



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

Re: **Notice of Violation**  
Fulton County  
Forest Park Mobile Home Park  
NPDES Permit

April 2, 2013

Mr. Mike Files, Owner  
Forest Park MHP  
P.O. Box 184  
Maumee, Ohio 43537

Dear Mr. Files:

On March 21, 2013, an operation and maintenance inspection was made of the wastewater treatment facility serving Forest Park Mobile Home Park (MHP). The facility is located at 4549 County Road E, Swan Creek Township, Fulton County. Mr. Dave Pike was present and provided operation and maintenance information. The discharge was clear, colorless and odorless. A review of the discharge monitoring reports (DMRs) for April 2012 to April 2013 shows that there have been no effluent limit violations.

It was noted that the final effluent discharge sign has not been installed. According to your National Pollutant Discharge Elimination System (NPDES) permit, the sign was to be installed by March 1, 2012. The sign requirement can be found in Part II, Item M of the NPDES permit. Failure to meet the conditions of your NPDES permit will lead to escalated enforcement action.

It is recommended that the facility install a flow meter or run time meters on the dosing pumps. This will allow for a more accurate measurement of flow through the plant and for better operational control.

A copy of our completed inspection form is enclosed for your review. If you have any questions or concerns, please contact me at (419) 373-3053.

Sincerely, ~

Ryan Gierhart  
Division of Surface Water

/jlm  
Enclosure

pc: David Pike  
Fulton County Health Department  
ec: Tracking

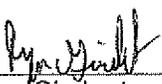


State of Ohio Environmental Protection Agency  
Northwest District Office

NPDES Compliance Inspection Report  
Semi-Public Sewage Disposal Inspection Form

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
2PY00019	OH0119270	03/22/2013	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Forest Park Mobile Home Park 4549 C.R. E. Delta, OH	1:00 p.m.	November 1, 2011
	Exit Time	Permit Expiration Date
	1:30 p.m.	October 31, 2016
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Dave Pike – Operator of Record	(419) 335 – 3026	
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
Mr. Dave Pike – Operator of Record 223 Detroit St. Wauseon, OH 43567	(419) 335 – 3026	
Name, Address and Title of Responsible Official	Phone Number	
Mr. Mike Files – Owner Forest Park Mobile Home Park P.O. Box 184 Maumee, OH 43537	(419) 891 - 9832	

Ohio EPA Inspector	Ohio EPA Reviewer
 Ryan Gierhart Environmental Specialist II Division of Surface Water Northwest District Office	 Thomas Poffenbarger, P.E. Water Quality Engineer II/Unit Supervisor Division of Surface Water Northwest District Office
3-28-13 Date	3/27/13 Date

Average Daily Design Flow:	<b>9,000 Gallons/Day</b>
Plant Serves:	<b>MHP</b>
Average Daily Flow: (Period of Review):	<b>5,054 Gallons/Day (04/12 – 03/13)</b>
Method of flow monitoring:	<b>Estimate water usage</b>
Type of alarms for plant:	<b>High water alarm on sand filter dosing pump</b>

Pretreatment

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

**Comments/Status:**

Trash trap is pumped once every 6 months. Traps just pumped on 3/28/2013

Secondary Treatment  
(Aeration)

Color of sludge: **Light Brown**  
 Quality of Sludge: **Thin**  
 Foam: **None present**  
 Odor: **No objectionable odor present**

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

Maintenance of aerating equipment is...**Good**

**Comments/Status:**

Good aeration in tanks. The east aeration tank had a light brown return. The west aeration tank had a clear return. It was noted that sludge was recently wasted from the clarifier and the sludge had not built back up in the west side of the system. Alkalinity is being measured in aeration tanks and sodium bicarbonate is being added as needed.

Secondary Treatment  
(Settling)

Clarity: **Clear**

Condition of Weir: **Clean**  
 Weir is level: **Yes**  
 Effluent in weir: **Clear**  
 Clarifier walls need scraped: **Unknown**

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

**Comments/Status:**

Clarifier appeared clean and clear.

**Tertiary Treatment**

	Yes	No		Yes	No
Surface sand Filters: <b>Slow</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>None</b>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution box operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beds alternated	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Chlorination present	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UV present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dechlorination present	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Overall maintenance of components is: **Fair**

**Comments/Status:**

The sand filters need cleaned and raked and leveled. Water was observed leaking and ponding below the distribution box.

**Sludge Handling/Storage Disposal**

Hauler name: **Lyons Septic**  
 Disposal Site: **Bowling Green WWTP, Wauseon WWTP**  
 Sludge wasted from: **Clarifier**  
 How often is sludge wasted: **As needed**  
 Sludge drying beds: **No**      Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

**Plant Discharge**

Discharge point is a: **Stream**  
 Name of discharge point: **Fewless Creek**  
 Discharge is visible: **Yes**      Quality of Effluent: **Clear**

**Comments/Status:**

Effluent was observed was clear with no noticeable odor. Discharge sign is needed.