



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

June 18, 2013

**Re:** Guernsey County  
Salt Fork State Park, Lodge  
Compliance Evaluation Inspection  
OPP00027; OH0037851

Mr. David Payne, Chief  
Ohio Department of Natural Resources  
Ohio State Parks  
2045 Morse Road, C-3  
Columbus, Ohio 43229-6693

Dear Mr. Payne:

On May 30, 2013, I conducted a Compliance Evaluation Inspection (CEI) of the Salt Fork State Park Lodge and Cabins Wastewater Treatment Facility. The purpose of the inspection was to determine the facility's compliance status with the terms and conditions of NPDES Permit Number OPP00027\*ED. Treatment Plant Operator Chuck Ainsco was present during the inspection.

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

1. A review of the facility's discharge monitoring reports (DMRs) from January 2012 through April 2013 showed one violation of permit effluent limits for E. coli (see attached data). A response and appropriate corrective actions have already been provided for this violation.
2. A review of the data showed two exceptionally high values for flow which were likely reported in error. The values were 3 MGD on January 6, 2010 and 9 MGD on January 21, 2010. Please review the data submitted and correct the data in eDMR.
3. The facility treats sanitary wastewater generated from the lodge and cabins. Treatment consists of aeration, settling, sand filtration and disinfection. Average flows to the plant are typically around 36,000 gallons per day (gpd).
4. Sludge from this treatment plant and all the other treatment plants at Salt Fork State Park is digested aerobically at this plant. The digested sludge is then dried on the sand drying beds prior to land application. The sludge is applied once per year to a field owned by ODNR located south of the lake.

Please address and provide a response to item #2 within thirty (30) days upon receipt of this letter.

The Ohio EPA strongly encourages pollution prevention as the preferred approach for waste management. The first priority of pollution prevention is to eliminate the generation of wastes and pollutants at the source (source reduction). For those wastes or pollutants that are generated, the second priority is to recycle or reuse them in an environmentally sound manner. You can benefit economically, help preserve the environment, and improve your public image by implementing pollution prevention programs. For more information about pollution prevention, including fact sheets or U.S. EPA's "Facility Pollution Prevention Guide" (EPA/600/R-92.008), please contact the Ohio EPA Pollution Prevention Section at (614) 644-3469.

Attached is a copy of the inspection report. If you have any questions about my inspection, please feel free to contact me by phone at (740) 380-5418 or by email at [tim.fulks@epa.ohio.gov](mailto:tim.fulks@epa.ohio.gov).

Sincerely,



Timothy A. Fulks  
District Representative  
Division of Surface Water

TF/dh

Enclosure

c: Chuck Ainsco, ODNR



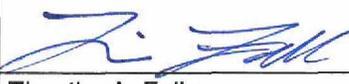
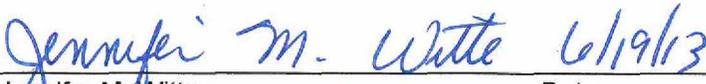
State of Ohio Environmental Protection Agency  
Southeast District Office

Municipal NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES #	Month/Day/Year	Inspection Type	Inspector	Facility Type
OPP00027*ED	OH0037851	May 30, 2013	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Salt Fork State Park - Lodge and Cabins Wastewater Treatment Plant Jefferson Township Lore City, Ohio 43755	10:45 am	8/1/12
	Exit Time	Permit Expiration Date
	12:15 pm	7/31/17
Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)	
Chuck Ainsco, Treatment Plant Coordinator I	(740) 526-1857	
Name, Address, and Title of Responsible Official	Phone Number	
David Payne, Chief Ohio Department of Natural Resources - Ohio State Parks 2045 Morse Road, C-3 Columbus, Ohio 43229-6693	(614) 265-6510	

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	N/A	Compliance Schedules
S	Operations & Maintenance	M	Effluent/Receiving Waters	S	Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal	N/A	Other
S	Collection System				

Section D: Summary of Findings (attach additional sheets if necessary)	
Effluent/Receiving Waters: A violation of E.coli limits occurred in August 2012.  See attached letter.	
Inspector	Reviewer
 Timothy A. Fulks Division of Surface Water Southeast District Office	 Jennifer M. Witte Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office
6/19/13 Date	6/19/13 Date

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

Comments/Status:

### Section G: Operation and Maintenance

#### Treatment Works:

Treatment facility properly operated and maintained

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

N/A
  - ii. How often is the generator tested under load  

N/A

- (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 ..... Y
- (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:**

The grinder pump was replaced in December 2011 and one compressor was replaced in January 2012.

**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)  
 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..... 3
- (b) Any chronic collection system overflows since last inspection ..... N
- (c) Regulatory agency notified of all overflows ..... N/A
- (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 ..... Y
- (h) Any WIB complaint received since last inspection..... N/A
- (i) Is there a WIB response plan..... N/A
- (j) Is any portion of the collection system at or near dry weather capacity ..... N

**Comments/Status:**

**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 checked="" 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 checked="" 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
- (g) Are sludge application sites inspected to verify compliance with NPDES permit ..... Y
- (h) Is a contractor used for sludge disposal ..... N  
If so, what is the name of the contractor

Comments/Status:

### 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/A

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

*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: TSS, NH3-N, E.coli, CBOD  
Lab name: TCCI Laboratories, Inc.

*Discharge Monitoring Report Quality Assurance (DMRQA)*

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

**Comments/Status:**

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

Outfall #: 001

Outfall Description: Final Outfall

Receiving Stream: Salt Fork Lake

Receiving Stream Description: No observable impacts to the receiving stream from discharge

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:

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
0PP00027*ED	August 2012	001	31648	E. coli	30D Conc	126	178.5	8/1/2012