



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

March 19, 2013

**Re:** Adams County  
Village of Manchester  
Compliance Evaluation Inspection  
Ohio EPA Permit 0PB00024\*FD  
Correspondence (PWW)

Mayor and Council  
Village of Manchester  
400 Pike Street  
Manchester, Ohio 45144

Dear Mayor and Council:

On March 4, 2013, Aaron Wolfe and Nick Hammer conducted a compliance evaluation inspection at the Village of Manchester's Wastewater Treatment Plant (WWTP). David Jenkins and Brandon Jones represented the facility during the inspection.

The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of the NPDES permit, federal number OH0020842, state number 0PB00024\*FD. Wastewater samples were not taken. A copy of the inspection report is attached. As a result of the inspection, I have the following comments:

1. A review of the facility's Discharge Monitoring Reports (DMRs) from April 2011 to present shows twenty-eight (28) permit limit violations (see attached data). Twenty-five (25) of these violations are regarding fecal coliforms exceeding the permit limits. The most recent occurred on January 10, 2013. These violations are believed to be caused by pin floc and solids leaving the clarifier. Action must be taken to prevent these violations from occurring in the future. Based on our conversation at the facility with Mr. Jenkins, he will be contacting Ohio EPA's Compliance Assistance Unit (CAU) to further troubleshoot and correct these violations. Please provide me an update with CAU's findings and recommendations.
2. According to Part III, Item 3(A) of the permit, "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) Currently, the 2nd Street Pump Station does not have an operable alarm. This pump station delivers all wastewater to the plant. The alarm must be repaired and properly functioning immediately.
  - b) The two final clarifiers showed a moderate buildup of solids and algae on the weirs and baffles. Cleaning of the weirs and baffles should be done as needed to prevent buildup of algae on the weirs and trough which may lead to solids violations and/or contributing to the violations mentioned above in comment #1. The operator must document in the log book when cleaning occurs.
3. Standby power is supplied by an on-site portable generator that will operate the entire plant when power is lost at the facility. When the generator is tested under full load, the operator must record it in the log book.
  4. The plant operator must develop Standard Operating Procedures (SOPs) for all analysis performed on-site and a Quality Assurance/Control Manual for the laboratory. I have attached our general lab criteria check list. Please review the checklist and ensure that you are following appropriate procedures for all in-house testing done at the facility. During the next inspection, I will go through the checklist with you and review your lab procedures.
  5. According to Part I, C of your current NPDES permit, the facility shall submit a report outlining the future steps that will be taken to prevent excessive Inflow/Infiltration (I/I) from entering into the plant. Provide this office an update of the status of this report.
  6. Ohio EPA received your renewal NPDES application on October 12, 2012. The NPDES permit for this facility is in the process of being renewed and will be issued as a draft document in the near future. The facility will have 30 days to provide comments.

Please respond to comments 1 through 5 above in writing, within thirty (30) days from the date of this letter. If you have any questions, please call me at your convenience at (740) 380-5416 or e-mail [nick.hammer@epa.ohio.gov](mailto:nick.hammer@epa.ohio.gov).

Sincerely,



Nicholas G. Hammer  
Environmental Specialist II  
Division of Surface Water

NH/dh

Enclosures

c: David Jenkins, Operator of Record, Manchester WWTP

Permit No	Reporting Period	Station	Parameter	Reported Value	Violation Date
0PB00024*FD	July 2011	001	Fecal Coliform	AK	7/13/2011
0PB00024*FD	August 2011	001	Fecal Coliform	AK	8/18/2011
0PB00024*FD	August 2011	001	Fecal Coliform	AK	8/24/2011
0PB00024*FD	September 2011	001	Fecal Coliform	AK	9/8/2011
0PB00024*FD	October 2011	001	Fecal Coliform	AK	10/19/2011
0PB00024*FD	November 2011	001	Fecal Coliform	AK	11/17/2011
0PB00024*FD	November 2011	001	Fecal Coliform	AK	11/22/2011
0PB00024*FD	December 2011	001	Fecal Coliform	AK	12/28/2011
0PB00024*FD	January 2012	001	Fecal Coliform	AK	1/5/2012
0PB00024*FD	February 2012	001	Fecal Coliform	AK	2/16/2012
0PB00024*FD	March 2012	001	Fecal Coliform	AK	3/1/2012
0PB00024*FD	March 2012	001	Fecal Coliform	AK	3/8/2012
0PB00024*FD	March 2012	001	Fecal Coliform	AK	3/21/2012
0PB00024*FD	March 2012	001	Fecal Coliform	AK	3/28/2012
0PB00024*FD	April 2012	001	Fecal Coliform	AK	4/5/2012
0PB00024*FD	April 2012	001	Fecal Coliform	AK	4/12/2012
0PB00024*FD	April 2012	001	Fecal Coliform	AK	4/18/2012
0PB00024*FD	April 2012	001	Fecal Coliform	AK	4/25/2012
0PB00024*FD	May 2012	001	Fecal Coliform	AK	5/10/2012
0PB00024*FD	September 2012	001	Fecal Coliform	AK	9/20/2012
0PB00024*FD	September 2012	001	Fecal Coliform	AK	9/27/2012
0PB00024*FD	October 2012	001	Fecal Coliform	AK	10/4/2012
0PB00024*FD	December 2012	001	Fecal Coliform	AK	12/12/2012
0PB00024*FD	January 2013	001	Fecal Coliform	AK	1/3/2013
0PB00024*FD	January 2013	001	Fecal Coliform	AK	1/10/2013

