



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

February 25, 2013

Re: Athens County  
Knollwood MHP  
Compliance Evaluation Inspection  
Ohio EPA Permit 0PV00007\*GD  
NPDES Permit OH0050334  
Correspondence (PWW)  
Certified Mail 701027800000197079239

Mr. Raymond Croxford  
7343 Cameron Road  
Athens, Ohio 45701

Dear Mr. Croxford:

On January 30, 2013, I conducted a Compliance Evaluation Inspection at the Knollwood MHP wastewater treatment plant. The purpose of the inspection was to determine the operational condition of the plant. Jeff Niese, the operator of record for Capstone Village, was present during the inspection.

The following items need to be addressed:

1. **NPDES Permit Part III, Item 3 – Facility Operation and Quality Control:** All wastewater treatment works shall be operated in a manner consistent with the following: At all times, the permittee shall maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee necessary to achieve compliance with the terms and conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with conditions of the permit.
  - a. As stated during previous correspondence (11/16/10, 7/14/11, and 5/1/12), the walls of the sand filters are falling apart and need to be rebuilt. There are four sand filters at the facility, however, only one filter is being used. There is a large amount of vegetation growing in all filters. All of the filters need to be cleaned and rehabilitated with 18 inches of acceptable (approvable) filter sand. Provide a date as to when this will be accomplished.

- b. The grates over the tanks have been removed and are no longer on-site. The grating must be replaced for the purpose of safety.
  - c. There was an accumulation of solids alongside the aeration chamber on the ground. These solids must be disposed of in a sanitary landfill.
  - d. As stated in previous inspection letters/reports, the visible piping and sidewalls of the tanks are extremely corroded. An evaluation of the plant must be made by a professional engineer with recommendations for repair or replacement of the plant. The results of the evaluation shall be summarized in a report that includes a schedule of construction and repairs with deadlines.
  - e. As stated in previous inspection letter/reports, the sewer system has excessive inflow and infiltration (the flow increases when it rains due to clean water leaking into the sewers). You are required to check every vacant lot and verify the sewer connections have been sealed off and are not allowing rain water to enter the sewer system. Per inspection letter dated November 16, 2010, the facility was to evaluate the sewers by smoke and dye testing to determine what repairs are needed.
  - f. A moderate buildup of solids was observed on the weir in the clarifier. Cleaning of the weir should be done as needed to prevent buildup of algae and/or solids on the weir and trough which may lead to solids violations. The operator must document in log book when cleaning occurs.
  - g. Currently, there is no flow monitoring occurring at the facility. It is recommended that you verify the flow rate through run-time meters on the dosing pumps. This information could be cross checked with the water use records for the park. It is important to have an accurate flow rate because the frequency of sampling is affected by the amount of flow.
2. **NPDES Part II and Ohio Administrative Code 3745-7-02:** Each person owning or operating a wastewater treatment facility shall designate one or more operator of record to oversee the technical operation of the wastewater treatment facility. The operator of record shall have a valid certification of a class equal to or greater than the classification of the treatment facility. The classification of this treatment facility is a Class I. To date, this facility does not have an Operator of Record. I have attached a copy of the Operator of Record form.
  3. **NPDES Part III, Item 4:** Monitoring data required by this permit shall be submitted to Ohio EPA by the 20th day of the month following the month-of-interest. As of the date of this letter, the last month that monitoring data was submitted to Ohio EPA occurred for the month of May 2011. You are advised that all monitoring data shall be submitted immediately for the past months. You shall submit all future monitoring data per the schedule captioned above and on your permit.

4. **NPDES Part I,C:** Your NPDES permit contains a schedule of compliance for installation of dechlorination facilities. A Permit to Install (PTI) was submitted to this office on August 19, 2011 and approved by Ohio EPA on September 16, 2011. During the inspection, it was noted that the tablet dechlorinator has been installed. I have been informed that Capstone Properties LLC installed the tablet dechlorinator in October 2012.
5. **Ohio Administrative Code 3745-7-09:** The owner and Operator of Record must keep a log of operation and maintenance information at the site. I have attached a copy of the rule for details on what types of information need to be recorded in the log.

As you are aware, you agreed to a Consent Order which was filed in the Athens County Court of Common Pleas on April 27, 2011. This Consent Order, which I have enclosed for your reference, contains specific deadlines for completing many, if not all, of the required upgrades and repairs referenced above. These deadlines have not been complied with. In addition, this Consent Order prohibited you from violating Ohio's water pollution control laws, rules and permits. In order to prevent liability for future violations, please address these compliance issues **immediately**.

Please respond in writing to this letter within thirty (30) days of receipt. In your response, please articulate your plan for addressing the outstanding compliance issues referenced above. If you have any questions, please contact me at (740) 380-5416.

Sincerely,



Nicholas G. Hammer  
Environmental Specialist  
Division of Surface Water

NH/dh

Enclosures

- c: Janean Weber, Ohio Attorney General's Office
- c: Athens County Health Department
- c: Bob Prebe, Capstone Village Ltd.
- c: David Funk, Village at Rolling Hills, Ltd.



