



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

June 4, 2013

Re: Athens County
Spreading Oaks MHP
Compliance Evaluation Inspection
Ohio EPA Permit 0PV00001*GD

Mr. Jeff Yorick, VP Engineering
UMH Properties
1275 Forman Drive
Morgantown, WV 26508

Dear Mr. Yorick:

On May 29, 2013, I conducted a Compliance Evaluation Inspection (CEI) at the Spreading Oaks MHP Sewage Treatment Plant (STP). Paul Brooks and Keith Melling represented the STP during the inspection.

The purpose of the inspection was to assess your compliance status with the terms and conditions of the NPDES permit, federal number OH0051110, state number 0PV00001*GD. Wastewater samples were not collected. A copy of the inspection report form is attached. Based on the inspection and review of the Discharge Monitoring Report (DMR) data, the facility appeared to be in compliance on the day of the inspection.

As a result of the inspection and file review, I have the following comments:

1. A review of the facility's discharge monitoring reports (DMRs) from September 2011 to present shows one limit violation for exceeding the permit limit for total suspended solids at outfall 001. This violation occurred during October 2011. No effluent violations were noted in 2012 or to date in 2013.
2. Based on review of the file and noted on previous inspection reports, the park has addressed the majority of the inflow and infiltration (I/I) problems with the sewers. It appears that the I/I work that has been performed in the past has improved the performance of the STP. Ohio EPA strongly recommends that the project be completed and the remaining sections of the collection system be replaced.
3. With the upcoming change to the Operator of Record (ORC), the new ORC shall submit the ORC notification form to Ohio EPA once hired by the facility. I have attached a copy of this form. In addition, please be advised that a copy of the

certificate of the Operator of Record shall be displayed on-site. This can be kept in the office or in the building located at the STP. Please contact me with any questions on the form or process.

4. Ohio EPA is in the process of renewing the NPDES permit for this facility and will be issued as a draft document in the near future. The facility will have thirty (30) days to provide comments. At this time, there is no further information needed from the facility for the renewal of the permit. Until the NPDES permit is renewed, continue to operate and sample under the expired permit.

If you have any questions, please contact me at (740) 380-5416 or nick.hammer@epa.ohio.gov.

Sincerely,



Nicholas G. Hammer
Environmental Specialist
Division of Surface Water

NH/dh

Enclosures

- c: Paul Brooks, Park Manager
- c: Rick Verhotz, Operator of Record

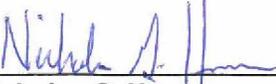
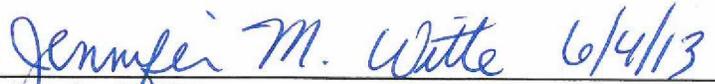


State of Ohio Environmental Protection Agency
Southeast District Office

Semi-Public NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES #	Month/Day/Year	Inspection Type	Inspector	Facility Type
OPV00001*GD	OH0051110	May 29, 2013	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Spreading Oaks MHP 7140-29 Selby Road Athens, Ohio 45701	1:50 p.m.	April 1, 2008
	Exit Time	Permit Expiration Date
	3:10 p.m.	March 31, 2013
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Paul Brooks, Park Manager Keith Melling, Maintenance	(740) 593-3952	
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
Rick Verhotz		
Name, Address, and Title of Responsible Official	Phone Number	
Jeff Yorick, VP Engineering UMH Properties 1275 Forman Drive Morgantown, WV 26508	(304) 291-3380	

Section D: Summary of Findings (attach additional sheets if necessary)	
See attached letter	
Inspector	Reviewer
	
6-4-13	6/4/13
Nicholas G. Hammer Division of Surface Water Southeast District Office	Jennifer M. Witte Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office
Date	Date

Average Daily Design Flow:	30,000 Gallons/Day
Plant Serves:	150 licensed mobile homes, estimated 120 lots occupied
Average Daily Flow:	18,700 Gallons/Day
(Period of Review):	(August 2011 - May 2013)
Method of flow monitoring:	Ultrasonic
Type of alarms for plant:	None

Pretreatment

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

Comments/Status:

Secondary Treatment (Aeration)

Color of sludge: **Dark Brown**
 Quality of sludge: **Heavy**
 Foam: **Heavy (dark)**
 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 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 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:

Secondary Treatment (Settling)

Clarity: **Clear**
 Condition of Weir: **Clean**
 Weir is level: **Yes**
 Effluent in weir: **Clear**
 Clarifier walls need scraped: **No**

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

Comments/Status:

Tertiary Treatment

	Yes	No		Yes	No
Surface sand filters: Slow	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Beds raked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sand filters overgrown	<input type="checkbox"/>	<input checked="" 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: **Excellent**

Comments/Status:

Sludge Handling/Storage Disposal

Hauler name: Traces Sanitation
 Disposal site: Landfill
 Sludge wasted from: Clarifier
 How often is sludge wasted: Monthly
 Sludge drying beds: **No** Sludge holding tank: **Yes**

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

Comments/Status:

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 | 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) | |
| Hard Bound Book | |
| (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) | N/A |
| 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:

Currently, Mr. Verhotz is remaining as the ORC in the interim until a replacement ORC is hired. The new ORC must submit the paperwork to Ohio EPA when they are hired.

Plant Discharge

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

Comments/Status:

No odor observed at discharge.



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: http://www.epa.ohio.gov/ddagw/opcert.aspx

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. OPERATOR OF RECORD INFORMATION

Add Additional (A), Existing (E), New (N) or Remove (R)	Effective Date	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. I have a valid certification of a class equal to or greater than the classification 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: _____ hours/week _____ days/week

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