Permit No	Reporting Period	Station	Parameter	Limit Type	Limit	Reported Value	Violation Date
0PB00024*FD	March 2012	001	Total Suspended Solids	7D Conc	45	60.4	3/1/2012
0PB00024*FD	March 2012	001	Total Suspended Solids	7D Qty	51.1	93.2101	3/1/2012
0PB00024*FD	March 2012	001	Copper, Total Recovera	1D Qty	0.041	.04665	3/1/2012



State of Ohio Environmental Protection Agency  
Southeast District Office

Municipal NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES #	Month/Day/Year	Inspection Type	Inspector	Facility Type
0PB00024*FD	OH0020842	March 4, 2013	C	S	1

Section B: Facility Data			
Name and Location of Facility Inspected		Entry Time	Permit Effective Date
Manchester WWTP 613 West Sixth Street Manchester, Ohio 45144		9:40 a.m.	July 1, 2008
		Exit Time	Permit Expiration Date
		11:15 a.m.	June 30, 2013
Name(s) and Title(s) of On-Site Representative(s)		Phone Number(s)	
David Jenkins, Operator of Record Brandon Jones, Operator		(937) 205-2569 (cell) (937) 549-8540	
Name, Address, and Title of Responsible Official		Phone Number	
Mayor and Council 400 Pike Street Manchester, Ohio 45144		(937) 549-2375	

Section C: Areas Evaluated During Inspection					
(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated; N/A = Not Applicable)					
S	Permit	S	Flow Measurement	N/A	Pretreatment
S	Records/Reports	S	Laboratory	M	Compliance Schedules
S	Operations & Maintenance	M	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal		Other
U	Collection System				

Section D: Summary of Findings (attach additional sheets if necessary)			
See attached letter.			
Inspector		Reviewer	
3/19/13		3/19/13	
Date		Date	
Nicholas G. Hammer Division of Surface Water Southeast District Office		Jennifer M. Witte Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office	

Sections E through K: Complete on all inspections as appropriate  
Y = Yes; N = No; N/A = Not Applicable; N/E = Not Evaluated

**Section E: Permit Verification**

Inspection observations verify the permit

- (a) Correct name and mailing address of permittee..... Y
- (b) Flows and loadings conform with NPDES permit..... Y
- (c) Treatment processes are as described in permit application..... Y
- (d) All discharges are permitted..... Y
- (e) Number and location of discharge points are as described in permit..... Y
- (f) Storm water discharges properly permitted..... N/A

Comments/Status:

**Section F: Compliance**

- (a) Any significant violations since the last inspection..... N
- (b) Appropriate Non-compliance notification of violations..... Y
- (c) Permittee is taking actions to resolve violations..... Y
- (d) Permittee has a compliance schedule..... Y
- (e) Compliance schedule contained in..... Y
- (f) Permittee is in compliance with schedule..... Y
- (g) Has biomonitoring shown toxicity in discharge since last inspection..... N/A

Comments/Status:

(e) Compliance schedule contained in NPDES Permit.

