



State of Ohio Environmental Protection Agency

**Southeast District Office**

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

January 6, 2010

**RE: MONROE COUNTY  
FAC - BROWN BROTHERS LANDFILL**

Brown Brothers Landfill  
Attn.: Guy Brown, President  
37729 State Route 7  
Sardis, Ohio 43946

**CERTIFIED MAIL  
#7007 3020 0001 7884 9750**

Dear Mr. Brown:

On December 17, 2009, Trevor Irwin, representing Ohio EPA, Southeast District Office, conducted an inspection of the Brown Brothers Landfill. The findings and observations of this inspection are as follows:

Cover vegetation continues to grow throughout the facility. Several small trees are growing on the eastern slope of the facility. The presence of these trees could possibly contribute to the infiltration of surface water into the landfill which would produce more leachate.

In addition, I also observed that no method to limit access to the facility has been installed.

Sincerely,

Trevor L. Irwin, R.S.  
Environmental Specialist  
Division of Solid and Infectious Waste Management

TLI/jg

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Josephine Brown</i></p>
<p>1. Article Addressed to:</p> <p><i>Brown Brothers Lab. attn Guy Brown 37729 SART 1 SARDIS OH 43946</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Josephine Brown</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7007 3020 0001 7884 9750</p>