State of Ohio Environmental Protection Agency  
Southeast District Office

Semi-Public NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES #	Month/Day/Year	Inspection Type	Inspector	Facility Type
OPV00007*GD	OH0050334	January 30, 2013	C	S	1

Section B: Facility Data			
Name and Location of Facility Inspected		Entry Time	Permit Effective Date
Raymond Croxford dba Knollwood Mobile Home Park 7343 Cameron Road Athens, Ohio 45701		11:45 a.m.	April 1, 2012
		Exit Time	Permit Expiration Date
		12:30 p.m.	March, 31. 2017
Name(s) and Title(s) of On-Site Representatives		Phone Number(s)	
Jeff Niese, Operator for Captone Village, Ltd.		(740) 592-2177	
Name(s), Address and Title(s) of Operator of Record		Phone Number(s)	
Name, Address, and Title of Responsible Official		Phone Number	
Raymond Croxford 7343 Cameron Road Athens, Ohio 45701		(740) 541-5520	

Section D: Summary of Findings (attach additional sheets if necessary)			
See attached letter			
Inspector		Reviewer	
	2/25/13		2/25/13
<b>Nicholas G. Hammer</b> Division of Surface Water Southeast District Office	Date	<b>Jennifer M. Witte</b> Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office	Date

Average Daily Design Flow:	<b>30,000 Gallons/Day</b>
Plant Serves:	<b>10-15 mobile homes</b>
Average Daily Flow:	<b>Unknown Gallons/Day</b>
(Period of Review):	<b>(January 1, 2008 - January 1, 2013)</b>
Method of flow monitoring:	Estimated
Type of alarms for plant:	High Water Alarm

### Pretreatment

Type of Pretreatment: **Trash Trap**  
 Does the Trash Trap need pumped: **No**  
 Maintenance of pretreatment components is: **Fair**

Comments/Status:

### Secondary Treatment (Aeration)

Color of sludge: **Light Brown**  
 Quality of sludge: **Thin**  
 Foam: **None Present**  
 Odor: **Slight**

	Yes	No		Yes	No
Aeration is taking place	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant is septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blowers are operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blowers are on a timer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skimmers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is flooded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diffusers are operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grating is present	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sludge return is operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Maintenance of aerating equipment is: **Poor**

Comments/Status:

Plant is not being maintained. Grating over all the tanks has been removed and no longer on-site. The treatment tanks and piping have significant rust. Sludge return pipe is severely corroded.

### Secondary Treatment (Settling)

Clarity: **Solids Present**  
 Condition of Weir: **Solids Build Up**  
 Weir is level: **Yes**  
 Effluent in weir: **Light Solids**  
 Clarifier walls need scraped: **Yes**

Overall maintenance of settling components is: **Poor**

**Comments/Status:**

Solids were present in the weir and exiting the clarifier. Solids were present in the pump chamber.

### Tertiary Treatment

	Yes	No		Yes	No
Surface sand filters:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Distribution box operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beds alternated	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are filters ponding/flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beds raked	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sand filters overgrown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UV present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dechlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall maintenance of settling components is: **Poor**

**Comments/Status:**

Currently, only one sandfilter is being used. There are 4 total sandfilters at the site. The walls of the sandfilters are collapsing and need to be rebuilt. Vegetation is growing in all of the sandfilters. The only sandfilter receiving flow is currently ponded with effluent. There is no distribution box to rotate to another sandfilter. It cannot be determined if there is 18 inches of sand in the filters. There appears to be some coarse gravel visible in several of the sandfilters. Dechlorination facility was installed by Capstone Village.

### Sludge Handling/Storage Disposal

Hauler name:  
 Disposal site:  
 Sludge wasted from:  
 How often is sludge wasted:  
 Sludge drying beds:                      Sludge holding tank:

Overall maintenance of settling components is:

**Comments/Status:**

Unknown

### Record Keeping/Operator of Record

- (a) Wastewater Treatment Works classification (OAC 3745-7) ..... I
- (b) Operator of Record holds unexpired license of class required by Permit ..... N
- (c) Copy of certificate of Operator of Record displayed on-site ..... N
- (d) Has the Operator of Record submitted an ORC Notification form ..... N
- (e) Minimum operator staffing requirements fulfilled (OAC 3745-7) ..... N
- (f) If a Staffing Reduction plan has been approved, are the stipulations of the plan being met ..... N/A
- (g) Operator of Record log book provided ..... N
- (h) Format of log book (e.g. computer log, hard bound book)  

**No log book on-site**

.....
- (i) Log book kept onsite (in an area protected from weather) ..... N
- (j) Log book contains the following:
  - I. Identification of treatment works ..... N
  - II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7 ..... N
  - III. Daily record of operator and maintenance activities (including preventative maintenance, repairs and request for repairs, process control test results, etc.) ..... N
  - IV. Laboratory results (unless documented on bench sheets) ..... N
  - V. Identification of person making entries ..... N
- (k) Has the Operator of Record submitted written notifications to the permittee, Ohio EPA and, if applicable, any local environmental agencies when a collection system overflow, treatment plant bypass or effluent limit violation has occurred ..... N

**Comments/Status:**

There is no operator for this facility. eDMR data is not being received. Capstone Village is collecting some samples, however, they are not being submitted to Ohio EPA.

### Plant Discharge

Discharge point is a:                    **Ditch**  
Name of discharge point:            **Unnamed Tributary of Margaret Creek**  
Discharge is visible:                **Yes**  
Quality of Effluent:                 **Clear**

**Comments/Status:**

7010 2780 0001 9707 9239

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT** EPA  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

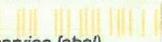
Postage	\$ .86
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.51</b>



Sent To: Raymond Croxford  
 Street, Apt. No. or PO Box No. 7343 Cameron Road  
 City, State, ZIP+4 Athens, OH 45701

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Ray Croxford</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>Raymond Croxford</u>  <u>7343 Cameron Road</u>  <u>Athens, OH 45701</u></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><u>7010 2780 0001 9707 9239</u></p>