



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

Re: Crawford County
Wagon Wheel Campground
NPDES Permit

July 25, 2013

Mr. Garry Cole
Wagon Wheel Campground
6787 Baker 47
Shelby, Ohio 44875-9103

Dear Mr. Cole:

On July 17, 2013, an inspection was made of the Wagon Wheel Campground wastewater treatment plant (WWTP). The facility is located at 3787 Baker 47, Shelby, Crawford County. Our observations and recommendations are as follows:

1. The aeration tanks were a chocolate brown color, indicating a good microbial growth in the tanks. The tanks were receiving an adequate amount of aeration. Some heavy foam was noted around the end of the tanks.
2. The clarifier was operating properly with a clear effluent. A small amount of air was noted bubbling in the tank. You indicated that you were not sure where it was coming from since it was located over the wall of the clarifier. Please continue to work to determine the location of the air and eliminate it.
3. The sand filters were in fair condition. There were some solids on two of the sand filters and the largest one was operating properly. You indicated that a heavy rain event the week before had caused the problem.
4. There were chlorine tablets observed in the chlorine feeder.
5. The plant's effluent to the creek was clear.

You stated that you have been working with our compliance assistance group to improve the plant's performance. You have purchased equipment to do quality assurance checks through the plant. Also, you have replaced the diffusers in the aeration tanks to provide better air distribution and changed the way the dosing chamber doses the sand filters.

Mr. Garry Cole
July 25, 2013
Page Two

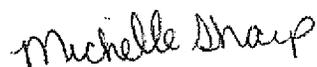
A review of your discharge monitoring reports from July 2010 through June 2013 indicates violations of the terms and conditions of your National Pollutant Discharge Elimination System (NPDES) permit. The specific instances of non-compliance are enclosed.

Please be advised that failure to comply with the effluent limitations and/or monitoring requirements, including adequate laboratory controls, appropriate quality assurance procedures, and records retention, as specified in Part III of your NPDES permit may be cause for enforcement action pursuant to Ohio Revised Code (ORC) Chapter 6111. Please inform this office in writing within 30 days as to the steps taken or proposed to prevent any further violations. If these violations continue to occur, it may be necessary to initiate enforcement action to achieve compliance.

Please notify us in writing when you have resolved the issue of air bubbling in the clarifier.

Our completed inspection report is enclosed. If you have any questions, please call me at (419) 373-3019.

