Please type. Do not complete by hand.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting)

I. US EPA I.D. NUMBER

OH0026069

LABEL ITEMS

I. US EPA I.D. NUMBER

III. FACILITY NAME

III. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

Submitted Through eBusiness Center

Applicant Name: Michael Caprella

Title: Deputy Director

Electronically submitted by caprella on 05/18/2022

Revenue ID: 1479261 Amount Due: $0.00

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	MARK 'X' NO	MARK 'X' FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	MARK 'X' NO	MARK 'X' FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.?** (FORM 2A)	X		X	B. Does or will this facility(either existing or proposed) include a **concentrated animal feeding operation or aquatic animal production facility** which results in a **discharge to waters of the U.S.?** (FORM 2B)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a **discharge to waters of the U.S.?** (FORM 2D)		X	
E. Is this a facility which does not discharge process **wastewater?.** (FORM 2E)		X		F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)		X	
G. Do you generate **sewage sludge** that is ultimately regulated by Part 503? Do you generate **sewage sludge** that is sent to another facility for treatment or blending? Do you process or derive material from **sewage sludge** that is disposed in a manner subject to Part 503? (FORM 2S)	X		X				

III. NAME OF FACILITY

City of Lima WWTP

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, title)*	B. PHONE *(area code & no.)*	C. EMAIL
Furry, Kimberly, Supervisor	(419) 221-5198	kim.furry@cityhall.lima.oh.us

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

1200 Ft. Amanda Rd

B. CITY OR TOWN	C. STATE	D. ZIP CODE	
Lima	OH	45804	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

1200 Fort Amanda Road

B. COUNTY NAME	TOWNSHIP		
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE** *(if known)*
Lima	OH	45804	

Please type. Do not complete by hand.

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST		B. SECOND	
4952	*(specify)* Sewerage Systems		*(specify)*
C. THIRD		**D. FOURTH**	
	(specify)		*(specify)*

VIII.NAICS CODES *(4-digit, in order of priority)*

A. FIRST		B. SECOND	
22132	*(specify)* Sewage Treatment Facilities		*(specify)*
C. THIRD		**D. FOURTH**	
	(specify)		*(specify)*

IX. Facility Water Cooling

Does your facility use cooling water?	YES X NO

Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

Fundamentally different factors (CWA Section 301(n))	X Water quality related effluent limitations (CWA Section 302(b)(2))
Non-conventional pollutants (CWA Section 301(c) and (g))	Thermal discharges (CWA Section 316(a))
Not applicable	

X. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
Mike, Caprella	X YES NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*			D. PHONE *(area code & no.)*
F = FEDERAL M = PUBLIC *(other than federal or state)* S = STATE O = OTHER *(specify)* P = PRIVATE	Public	*(specify)*	(419) 221-5108

E. STREET OR P.O. BOX

50 Town Square

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Lima	OH	45804	Is this facility located on Indian lands? NO

OPERATOR EMAIL

mike.caprella@cityhall.lima.oh.us

ADDITIONAL INFORMATION

Please add any additional comments or attachments below.

Additional Information attachment(s): Mercury Variance Renewal Request & Certification.pdf, Process Flow Diagram.pdf

XI. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to surface water)*	D. PSD *(Air emissions from proposed sources)*	
2PE00000*ND		
B. UIC *(Discharges to surface water)*	**E. OTHER** *(specify)*	
		(specify)
C.RCRA *(Hazardous waste)*	**F. OTHER** *(specify)*	
		(specify)

Please type. Do not complete by hand.

XII. MAP

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements

Upload File Name for Topographical Map: Labeled Plant Map.jpg

Additional supplementary attachment(s):

Upload File Name(s): Mercury Variance Renewal Request & Certification.pdf, Process Flow Diagram.pdf

XIII. NATURE OF BUSINESS
(provide a brief description)

The Lima Wastewater Plant consists of screening, aerated grit removal, primary sedimentation, activated sludge, secondary settling, tertiary treatment, chlorination, and de-chlorination. The sludge is anaerobically digested and alkaline stabilized using the N-Viro process. The plant has a total peak flow capacity of 70 MGD, secondary capacity of 45 MGD and a tertiary treatment capacity of 30 MGD. The average design flow capacity of 18.5 MGD for normal daily average flow.

