



State of Ohio Environmental Protection Agency

Northeast District Office

2110 East Aurora Rd.
Twinsburg, Ohio 44087

TELE: (330) 963-1200 FAX: (330) 487-0769
www.epa.state.oh.us

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

June 30, 2009

RE: **CENTRAL WASTE
GROUND WATER
NOTICE OF VIOLATION**

CERTIFIED MAIL

Tom Johnson
Central Waste, Inc.
12003 Oyster Road
Alliance, OH 44601

Dear Mr. Johnson:

The Ohio Environmental Protection Agency (Ohio EPA) has reviewed the February 2009 Background Sampling Event, dated March 26, 2009. The document was received at the Northeast District Office (NEDO) of Ohio EPA on March 27, 2009. The document presents the third background ground water sampling results from monitoring well MW-11SR, pursuant to OAC Rule 3745-27-10(C)(10). The sampling was conducted as required by OAC Rules 3745-27-10(D)(5)(a)(ii) and 3745-27-10(D)(5)(e) and the 2008 Revised Ground Water Detection Monitoring Plan.

Ohio EPA has determined that the owner/operator is in violation of OAC Rule 3745-27-10(C)(10)(g) for failing to submit the method detection limits achieved by the laboratory during the analysis of ground water samples collected from well MW-11SR on February 18, 2009.

A review of the laboratory analytical results for well MW-11SR revealed that the method detection limits achieved during the laboratory analysis of MW-11SR ground water samples were not reported by the laboratory. To return to compliance with this rule, the owner/operator needs to submit the method detection limits that were achieved during the analysis of ground water samples collected from MW-11SR on February 18, 2009.

Nothing in this letter shall be construed to authorize any waiver from the requirements of any applicable state or federal laws or regulations. This letter shall not be interpreted to release the Entity from responsibility under Chapters 3704, 3714, 3734, or 6111 of the Ohio Revised Code or under the Federal Clean Water or Comprehensive Environmental Response, Compensation, and Liability Acts for remedying conditions resulting from any release of contaminants to the environment.

If you have any questions concerning this letter, please contact me at (330) 963-1257.

Sincerely,



Katharina Snyder
Division of Solid and Infectious Waste Management

KS:cl

cc: Mark Kroenke, DDAGW-NEDO File: [Sowers/Land/Central /GRO/50] Proj Id# 2425
Mary Helen Smith, Mahoning County Health Department

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Sent to Tom Johnson
 Street, Apt. No. or PO Box No. Central waste
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p> <p><i>7-1-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Tom Johnson Central Waste, Inc. 12003 Oyster Road Alliance, OH 44601</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (transfer from service label) <i>7008 3230 0003 5419 7181 K. Snyder 6-30-09</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>