Sincerely,



Michelle Sharp
Division of Surface Water

/jlm

Enclosures

pc: Crawford County Health Department
NWDO-Follow Up File

ec: Tracking

Violation Date	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value
7/29/2010	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	12.7
7/1/2010	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	12.7
7/29/2010	001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.09	.25765
7/1/2010	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.06	.25765
8/1/2010	001	80082	CBOD 5 day	30D Conc	10	12.
9/1/2010	001	31616	Fecal Coliform	30D Conc	1000	1700.
10/4/2010	001	31616	Fecal Coliform	1D Conc	2000	7300.
10/1/2010	001	31616	Fecal Coliform	30D Conc	1000	7300.
7/6/2011	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	22.9
7/1/2011	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	22.9
7/6/2011	001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.09	.24096
7/1/2011	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.06	.24096
8/9/2011	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	3.86
8/1/2011	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	3.86
8/1/2011	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.06	.07261
8/9/2011	001	31616	Fecal Coliform	1D Conc	2000	9200.
8/1/2011	001	31616	Fecal Coliform	30D Conc	1000	9200.
9/6/2011	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	7.87
9/1/2011	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	7.87
9/6/2011	001	31616	Fecal Coliform	1D Conc	2000	5500.
9/1/2011	001	31616	Fecal Coliform	30D Conc	1000	5500.
10/13/2011	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	2.06
10/1/2011	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	2.06
10/13/2011	001	31616	Fecal Coliform	1D Conc	2000	2700.
10/1/2011	001	31616	Fecal Coliform	30D Conc	1000	2700.
5/23/2012	001	31616	Fecal Coliform	1D Conc	2000	13000.
5/1/2012	001	31616	Fecal Coliform	30D Conc	1000	13000.
6/21/2012	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	1.99
6/1/2012	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	1.99
7/13/2012	001	50060	Chlorine, Total Residu	1D Conc	0.019	.5
7/26/2012	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	14.5
7/1/2012	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	14.5
7/26/2012	001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.09	.26728
7/1/2012	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.06	.26728
9/27/2012	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	3.4
9/1/2012	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	3.4
10/15/2012	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	10.6
10/1/2012	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	10.6
10/15/2012	001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.09	.35708
10/1/2012	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.06	.35708
10/15/2012	001	31616	Fecal Coliform	1D Conc	2000	4000.
10/1/2012	001	31616	Fecal Coliform	30D Conc	1000	4000.
5/2/2013	001	00300	Dissolved Oxygen	1D Conc	6.0	5.7
5/9/2013	001	00300	Dissolved Oxygen	1D Conc	6.0	5.1
5/17/2013	001	00300	Dissolved Oxygen	1D Conc	6.0	4.1
5/23/2013	001	00300	Dissolved Oxygen	1D Conc	6.0	5.2
6/14/2013	001	00300	Dissolved Oxygen	1D Conc	6.0	5.12
6/26/2013	001	00610	Nitrogen, Ammonia (NH3)	1D Conc	1.5	7.46
6/1/2013	001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	7.46
6/26/2013	001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.09	.19342
6/1/2013	001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.06	.19342
6/1/2013	001	80082	CBOD 5 day	30D Conc	10	15.

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PR00187

Facility Name Wagon Wheel Campground Expiration Date 7-31-2013

Facility Address 6787 Baker 47 Date 7-17-13 Time 2:30 am / pm

City Shelby County Crawford Township _____

Name and Address of Owner Garry Cole 6787 Baker 47 Shelby OH 44875

Person Contacted Garry Cole Owner Phone 419347 1392

Flow: Design 15,000 GPD Present 4900 GPD (metered - estimated)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 88° Sunny

OEPA Personnel Michelle Sharp District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None	0	Clear	0	None	0	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: Unnamed trib to Honey Creek

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

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

d. 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
<input checked="" type="checkbox"/>	_____ Chlorination Tablets
_____	_____ Dechlorination Tablets
_____	_____ U.V.

Yes No

4. Compliance with NPDES Permit

Periodic Violations Y N Parameters: Ammonia CBOD DO

Chronic Violations _____

5. Adequate plant safety

6. Operation and Maintenance Service Name _____

Frequency of Visits _____

Facility Name: Wagon Wheel Campground

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	X	Trash Trap	Pumping Frequency: <u>1/2 Dillman → Willard</u>
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
	X	Flow Equalization	
Aeration Equipment		Plant Timer ___ Y <u>X</u> ___ N Motor/ Blower Unit	Cycle Time: <u>Runs 24/7</u>
Secondary Treatment	X	Aeration Tank	Color: <u>Good, some heavy foam</u> Adequate Aeration: Y <u>X</u> ___ N ___
Final Settling	X	Clarifier	<u>Effluent OK</u> <u>Some air from unknown source</u>
	X	Sludge Return	In <u>X</u> Out
	X	Surface Skimmer	In <u>X</u> Out
		Fixed Media Clarifier	
Tertiary Treatment	X	Surface Sand Filter	<u>Good, solids, solids</u>
		Polishing Pond	
		Other	
Disinfection	X	Contact Tank	
	X	Chlorine Tube Feeder	
		Dechlorination Tube Feeder	
		Ultraviolet (UV)	
Flow Metering		Elapsed Pump Time	
		Recorder. (continuous total)	
Pumps		Raw Wastewater (type)	
		Sand Filter Effluent Dosing	
Sludge Handling		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal	X	Municipal POTW	<u>Willard</u>
	X	Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	