



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

Re: **Notice of Violation**
Marion County
Whetstone Golf Club
NPDES Permit

August 14, 2013

CERTIFIED MAIL 7009 1410 0001 1842 5344

Mr. Clarence Perry, Owner
Whetstone Golf Club
5211 Marion-Mt. Gilead Road
Caledonia, Ohio 43314

Dear Mr. Perry:

This will acknowledge our July 30, 2013, compliance inspection at your golf course. The facility is located at 5211 Marion-Mt. Gilead Road, Claridon Township, Marion County. This inspection was conducted to evaluate compliance with your facility's National Pollutant Discharge Elimination System (NPDES) permit No. 2PR00260 (OH0141739).

At the time of the inspection, the wastewater treatment plant (WWTP) was not in operation and appeared to be abandoned. The conditions of the grounds at the WWTP were unsatisfactory. Weeds were overgrown inside the fence. Raw sewage appeared to be leaking out of tanks. The absence of an Operator of Record, failure to meet the Schedule of Compliance (Part I, Item C of your NPDES permit) and the non-submittal of discharge monitoring reports (DMRs) are NPDES permit violations. **We consider this facility to have an unacceptable sewage treatment system and in significant non-compliance warranting escalated enforcement action.**

When a sewage treatment system fails and/or the lack of an adequate system is determined, it is required that the best available technology is used to obtain adequate sewage treatment. The best available treatment alternative for this facility is a connection to a public sanitary sewer. It is noted that the sanitary sewer is not available at this time. The next recommended option would include an on-site treatment with no off lot discharge. Based on your attendance of around 80 people for golf outings and eight part-time employees, the following is the recommended design:

80 people @ 7 gpd/person	= 560 gpd
8 employees @ 15 gpd/employee	= 120 gpd
<u>Total Estimated Flow</u>	<u>= 680 gpd</u>

Mr. Clarence Perry
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We would consider recommending approval of TWO options for this location.

1. Major plant improvements will need to be made to the existing plant to meet water quality standards, which include sand filters and a contact tank for disinfection. A Permit-to-Install (PTI) will need to be submitted to this office with detail drawings of the upgraded treatment system. Also, your existing NPDES permit expires on August 31, 2013, and an NPDES renewal application must be submitted as soon as possible.
2. Install, at a minimum, a 1,500 gallon settling tank, followed by a Wisconsin mound system. The mound system should be sized to treat, at the minimum, 700 gpd and designed according to the OSU Bulletin 829, *Mound Systems*. A test hole should be made in the area of the on-site system and the results should be verified by your engineer and submitted with the PTI application. Once the on-site system is installed, your NPDES permit (No. 2PR00260) will be revoked.

A PTI application and detail plans (four sets) will be required to be submitted for the option you choose. PTI application forms can be downloaded from our website: <http://epa.ohio.gov/dsw/pti/index.aspx>, or will be provided upon request. A plan review fee and a PTI application fee of \$200.00 plus 0.65 percent of the estimated wastewater project cost must accompany the plans. All checks should be made payable to the Treasurer of the State of Ohio.

Please inform this office in writing within 10 days of receipt of this certified letter of your intentions to return this facility to compliance. Your response must include an implementation schedule of one of the two options with fixed dates for all necessary actions to bring your facility to compliance. Please be advised that failure to comply with your NPDES permit or make satisfactory progress towards compliance will result in enforcement action pursuant to Ohio Revised Code (ORC) Chapter 6111.

Our completed inspection report is also included for your records. If you have any questions, please contact me at 419-373-3021.

Yours truly,



Jason Ko
Division of Surface Water

/jlm

Enclosure

pc: Marion County Health Department

ec: Tracking

OHIO ENVIRONMENTAL PROTECTION AGENCY
OPERATION AND MAINTENANCE INSPECTION
WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PR00260

Facility Name: Whestone Golf Course Expiration Date: August 31, 2013

Facility Address: 5211 Marion-Mt Gilead Road Date: July 30, 2013 Time: 9:00 am

City: Caledonia County: Marion Township: Claridon

Name and Address of Owner: Clarence Perry, 5211 Marion- Mt. Gilead Road, Caledonia, Ohio

Person Contacted: Clarence Perry Owner Phone: (740) 389-4343

Flow Design: 5,000 GPD Present 400 GPD (metered)

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 70°F - Sunny

OEPA Personnel: Jason Ko District: NWDO

1. Plant Effluent - Mark Severity No. (Not in operation)

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	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: Oientangy River

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

3. a. Plant has _____ excellent _____ good _____ fair X poor operation
 b. Plant has _____ excellent _____ good _____ fair X 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 underload
 (3) X personnel inefficiency
 (4) X equipment failure
 (5) _____ wastes
 (6) WWTP was not in operation

Disinfection: (Required May 1 thru Oct.31.)

IN	OUT	
_____	<u>X</u>	Chlorination Tablets
_____	<u>X</u>	Dechlorination Tablets
_____	_____	U.V

- | | | | | | |
|-------|----------|-----------------------------------|---------------------------|-------|---------------------|
| Yes | No | | Yes | No | Parameters: |
| _____ | <u>X</u> | Compliance with NPDES Permit | _____ | _____ | Periodic Violations |
| _____ | <u>X</u> | Adequate Plant Safety | _____ | _____ | Chronic Violation |
| _____ | <u>X</u> | Operation and Maintenance Service | Name : _____ | | |
| | | | Frequency of Visits _____ | | |

Facility Name: Whestone Golf Course

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	1	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	1	Plant Timer ___Y___ N Motor/ Blower Unit	Cycle Time: Not in operation
Secondary Treatment	1	Aeration Tank	Color : Not in operation Adequate Aeration: Y ___ N ___ X ___
Final Settling	1	Clarifier	Not in operation
	1	Sludge Return	In ___ Out ___ X
	1	Surface Skimmer	In ___ Out ___ X
		Fixed Media Clarifier	
Tertiary Treatment		Surface Sand Filter	
		Polishing Pond	
		Other	
Disinfection		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		Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	

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Total Postage & Fees	\$6.11

Postmark Here
 GREEN POND OFFICE 43314
 AUG 14 2013

Sent To
 MR CLARENCE PERRY WHEISTONE GOLF CLUB
 Street, Apt. No.,
 or PO Box No. 5211 MARION MT GILEAD RD
 City, State, ZIP+4
 CALEDONIA OH 43314

PS Form 3806, August 2006 See Reverse for Instructions

7002 6001 0110 0000 1000 1842 1410 5344

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature * <i>Kristen K.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 8-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: MR CLARENCE PERRY OWNER WHEISTONE GOLF CLUB 5211 MARION MT GILEAD RD CALEDONIA OH 43314</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Tracking Number: 7009 1410 0001 1842 5344

PS Form 3811, February 2004 Domestic Return Receipt METLPA 102595-02-M-1540