



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

Re: Erie County
Kelleys Island
Island Venture
NPDES Permit

July 8, 2013

Mr. Ray Bauman
Muirwood Village
101 Lands Rush
Sandusky, Ohio 44870

Dear Mr. Bauman:

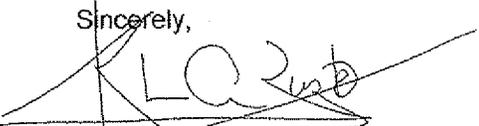
On May 22, 2012, an inspection was made of the sewerage facilities serving the Island Venture resort. This was my first inspection under Franklin Sanitation, your new contract operator. At the time of my visit, all major treatment components were in operation and a clear final effluent was observed being discharged from the plant. The sand filters were well kept.

You were notified in a letter dated December 22, 2012, that this facility was in significant non-compliance of your National Pollutant Discharge Elimination System (NPDES) permit for Nitrogen, Ammonia effluent violations last year. We received a corrective action plan from your former operator; however, Franklin Sanitation is now operating the plant. They informed me that excessive solids were removed from the plant and that they are also working with our agency's compliance assistance group, who provides technical aid for smaller wastewater treatment facilities. We are currently scheduled to meet at the plant on July 24, 2013, for an initial visit with Franklin Sanitation to review operations. I will update you on our findings and recommendations.

Monthly discharge monitoring reports are being received in a timely manner. I am encouraged to report that the plant has been in compliance thus far this season.

I will be making additional visits during the summer season to observe the plant under midseason operating conditions. Enclosed is our inspection report. If you have any questions, please call me at (419) 373-3020, or email at rick.zuzik@epa.ohio.gov.

Sincerely,



Richard A. Zuzik, MSE
Division of Surface Water

/jlm

Enclosure

pc: Erie County Health Department
Franklin Sanitation
ec: Tracking

OHIO ENVIRONMENTAL PROTECTION AGENCY
 OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 150,000 GPD

NPDES Permit No. 2PRO0242

Facility Name Island Venture Resort Expiration Date 6-30-17
 Facility Location W. Lakeshore & Cameron Date 6-20-13 Time 1:45 am/pm (pm)
 City Kelleys Island County Erie Township -
 Name of Owner Ray Bouman Owner Phone (419) 706-0637
 Person Contacted - Operator of Record Franklin Sanitation
 Flow: Design 5000 GPD WWTP Classification: / A or 1
 Trib. Pop. 31 unit motel (actual - estimated) Weather at time of inspection: Temp 85° clear
 OEPA Personnel Rick Zuzik District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	Turbidity	Odor	Color
<u>0</u>	None	Clear	None	Colorless
1	Mild			
2	Moderate	Light Solids	Musty	Grey
3	Serious			
4	Extreme	Heavy Solids	Septic	Black

2. Effect of Effluent on Receiving Stream - Name: L. Erie

<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Serious
-------------------------------------	------	--------------------------	------	--------------------------	----------	--------------------------	---------

3. a. Plant has _____ excellent / good _____ fair _____ poor operation
 b. Plant has _____ excellent / good _____ fair _____ poor maintenance
 c. Sand filters have _____ excellent / good _____ fair _____ poor maintenance- N/A

Not operating at expected efficiency due to:

- (1) _____ hydraulic overload
 (2) _____ organic/solids overload
 (3) _____ personnel inefficiency
 (4) _____ equipment failure
 (5) _____ wastes
 (6) _____

Disinfection: (Required May 1 thru Oct. 31)	
IN	OUT
<u>/</u>	_____
_____	_____
_____	_____
	Chlorination Tablets
	Dechlorination Tablets
	Ultraviolet (U.V.)

Yes No /

4. / Compliance with NPDES Permit - Time Period: 4/12 to 6/13

Periodic Violations Y N Parameters: Ammonia

Chronic Violations _____

5. / O & M logbook kept and available on site: Location _____

6. / Staffing Requirement Met (Class A - 2 days per week for minimum 1 hour per week)
 (Class I - 3 days per week for minimum 1.5 hours per week)

7. / Adequate Plant Safety: Deficiencies _____

Facility Name: Island Venture

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency
		Grease Trap	Pumping Frequency
		Bar Screen	
		Comminutor	
	1	Flow Equalization	
Aeration Equipment		Plant Timer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cycle Time:
	2	Motor / Blower Unit	
Secondary Treatment	1	Aeration Tank	Color: Brown Adequate Aeration <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Final Settling	1	Clarifier	good
	1	Sludge Return	In / Out
	1	Surface Skimmer	In / Out
		Fixed Media Clarifier	
Tertiary Treatment	2	Surface Sand Filter	Well Kept
		Polishing Pond	
		Other	
Disinfection	1	Contact Tank	
	1	Chlorine Tube Feeder	IN
	1	Dechlorination Tube Feeder	IN
	1	Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder (continuous total)	
Pumps	2	Raw Wastewater (type)	
	2	Sand Filter Effluent Dosing	
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal		Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	in
		Spray Irrigation	
		Other	