



**Environmental
Protection Agency**

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

RE: Wyandot County
Upper Sandusky WWTP
NPDES Permit

December 15, 2011

Mayor and Council
City of Upper Sandusky
119 North Seventh Street
Upper Sandusky, Ohio 43351

Dear Mayor and Council:

This will acknowledge our November 14, 2011, compliance inspection at the Upper Sandusky Wastewater Treatment Plant (WWTP), which is located on Indian Mill Road. During this inspection, three combined sewer overflows (CSOs) were also inspected. This inspection was conducted to evaluate compliance with the facility's National Pollutant Discharge Elimination System (NPDES) permit No. 2PD00039.

At the time of the inspection, the plant bypass and two of the three inspected CSOs were overflowing. All major treatment components at the WWTP were in service and the plant effluent was clear.

Your current NPDES permit requires the City to eliminate the plant bypass at the head of the WWTP by April 30, 2015. On October 31, 2011, the Wastewater Treatment Plant Bypass Elimination Feasibility Study was submitted. In this study, the City discovered an additional 14 CSOs in the sewer collection system. To address these CSOs, the City will be required to develop and implement a long-term control plan that evaluates alternatives for attaining compliance with the Clean Water Act. Once the plan is approved by Ohio EPA, your NPDES permit will be modified to incorporate the requirements specified in the approved plan.

Ohio EPA recognizes that financial considerations are a major factor affecting the implementation of CSO controls. For that reason, consideration is given for a permittee's financial capability in connection with the long-term CSO control planning effort, and negotiation of enforceable schedules. However, the permittee is ultimately responsible for aggressively pursuing financial arrangements for the implementation of its long-term control plan.

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A review of our records indicates you have not designated an operator of record for the collection system as required in Ohio Administrative Code 3745-07-2 (A)(2). Your collection system is classified as a class II collection system and requires that the designated operator of record have a class II collection system certification or a class II, III or IV wastewater works certification. Please submit an operator or record form designating the operator of record for the collection system.

We appreciated your participation in the Performance Audit Inspection (PAI) of your laboratory on May 25, 2011. Recommendations were made after the PAI, which were intended to assist the City to improve data quality and assure the accuracy/reliability of your facility's analyses. We also encourage your continued participation in the U.S. EPA DMR-QA Study.

Our review of your discharge monitoring reports (12/2010 to 11/2011) indicated two effluent violations. Please refer to the enclosed violation table. Our completed inspection report is included for your review. If you have any questions or comments, please call Mr. Jason Ko at 419-373-3021.

Yours truly,



Elizabeth Wick, P.E.
Water Quality Engineer/Section Manager
Division of Surface Water

JK/jlm

Enclosures

pc: Aaron Putnam, Upper Sandusky WWTP

ec: Inspection Tracking

Sections E thru K: Complete on all inspections as appropriate. N/A - Not Applicable N/E - Not Evaluated

Section E: Permit Verification

	Yes	No	N/A	N/E
INSPECTION OBSERVATIONS VERIFY THE PERMIT				
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<u>X</u>	___	___	
(b) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<u>X</u>	___	___	
(c) PRODUCT(S) AND PRODUCTION RATES CONFORM WITH PERMIT APPLICATION (INDUSTRIES)	___	___	<u>X</u>	
(d) FLOWS AND LOADINGS CONFORM WITH NPDES PERMIT PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	
(e) TREAT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION/BRIEFING MEMO	<u>X</u>	___	___	
(f) NEW TREATMENT PROCESS(ES) ADDED SINCE LAST INSPECTION	___	<u>X</u>	___	
(g) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	<u>X</u>	___	___	
(h) ALL DISCHARGES ARE PERMITTED	<u>X</u>	___	___	
(i) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<u>X</u>	___	___	

COMMENTS/STATUS:

Section F: Compliance Schedules/Violations

	Yes	No	N/A	N/E
(a) ANY SIGNIFICANT VIOLATIONS SINCE THE LAST INSPECTION	___	<u>X</u>	___	
(b) PERMITTEE IS TAKING ACTIONS TO RESOLVE VIOLATIONS	___	___	<u>X</u>	
(c) PERMITTEE HAS COMPLIANCE SCHEDULE	<u>X</u>	___	___	
(d) COMPLIANCE SCHEDULE CONTAINED IN <u>NPDES</u>				
(e) PERMITTEE IS MEETING COMPLIANCE SCHEDULE	<u>X</u>	___	___	

COMMENTS/STATUS:

(d) Elimination of the plant bypass by 4/2015 & submitted the Elimination Feasibility Study on 10/31/2011

Section G: Operation and Maintenance

TREATMENT WORKS:

	Yes	No	N/A	N/E
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED				
(a) STANDBY POWER AVAILABLE GENERATOR <u>X</u> DUAL FEED <u> </u>	<u>X</u>	<u> </u>	<u> </u>	
(b) ADEQUATE ALARM SYSTEM AVAILABLE FOR POWER OR EQUIPMENT FAILURES	<u>X</u>	<u> </u>	<u> </u>	
(c) ALL TREATMENT UNITS IN SERVICE OTHER THAN BACKUP UNITS	<u>X</u>	<u> </u>	<u> </u>	
(d) SUFFICIENT OPERATING STAFF PROVIDED # SHIFTS <u>1</u> DAYS/WEEK <u>5</u>	<u>X</u>	<u> </u>	<u> </u>	
(e) OPERATOR HOLDS UNEXPIRED LICENSE OF CLASS REQUIRED BY PERMIT CLASS: <u>III</u>	<u>X</u>	<u> </u>	<u> </u>	
(f) ROUTINE AND PREVENTIVE MAINTENANCE SCHEDULED/PERFORMED ON TIME	<u>X</u>	<u> </u>	<u> </u>	
(g) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION	<u> </u>	<u>X</u>	<u> </u>	
(h) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	<u> </u>	<u> </u>	
(i) ANY PLANT BYPASSES SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	
(j) REGULATORY AGENCY NOTIFIED OF BYPASSES <u> </u> ON MORS <u> </u> 800 NO.	<u>X</u>	<u> </u>	<u> </u>	
(k) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	

COLLECTION SYSTEM:

	Yes	No	N/A	N/E
(a) PERCENT COMBINED SYSTEM <u>60%</u>				
(b) ANY COLLECTION SYSTEM OVERFLOWS SINCE LAST INSPECTION (CSO <u> </u> SSO <u> </u>)	<u>X</u>	<u> </u>	<u> </u>	
(c) REGULATORY AGENCY NOTIFIED OF OVERFLOWS (SSOs)	<u>X</u>	<u> </u>	<u> </u>	
(d) CSO O AND M PLAN PROVIDED AND IMPLEMENTED	<u>X</u>	<u> </u>	<u> </u>	
(e) CSOs MONITORED AND REPORTED IN ACCORDANCE WITH PERMIT	<u>X</u>	<u> </u>	<u> </u>	
(f) PORTABLE PUMPS USED TO RELIEVE SYSTEM	<u>X</u>	<u> </u>	<u> </u>	
(g) LIFT STATION ALARM SYSTEMS PROVIDED AND MAINTAINED	<u>X</u>	<u> </u>	<u> </u>	
(h) ARE LIFT STATIONS EQUIPPED WITH PERMANENT STANDBY POWER OR EQUIVALENT	<u> </u>	<u>X</u>	<u> </u>	
(i) IS THERE AN INFLOW INFILTRATION PROBLEM (SEPARATE SEWER SYSTEM) OR WERE THERE ANY MAJOR REPAIRS TO COLLECTION SYSTEM SINCE LAST INSPECTION	<u>X</u>	<u> </u>	<u> </u>	
(j) ANY COMPLAINTS RECEIVED SINCE LAST INSPECTION OF BASEMENT FLOODING	<u> </u>	<u>X</u>	<u> </u>	
(k) ARE ANY PORTIONS OF THE SEWER SYSTEM AT OR NEAR CAPACITY	<u> </u>	<u>X</u>	<u> </u>	

COMMENTS/STATUS:

Treatment Works:

- (a) test weekly
- (d) weekends on part-time basis

Collection System:

- (i) 10/31/2011 - Submitted WWTP bypass Elimination Feasibility Study

Section H: Sludge Management

(a) SLUDGE MANAGEMENT PLAN (SMP)
SUBMITTED DATE 5/96 APPROVAL # _____ NOT SUBMITTED _____ N/A

	Yes	No	N/A	N/E
(b) SLUDGE MANAGEMENT PLAN CURRENT	<u>X</u>	_____	_____	_____
(c) SLUDGE ADEQUATELY DISPOSED (METHOD: <u>Landfill</u>)	<u>X</u>	_____	_____	_____
(d) IF SLUDGE IS INCINERATED, WHERE IS ASH DISPOSED OF _____	_____	_____	_____	_____
(e) IS SLUDGE DISPOSAL CONTRACTED (NAME: _____)	<u>X</u>	_____	_____	_____
(f) HAS AMOUNT OF SLUDGE GENERATED CHANGED SIGNIFICANTLY SINCE LAST INSPECTION	_____	<u>X</u>	_____	_____
(g) ADEQUATE SLUDGE STORAGE PROVIDED AT PLANT	<u>X</u>	_____	_____	_____
(h) LAND APPLICATION SITES MONITORED AND INSPECTED PER SMP	_____	_____	<u>X</u>	_____
(i) RECORDS KEPT IN ACCORDANCE WITH STATE AND FEDERAL LAW	<u>X</u>	_____	_____	_____
(j) ANY COMPLAINTS RECEIVED IN LAST YEAR REGARDING SLUDGE	_____	<u>X</u>	_____	_____
(k) IS SLUDGE ADEQUATELY PROCESSED (DIGESTION, DEWATERING, PATHOGEN CONTROL)	<u>X</u>	_____	_____	_____

COMMENTS/STATUS:

Section I: Self-Monitoring Program

Part 1. Flow measurement

	Yes	No	N/A	N/E
(a) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED & MAINTAINED	<u>X</u>	_____	_____	_____
TYPE OF DEVICE: <u>X</u> PARSHALL FLUME _____ ULTRASONIC & WEIR _____ WEIR _____ CALCULATED FROM INFLUENT _____ OTHER (Specify _____)				
(b) CALIBRATION FREQUENCY ADEQUATE (Date of last calibration <u>3/16/2010</u>)	<u>X</u>	_____	_____	_____
(c) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<u>X</u>	_____	_____	_____
(d) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOWS	<u>X</u>	_____	_____	_____
(e) ACTUAL FLOW DISCHARGED IS MEASURED	<u>X</u>	_____	_____	_____
(f) FLOW MEASURING EQUIPMENT INSPECTION FREQUENCY: <u>X</u> DAILY _____ WEEKLY _____ MONTHLY _____ OTHER				

COMMENTS/STATUS:

Part 2. Sampling

	Yes	No	N/A	N/E
(a) SAMPLING LOCATION(S) ARE AS SPECIFIED BY PERMIT	<u>X</u>	___	___	___
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT	<u>X</u>	___	___	___
(c) PERMITTEE USES REQUIRED SAMPLING METHOD	<u>X</u>	___	___	___
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE	<u>X</u>	___	___	___
(i) SAMPLES REFRIGERATED DURING COMPOSITING	<u>X</u>	___	___	___
(ii) PROPER PRESERVATION TECHNIQUES USED	<u>X</u>	___	___	___
(iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES CONFORM WITH 40 CFR 136.3	<u>X</u>	___	___	___
(e) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g., continuous monitoring instrumentation, calibration and maintenance records)	<u>X</u>	___	___	___
(f) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATE, TIME, EXACT LOCATION, ETC.	<u>X</u>	___	___	___

COMMENTS/STATUS:

(c) Performance Audit Inspection was conducted on 5/28/2011

Part 3. Laboratory

	Yes	No	N/A	N/E
GENERAL				
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED (40 CFR 136.3)	<u>X</u>	___	___	___
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	___	___	<u>X</u>	___
(c) ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	___	<u>X</u>	___	___
(d) IF (c) IS YES, ARE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT	___	___	<u>X</u>	___
(e) COMMERCIAL LABORATORY USED	<u>X</u>	___	___	___
(1) PARAMETERS ANALYZED BY COMMERCIAL LAB <u>oil & grease, Nitrates & Nitrite, P, metals, CN & Hex-Cr</u>				
(2) LAB NAME: <u>Alloway</u>				
QUALITY CONTROL/QUALITY ASSURANCE				
(f) QUALITY ASSURANCE MANUAL PROVIDED AND MAINTAINED	<u>X</u>	___	___	___
(g) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT	<u>X</u>	___	___	___
(h) ADEQUATE RECORDS MAINTAINED	<u>X</u>	___	___	___
(i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM DATE : <u>2011</u> <u>X</u> SATISFACTORY ___ MARGINAL ___ UNSATISFACTORY				

COMMENTS/STATUS:

(i) All test parameters were rated acceptable

Section J: Effluent/Receiving Water Observations

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
001	--	--	--	--	--	Clear	

COMMENTS/STATUS:

Section K: Multimedia Observations

	Yes	No	N/A	N/E
(a) ARE THERE INDICATIONS OF SLOPPY HOUSEKEEPING OR POOR MAINTENANCE IN WORK AND STORAGE AREAS OR LABORATORIES	___	<u>X</u>	___	
(b) DO YOU NOTICE STAINING OR DISCOLORATION OF SOILS, PAVEMENT, OR FLOORS	___	<u>X</u>	___	
(c) DO YOU NOTICE DISTRESSED (UNHEALTHY, DISCOLORED, DEAD) VEGETATION	___	<u>X</u>	___	
(d) DO YOU SEE UNIDENTIFIED DARK SMOKE OR DUSTCLOUDS COMING FROM SOURCES OTHER THAN SMOKESTACKS	___	<u>X</u>	___	
(e) DO YOU NOTICE ANY UNUSUAL ODORS OR STRONG CHEMICAL SMELLS	___	<u>X</u>	___	
(f) DO YOU SEE ANY OPEN OR UNMARKED DRUMS, UNSECURED LIQUIDS, OR DAMAGED CONTAINMENT FACILITIES?	___	<u>X</u>	___	

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:

Get New Data

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PD00039*KD	March 2011	001	00665	Phosphorus, Total (P)	30D Qty	7.6	8.09279	3/1/2011
2PD00039*KD	May 2011	001	50092	Mercury, Total (Low Le	30D Qty	0.0001	.00014	5/1/2011

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

RATING CODES: S = Satisfactory; U = Unsatisfactory; M = Marginal; IN = In Operation; OUT = Out of Operation

CONDITION OR APPEARANCE		RATING	COMMENTS
General	Grounds	S	
	Buildings	S	
	Potable Water Supply Protection	S	
	Safety Features	S	Fenced
	Bypasses	IN	Overflowing
	Sewer Collection Overflows	IN	2 CSOs were overflowing & 1 CSO did not
	Alternate Power Source	OUT	Standby generator – test weekly
Preliminary	Maintenance of Collection Systems	S	
	Pump Station	IN	1 unit of 50 hp pumps, 2 units are variable
	Ventilation	IN	
	Bar Screen	IN	
	Disposal of Screenings	S	Landfill
	Comminutor	OUT	Standby
	Grit Chamber	IN	1 aerated unit and ferrous chloride added
	Disposal of Grit	S	Landfill
Primary	Settling Tanks	-	
	Scum Removal	-	
	Sludge Removal	-	
	Effluent	-	
Sludge Disposal	Digesters (Aerobic)	IN	1 unit
	Temperature and pH	-	
	Gas Production	-	
	Heating Equipment	-	
	Sludge Pumps	IN	2 WAS, 2 RAS & 2 Transfer
	Drying Beds	IN	2 in use; 4 total
	Storage Pad	IN	Covered
	Disposal of Sludge	IN	Landfill
	Sludge Blower	IN	2 units
Other	Flow Meter and Recorder	IN	At effluent
	Records	S	
	Lab Controls	-	
	Chemical Treatment	IN	Ferrous chloride & polymer
Secondary-Tertiary <small>List items as</small>	Aeration Tank	IN	2 units & brown
	Secondary Settling	IN	2 units
	Blowers	IN	3 units; 1 out for repair
	Effluent Pump	OUT	
Disinfection	Effluent	S	Clear discharge
	Disinfection System	OUT	UV
	Effective Dosage	-	
	Contact Time	-	
	Contact Tank	-	
	Dechlorination	-	