**Section G: Operation and Maintenance**

**Treatment Works:**

Treatment facility properly operated and maintained

- (a) Standby power available generator  or dual feed  ..... Y
  - i. What does the back-up power source operate  

Entire plant
  - ii. How often is the generator tested under load  

Twice a year

- (b) Which components have an alarm system available for power or equipment failures  
 Y
- (c) All treatment units in service other than backup units ..... Y
- (d) What method is used for scheduling routine and preventative maintenance (calendar, software, etc.)  
 Y
- (e) Any major equipment breakdown since last inspection ..... N
- (f) Operation and maintenance manual provided and maintained ..... Y
- (g) Any plant bypasses since last inspection ..... N
- (h) Any plant upsets since last inspection ..... N

**Comments/Status:**

**Record Keeping/Operator of Record:**

- (a) Wastewater Treatment Works classification (OAC 3745-7) ..... II
- (b) Operator of Record holds unexpired license of class required by Permit ..... Y
- (c) Copy of certificate of Operator of Record displayed on-site ..... Y
- (d) Has the Operator of Record submitted an ORC Notification form ..... Y
- (e) Minimum operator staffing requirements fulfilled (OAC 3745-7) ..... Y
- (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 ..... Y
- (h) Format of log book (e.g. computer log, hard bound book)  
 Y
- (i) Log book kept onsite (in an area protected from weather) ..... Y
- (j) Log book contains the following:
  - I. Identification of treatment works ..... Y
  - II. Date/times of arrival/departure for Operator of Record and any other operator required by OAC 3745-7 ..... Y
  - III. Daily record of operator and maintenance activities (including preventative maintenance, repairs and request for repairs, process control test results, etc.) ..... Y
  - IV. Laboratory results (unless documented on bench sheets) ..... Y
  - V. Identification of person making entries ..... Y
- (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 ..... Y

**Comments/Status:**

**Collection System:**

- (a) Are there pump stations in the collection system ..... Y
  - I. How many publicly-owned pump stations equipped with permanent standby power or equivalent 0
  - II. How many pump stations have telemetered alarms..... 0
  - III. How many pump stations have operable alarms..... 1\*
- (b) Any chronic collection system overflows since last inspection ..... N
- (c) Regulatory agency notified of all overflows ..... Y
- (d) Are there CSOs in the collection system ..... N
 

If so, what is the LTCP status

N/A
- (e) How are CSOs monitored (chalk, block, level sensor, etc.)
 

N/A
- (f) Portable pumps available for collection system maintenance ..... Y
- (g) RDII Program established and active ..... N/A
- (h) Any WIB complaint received since last inspection..... N
- (i) Is there a WIB response plan..... N
- (j) Is any portion of the collection system at or near dry weather capacity ..... N

**Comments/Status:**

(a) Three pump stations in collection system.  
 \* 2<sup>nd</sup> Street Pump Station will have an operable alarm in near future. Alarm currently awaiting to be repaired.  
 Lift stations are checked daily by staff.  
 I/I plan needs to be submitted.

**Section H: Sludge Management**

- (a) Method of Sludge Disposal.....
- Land Application
  - Haul to Another NPDES Permittee
  - Haul to a Mixed Solid Waste Landfill

\*if one of the selected methods is land application, complete applicable charts.

**Class A – Exception Quality Sewage Sludge (monitoring station 584)**

Pathogen Reduction Alternative	84370 Vector Attraction Reduction Options							
	Option 1 – 38% Volatile Solids Reduction	Option 2 – Anaerobic Bench Scale Analysis	Option 3 – Aerobic Bench Scale Analysis	Option 4 – Specific Oxygen Uptake Rate	Option 5 – Aerobic Time and Temperature	Option 6 – Alkali Addition	Option 7 - >75% Solids without Unstabilized Solids	Option 8 - >75% Solids with Unstabilized Solids
Alternative 1 – Time and Temperature Regime (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – High pH and High Temperature (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 3 – Other Processes (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 4 – Unknown Processes (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Composting (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Heat Drying (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Heat Treatment (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Thermophilic Aerobic Digestion (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Beta Ray Irradiation (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Gamma Ray Irradiation (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 5 – Pasteurization (84397)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 6 – Approved Equivalent Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Class B – Sewage Sludge (monitoring station 581)**