XIV. CERTIFICATION *(see instructions)*

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Name:	**Title:**
Michael Caprella	Deputy Director
Signature:	**Date:**
Electronically submitted by caprella	Electronically submitted on 05/18/2022

COMMENTS FOR OFFICIAL USE ONLY

Division of Surface Water
Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI)or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the applicati on and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed.

All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.

A. **Applicant:** Mike Caprella

Facility Owner: City of Lima

Facility Location (city and county): 1200 Fort Amanda Road, Lima, OH 45804 County: Allen

Application or Plans Prepared By:

Project Name: City of Lima WWTP

NPDES Permit Number (if applicable): 2PE00000

B. **Antidegradation Applicability**

Is the application for? (check as many as apply):

_ Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of s anitary sewers, spray irrigation, indirect discharger to POTW, etc.). (Complete Section E)

X Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).

_ PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)

_ An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES) (Complete Sections C and E).
- addition of any pollutant not currently in the discharge, or
- an increase in mass or concentration of any pollutant currently in the discharge, or
- an increase in any current pollutant limitation in terms of mass or concentration.

_ PTI that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.) within 150 feet of a stream bed. Please provide information requested on the stream e valuation addendum (i.e., number of stream crossings, fill placement, etc.) (Complete Section E)

_ Initial NPDES permit for an existing treatment works with a wastewater discharge prio r to October 1, 1996. (Complete Sections D and E)

_ Renewal NPDES permit or modification to an effective NPDES permit that will result in any of the following: (Complete Sections C and E)
- a new permit limitation for a pollutant that previously had no limitation, or
- an increase in any mass or concentration limitation of any pollutant that currently has a limitation.

C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exemption as outlined by OAC 3745-1-05(B)(2) of the Antidegradation rule?

   ☐ Yes (Provide justification for the exmption(s).)

   ☐ No

   Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?

   ☐ Yes (Complete Question C.2)

   ☐ No (Complete Questions C.3 and C.4)

2. For projects that would be eligible for exclusions provide the following information:

   a. Provide justification for the exclusion.

   b. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

   c. A description of any cons truction work, fill or other structures to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule?

   ☐ No

   ☐ Yes

   If you wish to pursue one of the waivers, please identify the waiver and submit the necessary information to support the request. Depending on the waiver requested, the information required under question C.4 may be required to complete the application.

4. For all projects that **do not qualify** for an exclusion a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report.If a waiver is requested, this section is still required.

   a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

   b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.

   c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

      Preferred design alternative:

      Non-degradation alternative(s):

      Minimal degradation alternative(s):

      Mitigative technique/measure(s):

   At a minimum, the following information must be included in the report for each alternative evaluated.

   d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.

   e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

   f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.

   g. Describe any impacts to human health and the overall quality and value of the water resource.

   h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.

   i. Describe environmental benefits to be realized through this proposed project.

   j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

   k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.

l. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information

1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:

   PTI Number:

   PTI Issuance Date:

   Initial Date of Discharge:

2. Has the appropriate NPDES permit application form been submitted including representative effluent data?

   ☐ Yes (go to E)

   ☐ No (see below)

   If no, submit the information as applicable under a or b as follows:

   a. For entities discharging process wastewater attach a completed 2C form.

   b. For entities discharging wastewater of domestic origin attach the results of at least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.

Is a permit to install or plan approval application required for construction of WWTP as per OAC 3945-42?

☐ Yes

☒ No

E. Based on my inquiry of the person or persons who manage the system of those persons directly responsible for gathering the information, the information is, to the best of my knowledge and beliefv, true, accurate, and complete.

This section must be signed by the same responsible person who signed the accompanying permit application or certification as per 40 CFR 122.22.

Applicant Name (printed or typed): Michael Caprella (Electronically submitted by caprella)

Electronically submitted on: 05/18/2022

FOR AGENCY USE	Facility Name: City of Lima WWTP	Date Submitted: 05/18/2022
	Ohio EPA Permit Number:	Application Number: OH0026069

Form 2A
U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION

Facility Contact

Email Address of Facility Contact: kim.furry@cityhall.lima.oh.us

Applicant Email Address: mike.caprella@cityhall.lima.oh.us

I. Outfall Information

(All treatment works must complete Part I)

A. Description of Outfall. List all effluent outfalls through which sanitary wastewater is discharged. Do not include information on combined sewer overflows (CSO) or collection system / treatment works bypass points.

