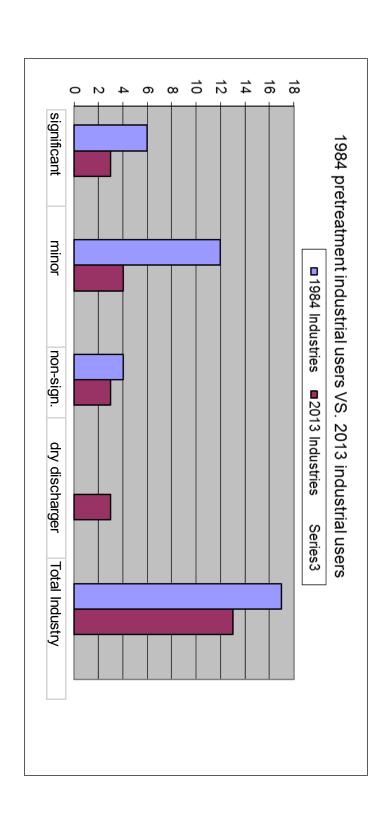
Overview of City of Marietta Pretreatment Program



Marietta POTW Design Criteria

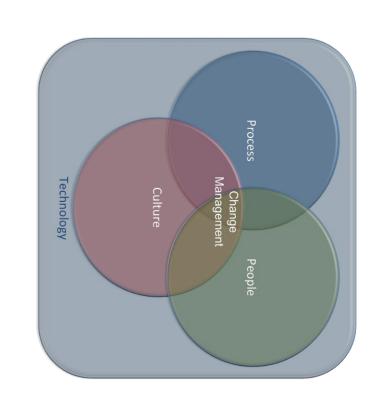
- 3.34 MGD ADF
- 17,940 people design pop
- 6,996 lb/day BOD
- 4,358 lb/day TSS
- 510 lb/day NH3-N

- 8.2 MGD peak
- 41,713 person Design
 PE
- 4,290 lb/day BOD for industrial
- 799 lb/day TSS for industrial
- 183 lb/day NH₃-N for industrial



Cultural Changes Began Occurring in 1990's

- City began losing industry
- Increase in food service
- Increase in SSO's and sewer line plugging
- NPDES permit limitation violation for oil and grease



Ohio EPA Intervention



- Oil and grease removal technology at treatment plant.
- Point source removal

Alternative chosen by City Point Service Removal

City modified
existing ordinance
to include Food
Service Facilities
under current
approved
Pretreatment
Program



Results

Advantages

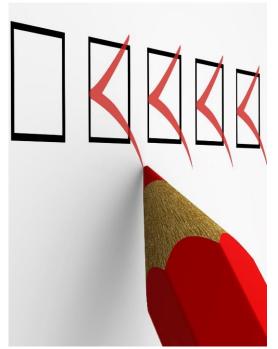
- City is in compliance with NPDES permit
- Sanitary sewer main plugs dramatically decrease
- SSO's dramatically reduce
- Annual invoice
 backcharges generate
 revenue to offset cost

Challenges

- Business owners in noncompliance
- Food Service
 Facilities create
 internal political
 issues
- To make the case for enforcement

Permit Process

- **Building Permit Office** All facilities referred to Washington Co.
- County Checklist of all procedures required for a pretreatment permit.
- Service waste questionnaires
- Scheduled meetings





DOCUMENT!!! DOCUMENT!!!

Questionnaire Packet

- Industrial Service Waste Questionnaire
- Commercial Service Waste Questionnaire
- Food Service Facility Service Waste Questionnaire



Food Service Facility Service Waste Questionnaire

- Section A: General Info
- Section B: Food Service Info
- Section C: Water Use Info
- Section D: Sewer Connection and Discharge Info
- Section E: Verification



FOOD SERVICE FACILITY SERVICE WASTE

QUESTIONNAIRE (ONE QUESTIONNAIRE REQUIRED PER FACILITY)

GENERAL INSTRUCTIONS

Please type or print in ink when filling out questionnaire. All questions are to be completed in Section A through E. Where a question does not apply, a "Not-applicable (N/A) response should be entered.

SECTION A. GENERAL INFORMATION

1. Company Name:	
2. Mailing Address:	
3. Facility Name/ Physical Address:	
4 Facility Telephone & Facsimile #:	

SECTION B. FOOD SERVICE INFORMATION

1. List grease trap or interceptor water uses:

a) Are other sources of water used: (well, spring, river, etc.)? Yes/No
 b.) If Yes, list sources and usage:

Food Service Facility (FSF) Permitting Criteria

Weighting Factor

Seating

>100	51-100	0-50	Number of Seats
2.0	1.5	1.0	Factor

Turnover Rate

Water usage-based on meals served

Water usage / Wastewater volume: - based on meals served

>350	251-350	151-250	51-150	0-50	Number of meals served
3.0	2.5	2.0	1.5	1.0	Factor

JOE'S BUFFET SWQ Information

- Example: basic 1 + 0.5 X 6 (grease a factor of 4 producing pieces of equipment installed) =
- 125 seats = a factor of 2
- Turnover rate = 2
- 300 meals served/day = 2.5



Factors to determine Classification Level EX: (4+2+2+2.5 = 10.5)

Restaurant Classification Level I

Level I: FSF's that have a factor of 5 or less



Restaurant Classification Level II

Level II: FSF's that have a factor of 5.5-10



Restaurant Classification Level III

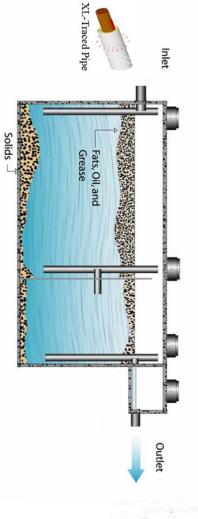
Level III: FSF's that have a factor of >10

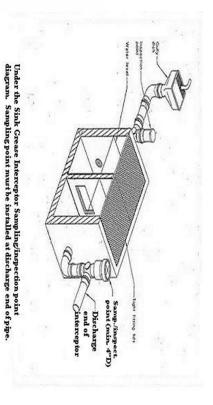


FSF Discharge Permit

- Page 1: Business Info
- Page 2: Cleaning and Reporting Requirements
- Page 3: General Discharge Prohibitions
- Page 4: Inspection and Sampling & Record Retention
- Page 5 & 6: Signatory Requirements, Enforcement Response Plan and Show Cause Hearing
- Self-monitoring Report form attached to permit

Inside/Outside Interceptors





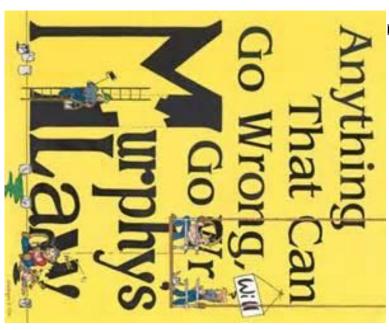
Grease Interceptor Inspection Form Industrial Pretreatment Program

- General Business Info
- Wastewater Records
- Kitchen Inspection: Degreaser/Enzyme use
- Interceptor capacity
- Interceptor depth
- Interceptor Location
- Date of Last Cleaning
- Problem Interceptor

Deficiencies Corrected? Yes / No Inspector	Inspector's Signature: Date: Order to Curre Relinspection	Facility Contact Signature: Date:		Re-inspection Due? Yes / No Comments & Evaluations:	Interceptor Capacity: (gal) Interceptor I emperature: Interceptor Depth (inches) Top: Middle: Bottom: Interceptor Location: Interceptor Location: Date of last cleaning: Problem Interceptor: Yes / No (if yes, describe in comments & Evaluations section below)	TION: (DEGREAS cords include? WW I	Name of Business: <u>American Legion Post 64</u> Inspector: Address: P. O Box: 16 Permit #: RCL-3-1076 Marietta, OH 45750 Date: Contact: Contact:	INDUSTRIAL PRETREATMENT PROGRAM City of Martietta City of Martiett
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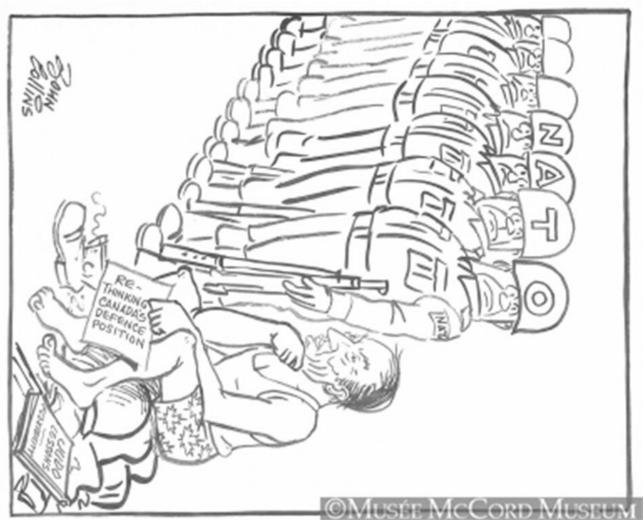
Notice of Violation Order to Cure

- Business; Name, Address, Date, and Permit Number
- Deficiency revealed
- Re-inspection to confirm compliance with City's Ordinances.



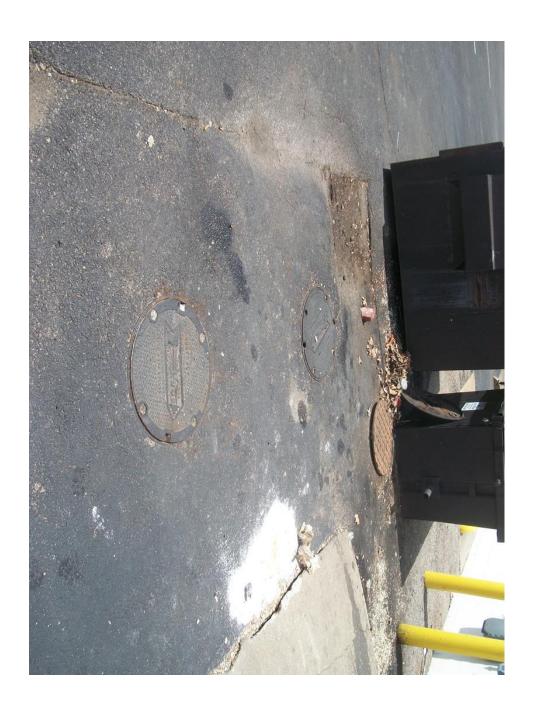
Enforcement Response Plan

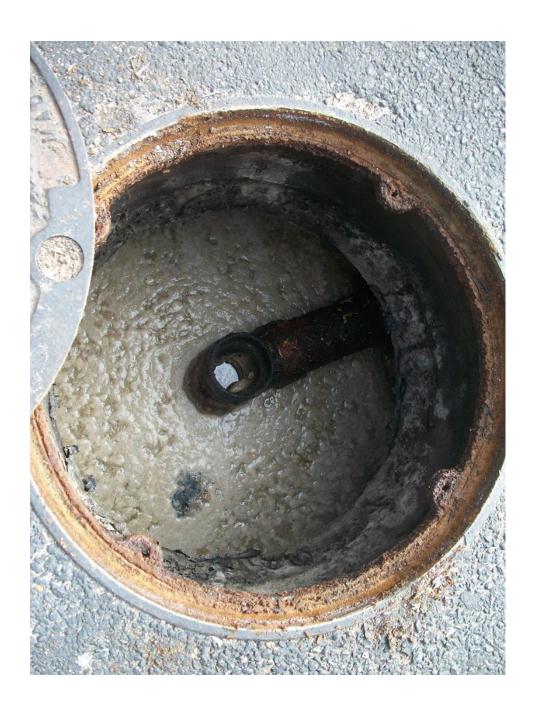




Problems????

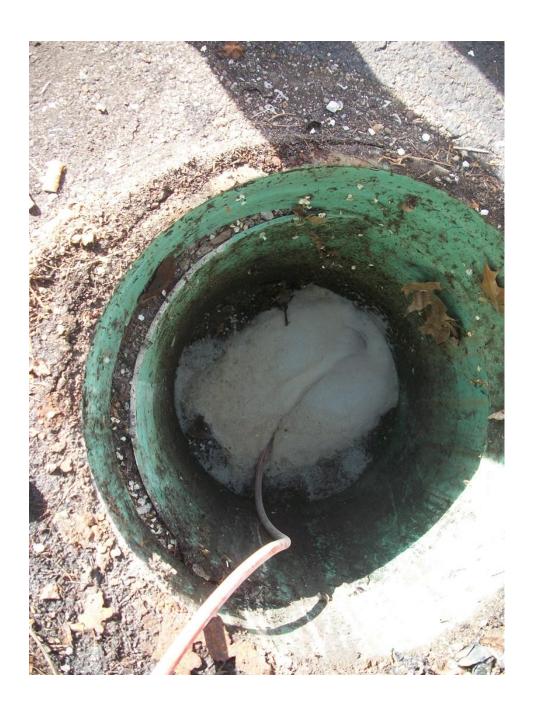
OF COURSE!!!

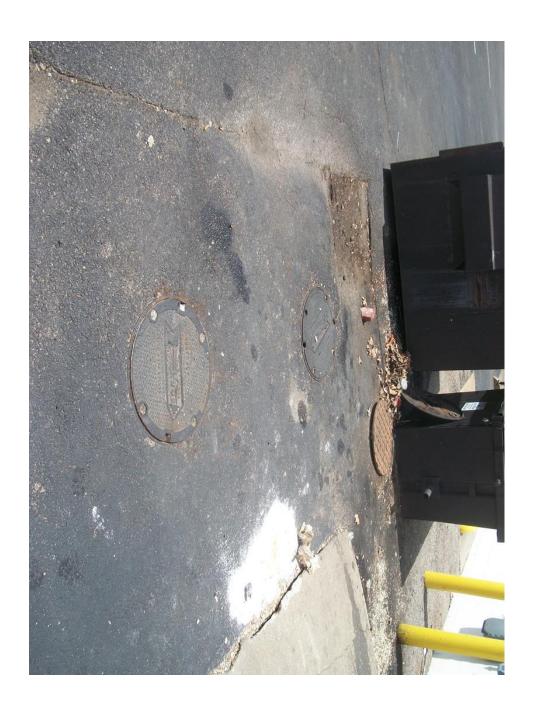






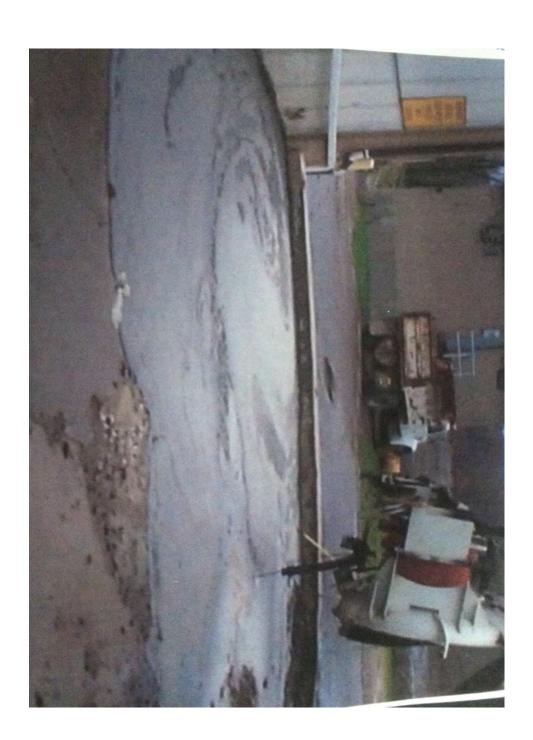










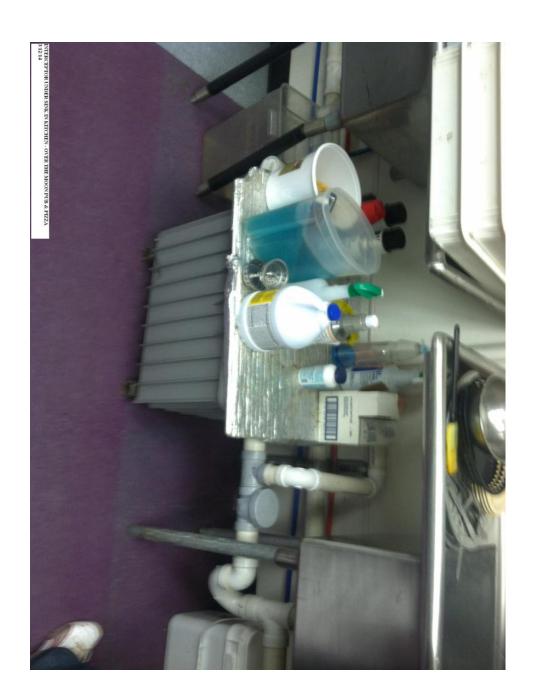




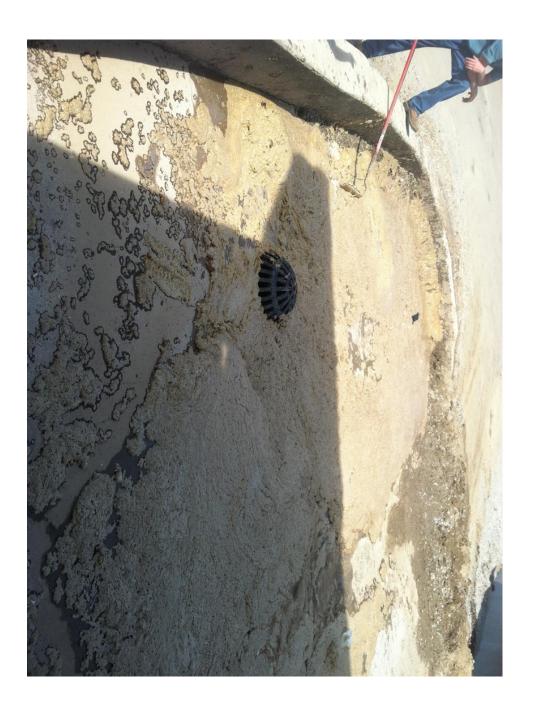












Questions ???

Contact Info:

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Marietta, OH 45750 Telephone: 740-373-3858

Fax: 740-373-8214

Or at steveelliott@mariettaoh.net christineking@mariettaoh.net

