



State of Ohio Environmental Protection Agency

**Northwest District Office**

347 North Dunbridge Road  
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468  
www.epa.state.oh.us

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

Re: Richland County  
Clear Fork MHP  
NPDES Permit

March 19, 2008

CERTIFIED MAIL

Mr. Russ Petralia, President  
Ashford Management Group, Inc.  
501 Main Street  
P.O. Box 4969  
Utica, New York 13501

Dear Mr. Petralia:

On February 28, 2008, an inspection was made of the wastewater treatment facilities serving the Clear Fork Mobile Home Park located at 1260 S.R. 97, Bellville, Richland County. The inspection included a check of both the east and west extended aeration package plants. A representative from Dean's Backflow Service, your certified operator, was present during the inspection to answer any questions.

At the time of the inspection both treatment plants were working in a satisfactory manner. The contents of the aeration tanks were a healthy brown color. The clarifiers were also in good shape with several feet of clarity. It was noted that the skimmer return pipe for the western aeration plant had rusted through, and was no longer functional. It was also noted that the settling pond showed evidence of excessive solids "wash out" from the eastern treatment plant. This is most likely due to excessive stormwater entering the trash trap at the head of the plant. This issue has been documented during previous inspections.

As mentioned in my previous letters, detailed drawings for plant upgrades were to have been submitted to our office by June 1, 2007. Please be aware that **you are in violation** of the compliance schedule contained in your NPDES permit. It will be necessary to submit detailed drawings for upgrades as soon as possible. You shall contact our office, in writing **within 14 days** from receipt of this letter stating your progress on submitting the required drawings. Include the date on which drawings will be submitted to our office. Any further delay in submitting the drawings may lead to enforcement action.

Mr. Russ Petralia, President  
March 19, 2008  
Page 2

A review of the monthly operating reports submitted to our office for the months of August 2007, through February 2008, revealed that the parameters Odor, Color, and Turbidity are still not being recorded every day. It is essential that the plant be checked everyday to insure it is operating properly. **You are in violation** of the daily reporting requirements for the parameters Odor, Color, and Turbidity. This issue has also been mentioned in my previous letters. Improvement in the daily inspections is needed.

Mr. Dean has contacted me in the past stating frustration with the lack of communication from your office. He has informed me that you have been several months late in payment for his services. It is essential, as well as a requirement of your NPDES permit, that the plant have a qualified operator in charge. Should Mr. Dean have to terminate his service, our office would be left with no choice but to consider aggressive enforcement action. I have also attempted on occasion to contact you via phone regarding the status of the required drawings mentioned above, with no success. Improved communication is needed to keep our office informed of your progress. We can only assume that if no communication takes place, then no action is being taken.

If you have any questions please call me at 419-373-3070.

Sincerely,



Walter Ariss  
Environmental Specialist II  
Division of Surface Water

/lir

Enclosure

pc:  DSW:NWDO:File  
Ron Walker, Park Manager, Clear Fork MHP  
Kevin Dean, Dean's Backflow Services w/enclosure

OHIO ENVIRONMENTAL PROTECTION AGENCY

OPERATION AND MAINTENANCE INSPECTION  
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2PK00024

Facility Name Clear Fork MHP Expiration Date 5/31/2011

Facility Address 1260 SR 97 Date 2/28/08 Time 10:45 am

City Belleville County Richland Township \_\_\_\_\_

Name and Address of Owner Arbital Management

Person Contacted Kevin Dean - Operator Owner Phone \_\_\_\_\_

Flow: Design 30,000 GPD Present 15,000 GPD (metered - estimated)

Trib. Pop. \_\_\_\_\_ (actual - estimated) Weather at time of inspection: Temp 30° sunny

OEPA Personnel Walter Ariss District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild	<input checked="" type="checkbox"/>					
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

2. Effect of effluent on Receiving Stream Name: \_\_\_\_\_

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 \_\_\_\_\_ poor operation  
 b. Plant has \_\_\_\_\_ excellent  good \_\_\_\_\_ fair \_\_\_\_\_ poor maintenance  
 c. Sand filters have \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor maintenance  
*no sand filters*

d. Not operating at expected efficiency due to:

- (1)  hydraulic overload  
 (2) \_\_\_\_\_ organic/solids overload  
 (3) \_\_\_\_\_ personnel inefficiency  
 (4) \_\_\_\_\_ equipment failure  
 (5) \_\_\_\_\_ wastes  
 (6) \_\_\_\_\_

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

IN	OUT	
_____	<input checked="" type="checkbox"/>	Chlorination Tablets
_____	_____	Dechlorination Tablets
_____	_____	U.V.

Yes No

4.  Compliance with NPDES Permit - Compliance schedule violation  
 Periodic Violations  Y  N Parameters: \_\_\_\_\_

Chronic Violations  X \_\_\_\_\_ Dissolved Oxygen  
Odor, Color, Turbidity

5.  Adequate plant safety  
 6.  Operation and Maintenance Service Name Dean's Backflow

Frequency of Visits multiple visits/week

Facility Name: Clear Fork MHP

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	8	Trash Trap	Pumping Frequency: <i>East trash trap receives excessive inflow</i>
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	8	Plant Timer <input checked="" type="checkbox"/> Y ___ N Motor/ Blower Unit <i>running</i>	Cycle Time: <i>Both plants run on timer, cycle time is adequate</i>
Secondary Treatment	8	Aeration Tank	Color: <i>Both plants have good color</i> Adequate Aeration: Y <input checked="" type="checkbox"/> N ___
Final Settling	8	Clarifier	<i>Both clarifiers look clear. Several inches of clarity</i>
	8	Sludge Return	In <input checked="" type="checkbox"/> Out ___
	8	Surface Skimmer	In <input checked="" type="checkbox"/> Out <input checked="" type="checkbox"/> <i>western plant skimmer are cycled out</i>
		Fixed Media Clarifier	
<del>Tertiary Treatment</del>		Surface Sand Filter	
		Polishing Pond	
		Other	
<del>Disinfection</del>		Chlorine Tube Feeder	
		Dechlorination Tube Feeder	
		Ultraviolet (UV)	
<del>Flow Metering</del>		Elapsed Pump Time	
		Recorder (continuous total)	
<del>Pumps</del>		Raw Wastewater (type)	
		Sand Filter Effluent Dosing	
<del>Sludge Handling</del>		Aerated Storage Tank	
		Sludge Drying Bed	
Sludge Disposal	8	Municipal POTW	<i>hauled in December</i>
		Landfill	
		Land Application	
<del>Advanced Treatment</del>		Post Aeration	
		Spray Irrigation	
		Other	

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

*Mr. J. J. ...*  
*Assured ...*  
*301 Main Street*  
*P.O. Box ...*  
*Union, New York 13501*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*E. R. ...*

Agent

Addressee

B. Received by (Printed Name)

*E. R. ...*

C. Date of Delivery

*3/21*

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7006 3450 0001 0611 2626

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>	
<p>1. Article Addressed to:  <i>MR. RUSS PETRALIA, PRESIDENT          ASNFOLD MANAGEMENT GROUP, INC.          501 MAIN STREET          P.O. BOX 4965          Utica, New York 13501</i></p>		<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></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>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>	
7006 3450 0001 0611 2626			

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

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

Postage \$	2.65	Return Receipt Fee (Endorsement Required)	2.15	Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees \$	
------------	------	---	------	--	--	-------------------------	--

Ohio EPA Postmark Here

Sent To: *RUSS PETRALIA - ASNFOLD MGMT GROUP, INC.*  
 Street, Apt. No.:  
 or PO Box No. *501 MAIN ST - P.O. BOX 4965*  
 City, State, ZIP+4® *Utica, New York 13501*



9292 7790 7000 054E 9002  
 9292 7790 7000 054E 9002

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

PS Form 3800, August 2005 See Reverse for Instructions