Outfall Number	Latitude Deg.	Longitude Deg.	Discharge Point Location	Receiving Water
001	40.723333	-84.129444	Final Effluent	Ottawa River

B. Intermittent Discharges. Except for storm runoff, leaks, or spills are any of the discharges described in Item A intermittent or seasonal?

☐ Yes *(Complete the following table)* ☒ No

Outfall Number	Period of Discharge	Frequency	Duration

II. Treatment Works Information

(All treatment works must complete Part II. The treatment works includes the collection system and treatment plant.)

A. Population. List the municipalities or areas served *(municipalities and unincorporated service areas).* Also, list their populations or total population served. *(Attach additional pages as needed)*

Municipality or Area	Population Served
Lima, Ohio	47000
Total Population Served:	**0**

B. Collection System

1. Indicate the type(s) of collection system(s) tributary to this treatment plant; check all that apply. Also estimate the percent contribution (by miles) of each.

Separate Sanitary Sewer 40 %

Combined Storm and Sanitary Sewer 60 %

2. Are you responsible for maintenance of the entire collection system tributary to the treatment plant?

☐ Yes ☒ No *(List entities who are responsible for the collection system below)*

Responsible Parties: City of Lima
Allen County

3. Total number of lift stations in your collection system.

Separate Sanitary 31

Combined Storm and Sanitary 60

4. Does your collection system have bypasses or overflows? *(Do not include CS0s)*

☒ Yes ☐ No

If yes, are the overflows or bypasses:

☒ a. at locations specifically constructed to provide hydraulic relief to the collection system

☐ b. unintentional and beyond the reasonable control of the operator

For the overflows or bypasses that are "specifically constructed", complete the following table.

Station Number	Discharge Point Description	Latitude Deg.	Longitude Deg.	Receiving Water	Treatment Description
302	MH#14 at Lost Creek Golf Course	40.736389	-84.071389	Lost Creek	n/a
303	700 S Glenwood	40.732778	-84.137222	SS to Ottawa River	n/a
304	West side of Pears Ave. at Kennuke Ave.	40.732500	-84.138889	SS to Ottawa River	n/a
305	Lakewood Ave & Maplewood Drive	40.733889	-84.140833	SS to Dug Run Ditch	n/a
306	516 S Pears	40.734444	-84.138889	SS to Dug Run Ditch	n/a
307	418 S Pears (MH 0-10)	40.735278	-84.138889	SS to Dug Run Ditch	n/a
308	418 S Pears (MH 0-9)	40.735556	-84.138889	SS to Dug Run Ditch	n/a
309	235 S Pears	40.737500	-84.138611	SS to Dug Run Ditch	n/a
310	1938 W Elm	40.737500	-84.141389	SS to Dug Run Ditch	n/a
311	1861 Wendell	40.734610	-84.142350	SS to Dug Run Ditch	n/a
313	S. Cable Rd. at Lakewood Ave	40.733889	-84.146944	SS to Dug Run Ditch	n/a
314	S. Cable Rd. at Wendell Ave.	40.734722	-84.146944	SS to Dug Run Ditch	n/a
316	Dale Dr. & Idlewild Dr.	40.741944	-84.144722	SS to Dug Run Ditch	n/a
317	380 N Dale Dr	40.743333	-84.142778	SS to Dug Run Ditch	n/a
318	Dale Dr. & West Wayne St.	40.743889	-84.142222	SS to Dug Run Ditch	n/a
319	Dale Dr. & University Ave.	40.745000	-84.142222	SS to Dug Run Ditch	n/a
320	Columbia at Allentown (SE of intersection)	40.758333	-84.147500	SS to Dug Run Ditch	n/a
321	1379 N Cable Road Lift Station	40.748056	-84.145278	Dug Run Ditch	n/a
322	1700 Allentown Road Lift Station	40.746944	-84.138056	SS to Dug Run Ditch	n/a
323	Rosedale at Ellison	40.745000	-84.131111	SS to Dug Run Ditch	n/a
324	Woodlawn at Ellison	40.745556	-84.132500	SS to Dug Run Ditch	n/a
325	Woodlawn at Feeman Ave.	40.751111	-84.132500	SS to Dug Run Ditch	n/a
326	Northwold St. at O'Connor Ave.	40.756944	-84.121111	SS to Haver Ditch	n/a
327	1330 Melrose Ave	40.758333	-84.122500	SS to Haver Ditch	n/a
329	Metcalf St. at Lane Ave	40.762778	-84.113611	SS to Pike Run Ditch	n/a
330	Metcalf St. at Ford Ave.	40.763611	-84.113611	SS to Pike Run Ditch	n/a
331	Burch & Ford	40.763889	-84.111944	SS to Pike Run Ditch	n/a
332	2032 Burch Ave	40.767778	-84.114722	SS to Pike Run Ditch	n/a
333	Lewis Ave. & Burch Ave.	40.774167	-84.129167	SS to Pike Run Ditch	n/a

334	Lewis Blvd. & Metcalf St.	40.766111	-84.114722	SS to Pike Run Ditch	n/a
335	Celia Place & Northern Ave.	40.765556	-84.111944	SS to Pike Run Ditch	n/a
336	Karen St. & Lewis Blvd. (N Intersection)	40.767500	-84.111667	SS to Pike Run Ditch	n/a
337	Karen St. and Lane Ave.	40.763333	-84.110278	Pike Run Ditch	n/a
338	West Street Lift Station	40.762778	-84.108333	Pike Run Ditch	n/a

5. List source(s) of water supply that services the entire collection system. (Attach additional pages as needed)

Source Type	Source Location	Owner
Municipal Water Supply	Bressler Pump St 40 43' 47" N, 84 13' 42" W	City of Lima
Municipal Water Supply	Auglaize Pump St. 40 43'45"N, 84 18' 01"W	City of Lima
Municipal Water Supply	Lost Creek Pump Station 40 44' 41"N, 84 03' 56" W	City of Lima
Municipal Water Supply	Metzger Pump Station 40 45' 06" N, 84 02' 58" W	City of Lima
Municipal Water Supply	Ferguson Inlet 40 44' 39" N, 84 02' 32" W	City of Lima
Municipal Water Supply	Auglaize River St #2 40 43' 46" N, 84 18' 01" W	City of Lima

C. Inflow and Infiltration

1. Estimate the current average inflow and infiltration flow rate in gallons per day (gpd) for the sewerage system: 200000 gpd

2. Briefly explain any steps underway or planned to minimize inflow and infiltration. *(Attach additional pages as needed)*

Briefly explanation: The city recently completed a large sewer camera project in the Lost Creek sewer area. A plan is currently being developed to determine the most appropriate way to handle the various issues that were found. It is anticipated that those repairs will include partial replacements, repairs and lining of sewers in those areas. The city also continues to follow it's Long Term Control Plan and as sewers are cleaned and camera work is performed, if repairs are necessary, they are made. Additional sewer lining projects will be investigated in the future as well. And finally, as calls are received from citizens, if trouble spots are found during those investigations, work is performed as necessary to mitigate those trouble spots.

D. Flow. Indicate the design influent flow rate of your treatment plant. Also provide the annual average daily flow rate for each of the last three years (mgd to three decimal places).

1. Design daily influent flow rate: 18.5 mgd

	Two Years Ago	Last Year	This Year
2. Annual average daily flow rate:	13.04 mgd	13.02 mgd	16.65 mgd

3. How was flow rate determined? Electromagnetic

(Methods List: Parshall Flume, Weir, Venturi, Electromagnetic, Sonic, Estimate, and Other)

4. Location where flow rate was measured: Secondary Effluent

5. Are there current or expected plans to expand the existing treatment plant capacity during the life of the permit?

☐ Yes *(Provide details)* ☒ No

Details:

E. Treatment System Description. *(Attach additional pages as needed)*

1. Give the approximate year of the treatment plant construction: 1931

2. Give the approximate year of the treatment plant last major modification: 2016

3. List all treatment units at the treatment plant. Do not include units for treating sewage sludge.

Treatment Code *(See Instructions)*	Treatment Description	Manufacturer *(if known)*
02	Bar screen	Headworks

03	Grit removal	WEMCO Submersible Pumps w/ Hydrogritter Separators
05	Scum removal	Hayward Gordon/Vaughan/Huber Rotary Screen
08	Primary sedimentation	Eimco-Vaughan/Ovivo-Whemco
22	Activated sludge-conventional	Spencer blowers, Flex Air Diffusors
29	Biological nitrification-separate stage	Eimco
60	Ferric-chloride addition-primary	Watson Marlow Pumps
63	Polymer addtion	Fluid Dynamics
39	Secondary clarification	Ovivo
70	Dechlorination	Watson Marlow pumps
75	Chlorination	Watson Marlow Pumps

4. Does this treatment plant have provisions for bypassing untreated or partially-treated wastewater?

☒ Yes *(Complete the following table)* ☐ No

Bypass Location	Station Number *(if applicable)*	Bypass Type	Number of times used in last year
plant bypass	057	external	0
secondary bypass	602	internal	0
tertiary bypass	603	internal	85

5. Does your treatment plant have backup generators or other provision(s) to allow operation and/or treatment to continue during power outages?