Pathogen Reduction Alternative	84370 Vector Attraction Reduction Options									
	Option 1 – 38% Volatile Solids Reduction	Option 2 – Anaerobic Bench Scale Analysis	Option 3 – Aerobic Bench Scale Analysis	Option 4 – Specific Oxygen Uptake Rate	Option 5 – Aerobic Time and Temperature	Option 6 – Alkali Addition	Option 7 - >75% Solids without Unstabilized Solids	Option 8 - >75% Solids with Unstabilized Solids	Option 9 – Land Injection	Option 10 – Immediate Incorporation
Alternative 1 – Geometric Mean of Seven Fecal Samples (84369)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Aerobic Digestion (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Air Drying (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Anaerobic Digestion (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Composting (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 2 – Lime Treatment (46396)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative 3 – Approved Equivalent Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (b) Has amount of sludge generated changed significantly since the last inspection ..... N
- (c) How much sludge storage is provided at the plant
- (d) Records kept in accordance with State and Federal law (5 years according to OAC 3745-40-06) ..... Y
- (e) Any complaints received in last year regarding sludge ..... N
- (f) 5/8" screen at headworks for facilities that land apply sludge ..... N/A
- (g) Are sludge application sites inspected to verify compliance with NPDES permit ..... N/A
- (h) Is a contractor used for sludge disposal ..... Y  
 If so, what is the name of the contractor

**Comments/Status:**

Facility recently installed one eco-tube (bio-bag) for sludge.

**Section I: Self-Monitoring Program**

**Flow Measurement:**

- (a) Primary/Secondary flow measuring devices (e.g. weir with ultrasonic level sensor)
- (b) Flow meter calibrated annually ..... Y  
 Date of last calibration
- (c) 24-hour recording instruments operated and maintained ..... Y
- (d) Flow measurement equipment adequate to handle full range of flows ..... Y
- (e) All discharged flow is measured ..... Y

**Comments/Status:**

**Sampling:**

- (a) Sampling location(s) are as specified by permit ..... Y
- (b) Parameters and sampling frequency agree with permit ..... Y
- (c) Permittee uses required sampling method (see GLC page) ..... Y
- (d) Monitoring records (i.e., flow, pH, DO) maintained for a minimum of three years including all original strip chart recordings (i.e., continuous monitoring instrumentation, calibration and maintenance records) ..... Y

**Comments/Status:**

**Laboratory:**

*General*

- (a) Does the Quality Assurance Manual contain written Standard Operating Procedures (SOP's) for all analysis performed onsite ..... N
- (b) Do SOP's include the following if applicable ..... N

- |                                  |                             |
|----------------------------------|-----------------------------|
| • Title                          | • Procedure                 |
| • Scope and Application          | • Calculations              |
| • Summary                        | • Quality Control           |
| • Sample Handling & Preservation | • Maintenance               |
| • Interferences                  | • Corrective Action         |
| • Apparatus and Materials        | • Reference (Parent Method) |
| • Reagents                       |                             |

*Note: Standard Methods 1020A establishes that "Quality assurance (QA) is the definitive program for laboratory operation that specifies the measure required to produce defensible data of known precision and accuracy. Standard operating procedures are to be used in the laboratory in sufficient detail that a competent analyst unfamiliar with the method can conduct a reliable review and/or obtain acceptable results." SOPs should be developed for each analytical procedure.*

- (c) EPA approved analytical testing procedures used (40 CFR 136.3) ..... Y
- (d) If alternate analytical procedures are used, proper approval has been obtained ..... N/A
- (e) Analyses being performed more frequently than required by permit..... N
- (f) If (e) is yes, are results in permittee's self-monitoring report..... N/A
- (g) Satisfactory calibration and maintenance of instruments/equipment (see score from GLC page) ..... Y
- (h) Commercial laboratory used..... Y
- Parameters analyzed by commercial lab: **CBOD & Metals**  
 Lab name: **MASI**

*Discharge Monitoring Report Quality Assurance (DMRQA)*

- (a) Participation in latest USEPA quality assurance performance sampling ..... N/A  
 Date:
- (b) Were any parameters "Unsatisfactory" ..... N/A
- (c) Reasons for "Unsatisfactory" parameters

**Comments/Status:**

February 28, 2013, Lab Tronix reviewed all lab calibrations and checked instruments.

**Section J: Effluent/Receiving Water Observations**

Outfall #: **001**

Outfall Description: **Some pin floc observed**

Receiving Stream: **Ohio River**

Receiving Stream Description: **Large flow**

Comments/Status:

**Section K: Multimedia Observations**

- (a) Are there indications of sloppy housekeeping or poor maintenance in work & storage areas or laboratories ..... N
- (b) Do you notice staining or discoloration of soils, pavement or floors..... N
- (c) Do you notice distressed (unhealthy, discolored, dead) vegetation..... N
- (d) Do you see unidentified dark smoke or dust clouds coming from sources other than smokestacks ..... N
- (e) Do you notice any unusual odors or strong chemical smells..... N
- (f) Do you see any open or unmarked drums, unsecured liquids, or damaged containment facilities ..... N

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: