

HAMILTON CO
ST. BERNARD LF
GM CORP



State of Ohio Environmental Protection Agency

Southwest District Office

401 E. Fifth St.
Dayton, Ohio 45402

TELE: (937) 285-6357 FAX: (937) 285-6249
www.epa.state.oh.us

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

CERTIFIED MAIL

May 21, 2009

Mr. Phil Stegman
Service Director
City of St. Bernard
110 Washington Avenue
St. Bernard, Ohio 45217

**Re: NOTICE OF VIOLATION
City of St. Bernard, Hamilton County, Ohio**

Dear Mr. Stegman:

The purpose of this correspondence is to inform you of the City of St. Bernard's (City) requirement for submission of explosive gas monitoring results for the City of St. Bernard Landfill.

Ohio Revised Code (ORC) Section 3734.041 and Ohio Administrative Code (OAC) Rule 3745-27-12 (1994, 2003) require the owner or operator of a closed landfill that is so situated that a residence or other occupied structure is located within one thousand feet horizontal distance from the landfill boundary (or emplaced wastes) to monitor explosive gas levels at the closed landfill, and submit written reports of the results of the monitoring to the director. Under OAC Rule 3745-27-12(E), explosive gas sampling results shall be submitted to Ohio EPA within fifteen days of the date of sampling.

As of the date of this correspondence, Ohio EPA has not received the explosive gas sampling results for the April explosive gas monitoring event.

This is a violation of OAC Rule 3745-27-12(E)(4), which states in part:

"Results shall be submitted to the appropriate district office of Ohio EPA and the local health district on a form prescribed by the director. The results shall be submitted within fifteen days of the date of sampling (.)"

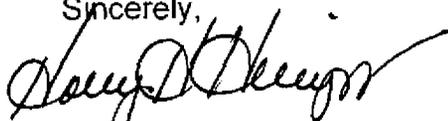
Please respond in writing within fourteen (14) days from the receipt of this correspondence regarding your submission of the April explosive gas sampling results and a plan to ensure future submissions are in compliance with OAC Rule 3745-27-12(E).

Mr. Phil Stegman
 Service Director
 City of St. Bernard
 May 21, 2009
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Compliance with the requirements outlined in this letter shall not relieve you of your obligation to comply with other legal obligations, including, but not limited to, Chapters 3704, 3714, 3734, or 6111 of the Ohio Revised Code or under the Federal Clean Water Act, Clean Air Act, Comprehensive Environmental Response, Compensation, and Liability Act, or Resource Conservation and Recovery Act remedying conditions resulting from any release of contaminants to the environment.

Please do not hesitate to contact me should you have any further questions or concerns. You may reach me at either the letterhead address or by telephone at (937) 285-6072.

Sincerely,



~~Holly H. Hillyer~~
 Environmental Specialist
 Division of Solid and Infectious Waste Management

HHH/plh

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.		COMPLETE THIS SECTION A. Signature X <i>HHH</i> B. Received by (Print Name) <i>Mika Wickham</i> D. Is delivery address correct? If YES, enter delivery point		U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com® OFFICIAL USE									
1. Article Addressed to: <i>Mr. Phil Stegman City of St. Bernard 110 Washington Ave St. Bernard OH 45217</i>		<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>*Total Postage & Fees</td><td>\$</td></tr> </table> <div style="text-align: right;"> <i>Mailed 5/27/09</i> Postmark Here <i>Holly H.</i> </div>		Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		*Total Postage & Fees	\$
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2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7005 0390 0004 9401 9780 </div>		<table border="1"> <tr><td>Sent To</td><td><i>City of St. Bernard</i></td></tr> <tr><td>Street, Apt. No. or PO Box No.</td><td><i>110 Washington</i></td></tr> <tr><td>City, State, ZIP+4</td><td><i>St Bernard OH 45217</i></td></tr> </table>		Sent To	<i>City of St. Bernard</i>	Street, Apt. No. or PO Box No.	<i>110 Washington</i>	City, State, ZIP+4	<i>St Bernard OH 45217</i>				
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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.		PS Form 3800, June 2002 See Reverse for Instructions											
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