☒ Yes ☐ No

6. Provide a line drawing showing the wastewater flow through the treatment plant, including all bypass piping.

Date Drawing Updated: 06/01/2019

Upload File Name(s) for Line Drawing: Process Flow Diagram.pdf

F. Treatment Operations

1. Number of employees at the treatment works

28 Collection system 8 hr/day 5 days/wk

17 Treatment plant 24 hr/day 7 days/wk

2. Name and certification of person in responsible charge of the treatment works.

Name: Kimberly Furry Certification: WW4-1018520-08

Operator Email: kim.furry@cityhall.lima.oh.us

3. Name and certification of person in responsible charge of each collection system tributary to the treatment plant *(if known). (Attach additional pages as needed)*

Name: Larry Huber Certification: 1013482

4. Does the treatment works (collection system and/or treatment plant) have an Operations and Maintenance Manual?

☒ Yes*(Complete the following table. Attach additional pages as needed.)* ☐ No

Type	Developed By	Date Developed	Date of Last Modification
Combined	Jones and Henry	06/01/2019	08/01/2013

G. Improvements

1. Are you required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions administrative orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☒ Yes*(Complete the following table. Attach additional pages as needed.)* ☐ No

Identification of Condition	Outfall Number	Description of Project	Final Compliance Date
Simmons Field CSO storage tank and dewater pumps station and optimization of RTC system	001	Storage facility designed to capture 13 MG of CSO.	08/30/2024
West Street SSO basin improvements	001	Pump station upgrades and relief sewer construction; upgrades sized to convey 25 year, 6 hour storm.	12/31/2031
Allentown SSO basin improvements	001	Pump station upgrades and relief sewer construction; upgrades sized to convey 25 year, 6 hour storm.	12/31/2029
Koop SSO basin improvements	001	Pump station upgrades and relief sewer construction; upgrades sized to convey 25 year, 6 hour storm.	12/31/2032
Lost Creek SSO basin improvements	001	Pump station upgrades and relief sewer construction; upgrades sized to convey 25 year, 6 hour storm.	04/03/2035
Cole St. basin improvements	001	Pump station upgrades and relief sewer construction; upgrades sized to convey 25 year, 6 hour storm.	04/01/2036
Findlay Rd. SSO Basin improvements	001	Pump station upgrades and relief sewer construction; upgrades sized to convey 25 year, 6 hour storm.	03/31/2037
Fifteenth Rd. SSO Basin improvements	001	Pump station upgrades and relief sewer construction; upgrades sized to convey 25 year, 6 hour storm.	04/01/2038

2. Optional: You may provide information describing any additional water pollution control programs (or other environmental projects which may affect your discharge) that are currently in progress or planned. Indicate the implementation schedule for the programs.

H. Priority Pollutant Monitoring. Does your treatment plant have an average daily design flow of one million gallons per day or more?

☒ Yes ☐ No

If *yes,* does your treatment plant have an approved pretreatment program?

☒ Yes ☐ No

III. Combined Sewers System Information*(Attach additional pages as needed)*

A. Does the treatment works have CSOs in the collection system?

☒ Yes*(Complete the following table for each CSO)* ☐ No

Outfall Number.	Description	Latitude Deg.	Longitude Deg.	Receiving Water
002	Collett Street	40.732222	-84.118333	Ottawa River
003	Heindel Street	40.732778	-84.116944	Ottawa River
003	Heindel Street	40.732778	-84.116944	Ottawa River
004	McDonel Avenue	40.733889	-84.110278	Ottawa River
005	Central Avenue	40.736111	-84.102500	Ottawa River
006	Lover's Lane	40.740278	-84.093333	Ottawa River
007	S. Central/Ottawa River	40.736111	-84.102222	Ottawa River
008	Timberlake Sewer	40.736111	-84.102500	Ottawa River
009	Oxford and Collett	40.728056	-84.122778	Ottawa River

011	Burch & O'Conner Ave	40.757222	-84.111667	Pike Run
012	McDonel @ O'conner	40.757222	-84.110278	Pike Run
013	Metcalf @ O'Conner	40.757222	-84.113333	Pike Run
014	Metcalf & Tremont	40.754167	-84.113333	Pike Run
015	Metcalf @ Runyan	40.756111	-84.113333	Pike Run
016	Metcalf @ Ashton	40.755278	-84.113333	Pike Run
033	Nixon @ Kunneke	40.732778	-84.135556	Ottawa River
034	Judkins @ Kunneke	40.732778	-84.134167	Ottawa River
035	Lakewood @ Charles	40.733889	-84.122778	Ottawa River
037	North Sore @ Cole	40.744167	-84.137778	Ottawa River
038	West Street @ O'Connor	40.757222	-84.108611	Pike Run

B. System Evaluation. List below studies that have been performed of the combined sewer collection system since the last permit application. Include modeling studies, hydraulic studies, past monitoring efforts, facility plans, etc.

☐ Yes*(Complete the following table for each CSO)* ☒ No

Date	Title/Description	Author
No records found		

C. Public Notification Plan. Is the collection system with CSOs located within the Lake Erie Basin?

☐ Yes ☒ No *(Provide the web address to the Public Notification Plan)*

Web Address+: https://www.cityhall.lima.oh.us/410/CSO-Activity-Report

IV. Industrial Users Information

A. Number of Industrial Users. Provide the number of each of the following types of industrial users that discharge to this treatment works.

1. Number of Industrial Users: 12
2. Number of non-categorical significant industrial users (SIU): 4
3. Number of categorical industrial users: 11

B. Average Daily Flow from all Industrial Users. Estimate the total average daily wastewater flow from all industrial users.

1. All industrial users: 1.122 mgd
2. Non-categorical SIUs only: 0.412 mgd
3. Categorical industrial users only: 0.71 mgd

C. Pretreatment Program. Does this POTW have an approved pretreatment program?

☒ Yes ☐ No

D. Effluent Characteristics.

Upload File Name for Effluent Characteristics Spreadsheet: N/A

D. Biosolid Program

Biosolid Transportation Organization Email: KNeefus@republicservices.com

Biosolid Recieving Organization Email: AWright@wrightconsolidated.com

V. Remediation Waste Clean Up Information

A. RCRA/CERCLA/BUSTR/VAP Wastes. Does the treatment works currently receive (or is it expected during the life of the permit to receive) RCRA hazardous waste, CERCLA (Superfund) site remediation waste, RCRA corrective action waste, BUSTR waste or VAP waste?

☐ Yes *(Complete the following table. Attach additional pages as needed.)* ☒ No

Type of Action	Waste Origin	Waste Description
No records found		

VI. Contract Laboratory Information

A. Contract Laboratory Analysis Information. Are any of the analyses used to obtain effluent quality information or toxicity test data performed by a contract laboratory or consulting firm?

☒ Yes *(Complete the following table. Attach additional pages as needed.)* ☐ No

Name	Address	Telephone Number	Pollutants Analyzed
	, ,		
Alloway Testing	1101 N. Cole Street, Lima, OH 45801	(419) 223-1362	

VII. Biological Toxicity Test Data

POTWs with a design flow rate greater than 1 mgd or POTWs with an approved pretreatment program must provide the results of whole effluent biological toxicity tests for acute or chronic toxicity for each discharge. The tests must have been performed during the last three years and must have followed Ohio EPA testing protocol. **See instructions for minimum test requirements.**

Is a Whole Effluent Biological Toxicity Test being submitted?

☒ Yes ☐ No (If answered no, but required to submit, provide explanation)

Is a Whole Effluent Biological Toxicity Test required to be submitted?

☐ Yes ☒ No

VIII. CWA Variance

Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

☐ Discharges into marine waters (CWA Section 301(h))

☒ Water quality related effluent limitation (CWA Section 302(b)(2))

☐ Not applicable

IX. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Name: Michael Caprella	**Title:** Deputy Director
Signature: Electronically submitted by caprella	**Date:** Electronically submitted on 05/18/2022

FOR AGENCY USE	Facility Name: City of Lima WWTP	Date Submitted: 05/18/2022
	Ohio EPA Permit Number:	Application Number: OH0026069

Form 2S
U.S. ENVIRONMENTAL PROTECTION AGENCY

Facility Contact

Email Address of Facility Contact: kim.furry@cityhall.lima.oh.us

Applicant Email Address: mike.caprella@cityhall.lima.oh.us

I. General Information

A. Sewage sludge treatment and disposal characteristics.

Complete the following to determine the applicability of your facility's sewage sludge use or disposal practices. If you answer yes to any question, you must complete the applicable section. Complete all sections that apply to your facility.

_ Is sewage sludge from your facility hauled to another facility that provides treatment or blending? This section does not apply to sewage sludge hauled to land application or surface disposal sites. **(Section II: Shipment Off Site for Treatment)**

X Is sewage sludge from your facility applied to the land? This section includes exceptional quality sewage sludge (EQS) and sewage sludge applied to land reclamation sites. **(Section III: Land Application of Bulk Sewage Sludge)**

_ Is sewage sludge from your facility placed on a surface disposal site? **(Section IV: Surface Disposal)**

_ Is sewage sludge from your facility fired in a sewage sludge incinerator? **(Section V: Incineration)**

X Is sewage sludge from your facility placed on a municipal solid waste landfill? **(Section VI: Disposal In a Municipal Solid Waste Landfill)**

B. Treatment System Description

1. List all treatment units used for collecting, dewatering, storing, or treating sewage sludge:

Treatment Code	Treatment Type	Manufacturer
94	Anaerobic digestion	
A5	Mechanical dewatering-filter press	Ashbrook
A6	Gravity thickening	
C3	Landfill/Trenching	
C4	Land spreading	
98	Lime stabilization	N-Viro Process

2. Provide a line drawing that identifies all sewage sludge treatment processes that will be employed during the term of the permit.

   Upload File Name(s) for Line Drawing: Process Flow Diagram.pdf

3. Is this facility a Class I sludge management facility? Class I facilities include POTWs required to have an approved pretreatment program.

   ☒ Yes ☐ No

4. Process design capacity of the sewage sludge treatment system (gallons of sludge/yr x 8.34 lb/gal x tons/2000 lb x percent solids): 5000 dry tons/yr

5. Year of the sewage sludge treatment system construction or last major modification: 2010

C. Amount Generated On Site

1. Total sewage sludge generated at your facility for the most recent year: 2071 dry tons

2. Do you receive sewage sludge from other generators?

   ☒ Yes ☐ No

   If yes, total received from other generators for the most recent year: 620 dry tons

3. Do you receive domestic septage?

☒ Yes ☐ No

If yes, total amount of domestic septage received for the most recent year: 1486259 gallons

D. Pollutant Information.

Using the table below, provide data on the pollutant concentrations in sewage sludge from your facility during the previous year.

Laboratory Name: Alloway

Pollutant Name	CAS Number	No. of Analyses	Avg Conc. (mg/kg)	Max. Monthly Avg Conc. (mg/kg)	Minimum Detection Level
Arsenic	7440-38-2	11	10.78	15.5	0.776
Cadmium	7440-43-9	11	1.86	3.19	0.466
Copper	7440-50-8	11	155	327	1.24
Lead	7439-92-1	11	32.4	37.9	1.55
Mercury	7439-97-6	11	0.305	0.5	0.162
Molybdenum	7439-98-7	11	22.8	30.7	3.1
Nickel	7440-02-0	11	34.7	42.2	1.24
Selenium	7782-49-2	11	5.8	8.58	0.621
Zinc	7440-66-6	11	348	557	0.78

II. Shipment Off Site for Treatment or Blending

A. Total sewage sludge hauled to all receiving facilities for the most recent year: 0 dry tons

B. Information on off site treatment or blending. Complete this section for each receiving facility *(Attach additional pages as necessary)*

Facility Name	Facility Location	Facility Contact	Total Sludge dry tons
No records found			

III. Land Application of Bulk Sewage Sludge

A. Land Application Generation Information

1. Total sewage sludge from your facility applied to all land application sites for the most recent year: 1328.26 dry tons
2. Total number of land application sites currently assigned an Ohio EPA site identification number: 0
3. Total acreage of land application sites currently assigned an Ohio EPA site identification number: 0
4. List all counties that you currently (or you expect during the life of the permit to) land apply sewage sludge.

   Allen
5. Are any land application sites located in states other than Ohio?

