



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

August 2, 2013

Re: Vinton County
McArthur WWTP
Compliance Inspection
NPDES Permit #0PB00080*GD

Mayor and Council
Village of McArthur
24 W. Main Street
McArthur, Ohio 45651

Dear Mayor and Council:

On June 27, 2013, I performed a compliance inspection of the wastewater lagoons for the McArthur Wastewater Treatment Plant. Gary Pierce represented the McArthur Wastewater Treatment Plant during the inspection. I followed up with the compliance inspection with Tony Walker, the certified operator on July 25, 2013. The purpose of the inspection was to determine if the treatment system was meeting the terms and conditions set forth in its NPDES permit. The results of the inspection are summarized below.

I inspected the lagoon pump station, the influent pump station, waste grinder, the four aerated lagoons, two facultative lagoons, rock filter, and final discharge. The plant is in good condition and is operating well. Please see the inspection report for further details. There are two items that are of important note in the wastewater plant inspection that I will go into further detail of below.

1. Since there is no Rainwater Dependent Inflow and Infiltration (RDII) developed, I suggest working on an official document to formalize the Village's Inflow and Infiltration (I/I) program. Continue to work on I/I in the sewer system, with the age of the system, it is still an issue.
2. The operators need to keep better track of the actual time spent at the plant and what is done at the time at the plant. Please see report for details.
3. Please note any water in basement (WIB) incidents from sewage must be reported to the Southeast District Office as soon as feasible. Use the Ohio EPA's SSO reporting form for the official notification.

4. There has been an ongoing complaint regarding the ditch by the intersection of West High and North Pearl in McArthur. I had investigated it on April 29, 2013 and also on July 23, 2013. There appears to be some type of sewage debris in the ditch at times, I was unable to determine the source. Please continue to investigate the possible source/containment and alert this office of your findings.

There is no need to respond to this letter. Should you have any questions, please feel free to contact me at (740) 380-5266.

Sincerely,


Cynthia Yandrich
District Representative
Division of Surface Water

CY/dh

Enclosures



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
0PB00080*GD	OH0048241	6/27/13; 7/25/13	C	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Village of McArthur Barleon Road McArthur, Vinton County, Ohio	1:30; 9:00	April 1, 2012
	Exit Time	Permit Expiration Date
	2:45; 9:20	March 31, 2017
Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)	
Garry Pierce, Superintendent	740-596-4060	
Name, Address, and Title of Responsible Official	Phone Number	
Garry Pierce, Superintendent 124 West Main Street McArthur, Ohio 45651	740-596-4060	

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	S	Effluent/Receiving Waters	S Self-Monitoring Program
S	Facility Site Review	S	Sludge Storage/Disposal	Other
S	Collection System			

Section D: Summary of Findings (attach additional sheets if necessary)

Plant and sewage system is in good condition.

Inspector	Reviewer
Cynthia Yandrich Division of Surface Water Southeast District Office	Jennifer M. Witte Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office
Date	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

Comments/Status:

Section G: Operation and Maintenance

Treatment Works:

Treatment facility properly operated and maintained

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

blowers in aeration lagoons and pumps
 - ii. How often is the generator tested under load

1/month

- (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 N
- (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:

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
- (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) N
- (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 N
 - III. Daily record of operator and maintenance activities (including preventative maintenance, repairs and request for repairs, process control test results, etc.) N
 - IV. Laboratory results (unless documented on bench sheets) N/A
 - V. Identification of person making entries N
- (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 N

Comments/Status:

The operator of record now is aware that he must put the actual time he is at the plant in his logbook and what he did that day. The superintendent lets me know if there are any problems.

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..... 4
- (b) Any chronic collection system overflows since last inspection N
- (c) Regulatory agency notified of all overflows Y
- (d) Are there CSOs in the collection system N
 If so, what is the LTCP status
- (e) How are CSOs monitored (chalk, block, level sensor, etc.)
- (f) Portable pumps available for collection system maintenance Y
- (g) RDII Program established and active N
- (h) Any WIB complaint received since last inspection..... N
- (i) Is there a WIB response plan..... N
- (j) Is any portion of the collection system at or near dry weather capacity N

Comments/Status:

Need to work on a plan for inflow and infiltration. Please be reminded that all water in basement complaints must be reported to our office.

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 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 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/A
- (g) Are sludge application sites inspected to verify compliance with NPDES permit N/A
- (h) Is a contractor used for sludge disposal N/A
 If so, what is the name of the contractor

Comments/Status:

This is a lagoon system with four aerated lagoons, two facultative lagoons, and a rock filter. Sludge is removed from aerated lagoons when needed (1/year) and stored in facultative lagoons.

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 N
 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:

May want to consider getting a effluent flow measuring device, though it may not be feasible.

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

- 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: **E.Coli; metals**
Lab name: **TCCI**

Discharge Monitoring Report Quality Assurance (DMRQA)

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

Comments/Status:

Section J: Effluent/Receiving Water Observations

Outfall #: **001**

Outfall Description: **Final Effluent**

Receiving Stream: **Puncheon Fork**

Receiving Stream Description: **Good**

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: