



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
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
Notice of Violation

May 18, 2009

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 April 22, 2009, 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. Kevin Dean 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. A relatively clear effluent was being discharged to the lagoons. It was noted that the skimmer return in the western treatment plant was inoperable. The air supply to the skimmer needs to be repaired in order for it to operate correctly. It was also noted that the trash trap preceding the eastern plant is still in need of repairs and needs replaced. Surface water flows directly into the tank during heavy rains and the top of the tank is beginning to crumble.

As mentioned in numerous previous letters from our office sent to your attention, detailed drawings for plant upgrades were to have been submitted to our office by June 1, 2007. The upgrades were to have been completed and operational by June 1, 2008. Please be aware that **you are in violation** of the compliance schedule contained in your NPDES permit. As of the date of this letter our office has yet to receive the required detailed drawings. Numerous requests for you to contact our office in writing have also gone unanswered.

A review of the discharge monitoring reports submitted to our office for the months of July 2008 through August 2008 revealed several **violations** of the limits contained in your NPDES permit. It was noted that the required monthly reports have not been submitted since August 2008. Mr. Dean indicated that while he has been taking the required samples he has been holding the reports in an effort to obtain payment from you for his services. You are in **violation** for failure to submit reports for September 2008 through April 2009.

Mr. Russ Petralia
May 19, 2009
Page Two

Our Agency has made numerous, unsuccessful requests for information regarding the submittal of the required detailed drawings. **This letter represents our final request for information before referring this case for formal enforcement action.** You shall submit a written schedule to our office with dates when the required detailed drawings will be submitted and the upgrades constructed. In order to avoid enforcement, the drawings shall be submitted no later than September 1, 2009 and construction completed by March 1, 2010.

Our office has remained patient in working with you to obtain compliance with your permit, however failure to **respond to this letter within 14 days of receipt** will cause us to refer this case for formal enforcement action. If you have any questions please call me at 419-373-3070.

Sincerely,



Walter Ariss
Environmental Specialist II
Division of Surface Water

/lb

Enclosure

pc: ~~NWDOEDSW:file~~
Ron Walker, Park Manager, Clear Fork MHP
Kevin Dean, Dean's Backflow Service
Matt Work, Richland County Health Department
7007 2560 0000 4485 5775

DSM-WA-LB

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1. Article Addressed to: <i>Mr. Russ I Strachan Pres</i> <i>1111 Main St</i> <i>P.O. Box 4169</i> <i>Utica New York</i> <i>13501</i>	B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5/27/09</i>
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PS Form 3811, February 2004	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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PS Form 3800, August 2006 See Reverse for instructions

OHIO ENVIRONMENTAL PROTECTION AGENCY

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

NPDES Permit No. 2PT00024

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

Facility Address 1260 SR 97 Date 4/22/09 Time 10:00 am

City Bellville County Richland Township _____

Name and Address of Owner Ashford Management

Person Contacted Kevin Dean - operator Owner Phone _____

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

Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 60° sunny

OEPA Personnel Walter Ariss District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None	<input checked="" type="checkbox"/>	Clear		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: leaching lagoons

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear		None		Colorless
1	Mild			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2	Moderate	<input checked="" type="checkbox"/>	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

- d. no filters
 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	
_____	_____	Chlorination Tablets
_____	_____	Dechlorination Tablets
_____	_____	U.V.

no disinfection

Yes No

4. Compliance with NPDES Permit Y N Parameters: _____

Periodic Violations _____

Chronic Violations D.O., fecals, compliance schedule

5. Adequate plant safety

6. Operation and Maintenance Service Name Dean's Backflow

Frequency of Visits at least 2/week

Facility Name: _____

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	2	Trash Trap	Pumping Frequency: 1/12 month - east / 1/2 month east
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment		Plant Timer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cycle Time: 5 hours on / 1 off
		Motor/ Blower Unit <i>running</i>	
Secondary Treatment	2	Aeration Tank	Color: good color - both plants Adequate Aeration: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Final Settling	2	Clarifier	good clarity on both plants skimmer on west plant needs repaired
	2	Sludge Return	In <input checked="" type="checkbox"/> Out <input type="checkbox"/>
	2	Surface Skimmer	In <input type="checkbox"/> Out <input checked="" type="checkbox"/> - only on when operator present
		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	2	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment		Post Aeration	
		Spray Irrigation	
		Other	