Ground Waters  
 Operator Certification Unit  
 50 West Town St, Suite 700  
 P.O. Box 1049  
 Columbus, OH 43216-1049

Phone: (614) 644-2752  
 1- 866 - 411-OPCT (6728)  
 Fax: (614) 644-2909  
 email: opcert@epa.state.oh.us  
 website: www.epa.state.oh.us/ddagw/opcert.html

**I. SYSTEM INFORMATION**

Name of System: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PWS ID/NPDES Permit #: \_\_\_\_\_ STU # \_\_\_\_\_ Classification: \_\_\_\_\_

Name of Facility Owner or Permittee, Title (Print) \_\_\_\_\_ Facility Owner or Permittee (Signature) \_\_\_\_\_

**II. SYSTEM TYPE (Check only one of the following. Use additional sheets if necessary.)**

| Public Water System (PWS) | Distribution System | Treatment Works | Collection System |
|---------------------------|---------------------|-----------------|-------------------|
|                           |                     |                 |                   |

**III. OPERATOR OF RECORD INFORMATION**

| Add Additional(A), New (N) or Remove(R) | Name of Operator of Record | Certification Number & Expiration Date | I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. (Signature of certified operator)* |
|---|----------------------------|--|---|
|   |                            |  |   |
|   |                            |  |   |
|   |                            |  |   |

\* A signature by an operator of record who is being removed is not required.  
 (Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: \_\_\_\_\_

| For Internal Use Only                   |                             |
|---|-----------------------------|
| Reviewed by: _____                      | Date of SDWIS update: _____ |
| Date of Compliance Status Letter: _____ |                             |