   ☐ Yes ☒ No

   If yes, describe how you notify the permitting authority for the States where the land application sites are located.
6. Does sewage sludge from your facility meet the ceiling concentration limits in Table 1 of 40 CFR 503.13 and the pollutant concentrations in Table 3 of 40 CFR 503.13?

   ☒ Yes ☐ No

   If yes, provide total percentage from Section Ill A.1 that met the ceiling and pollutant concentrations for the most recent year that was land applied: 100 %
7. Does sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13 but does not meet the pollutant concentrations in Table 3 of CFR 503.13?

   ☐ Yes ☒ No

If yes, provide total percentage from Section Ill A.1 that met the ceiling concentrations but not the pollution concentrations for the most recent year that was land applied: 0 %

8. What percentage of sewage sludge from Section Ill A.1 (in dry tons per year) is achieved for each pathogen reduction class?

   Class A: 100 % Class B: 0 %

9. Which Pathogen Reduction Alternative is used to achieve the class? (Choose all that apply)

	Class A
	Thermally Treated Biosolids
X	Biosolids Treated in a High pH - Temp
	Biosolids Treated in Other Processes
	Biosolids Treated in Unknown Processes
	PFRP, Composting
	PFRP, Heat Drying
	PFRP, Thermophilic Aerobic Digestion
	PFRP, Beta Ray Irradiation
	PFRP, Gamma Ray Irradiation
	PFRP, Pasteurization
	PFRP, Heat Treatment
	Biosolids Treated in a PFRP Equivalent
	Class B
	Monitoring of Indicator Organisms
	PSRP, Aerobic Digestion
	PSRP, Air Drying
	PSRP, Anaerobic Digestion
	PSRP, Composting
	PSRP, Lime Stabilization
	Biosolids Treated in PSRP Equivalent

10. Which Vector Attraction Reduction option is met for the sewage sludge at your facility? (Choose all that apply)

	VAR Option
	Option 1 (minimum 38 percent reduction in volatile solids)
	Option 2 (anaerobic process, with bench scale demo)
	Option 3 (aerobic process, with bench scale demo)
	Option 4 (specific oxygen uptake rate for aerobic digested sludge)
	Option 5 (aerobic process plus raised temperature)
X	Option 6 (raise pH to 12 and retain at 11.5)
	Option 7 (75 percent solids with no unstabilized solids)
	Option 8 (90 percent solids with unstabilized solids)
	Option 9 (injection below land surface)
	Option 10 (incorporation into soil within 6 hours)
	Option 11(cover sludge placed on surface disposal)
	Option 12 (Domestic septage pH adjustment)

B. Spill Contingency Plan. All facilities that land apply sewage sludge are required to have a spill contingency plan.

1. Date spill contingency plan was submitted to Ohio EPA:
2. Have there been any substantial modifications to the spill contingency plan since it was submitted to Ohio EPA?

☐ Yes ☒ No

If yes, please submit a copy of the modified spill contingency plan to the appropriate district office.

Upload File Name(s) for Modified Spill Contingency Plan: N/A

IV. Surface Disposal

A. Total sewage sludge from your facility placed on all surface disposal sites for the most recent year: 0 dry tons

B. **Information on Active Sewage Sludge Units.** Complete this section for each active sewage sludge unit. *(Attach additional pages as necessary)*

Facility Name	Facility Location	Facility Contact	Total Sludge dry tons
No records found			

V. Incineration

A. Total sewage sludge from your facility fired in all sewage sludge incinerators for the most recent year: 0 dry tons

B. **Information on Sewage Sludge Incinerators.** Complete this section for each incinerator. *(Attach additional pages as necessary)*

Facility Name	Air Permit Number	Facility Location	Facility Contact	Total Sludge dry tons
No records found				

VI. Disposal in a Municipal Solid Waste Landfill

A. Total sewage sludge from your facility fired in all sewage sludge incinerators for the most recent year: 743.13 dry tons

B. **Information on municipal solid waste landfills.** Complete this section for each municipal solid waste landfill. *(Attach additional pages as necessary)*

Facility Name	Facility Location	Facility Contact	Total Sludge dry tons
County Environmental of Wyandot	11164 CR #4, Carey, OH 43316	Name: Katie Neefus Title: Phone: (330) 834-4982 Email: KNeefus@republicservices.com	743.13

VII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Name: Michael Caprella	**Title:** Deputy Director
Signature: Electronically submitted by caprella	**Date:** Electronically submitted on 05/18/2022