

**Environmental
Protection Agency**

Ted Strickland, Governor
Lee Fisher, Lt. Governor
Chris Korieski, Director

September 7, 2010

RE: FOSTERS TAVERN
PERMIT NO. 3PR00489
MEDINA COUNTY
HINCKLEY TOWNSHIP

CERTIFIED MAIL

Mr. Donald Iagofand, Owner
1382 Ridge Road
Hinckley, Ohio 44233

Dear Mr. Iagofand:

On August 27, 2010, an inspection of the above referenced facility's wastewater treatment system was conducted. No one was present during the inspection. The purpose of the inspection was to evaluate the operation and maintenance of the treatment system along with the facility's compliance status with respect to the terms and conditions of the above referenced National Pollutant Discharge Elimination System (NPDES) permit.

During the inspection, the following items were noted:

1. The plant design of the wastewater treatment system is 5,400 gpd.
2. The blowers were running and the plant was receiving good aeration.
3. The flow equalization tank was also being aerated.
4. The contents of the aeration tank were light to medium brown in color and no foam was present. A medium brown color is more typical of a properly operating plant.
5. The sludge return line was functioning properly. However the discharge was light brown in color. The side walls of the settling tank may need to be scraped down.
6. The settling tank contained floating solids and the skimmer return line was plugged. See Figure 1. The skimmer needs to be unplugged immediately. The skimmer return line should be retuning clear water to the aeration treatment tank.
7. Scum build-up was present behind the baffle in the settling tank. The scum should be removed and properly disposed.
8. The weirs and the trough in the settling tank had algae and solids build-up. See figure 2. They should be scraped down and cleaned out.
9. One surface sand filter bed had vegetation growing in it. See Figure 3. The vegetation should be removed immediately. All vegetation should be properly disposed at a licensed solid waste landfill.

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Fosters Tavern
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- Both the chlorination and dechlorination dispensing tubes were not evaluated because the grate cover was locked. It should be noted that both chlorination and dechlorination tablets are required to be used from May 1st through October 31st.

This office has recently reviewed your self-monitoring reports covering the period September 1, 2009 through July 31, 2010 for the referenced facility. Our review indicates violations of the terms and conditions of your NPDES permit. The specific instances of noncompliance are as follows:

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00300	Dissolved Oxygen	1D Conc	6.0	5.2	3/15/2010
001	00530	Total Suspended Solids	30D Conc	12	13.	6/1/2010

No frequency violations were noted.

Please notify this office in writing within 14 days receipt of this letter your intentions to resolve items 6 through 9 along with the current designated Operator of Record per the requirement of Paragraph (A)(2) of rule 3745-7-02 of the Ohio Administrative Code. This letter shall include a completion date for each item. A follow-up inspection will be conducted subsequent to the completion date.

Please be advised that such instances of noncompliance may be cause for enforcement actions pursuant to the Ohio Revised Code, Chapter 6111.

Should you have any comments or questions regarding this letter, do not hesitate to contact me at (330) 963-1143.

Respectfully



Michael W. Stevens
Environmental Engineer
Division of Surface Water

MWS/mt

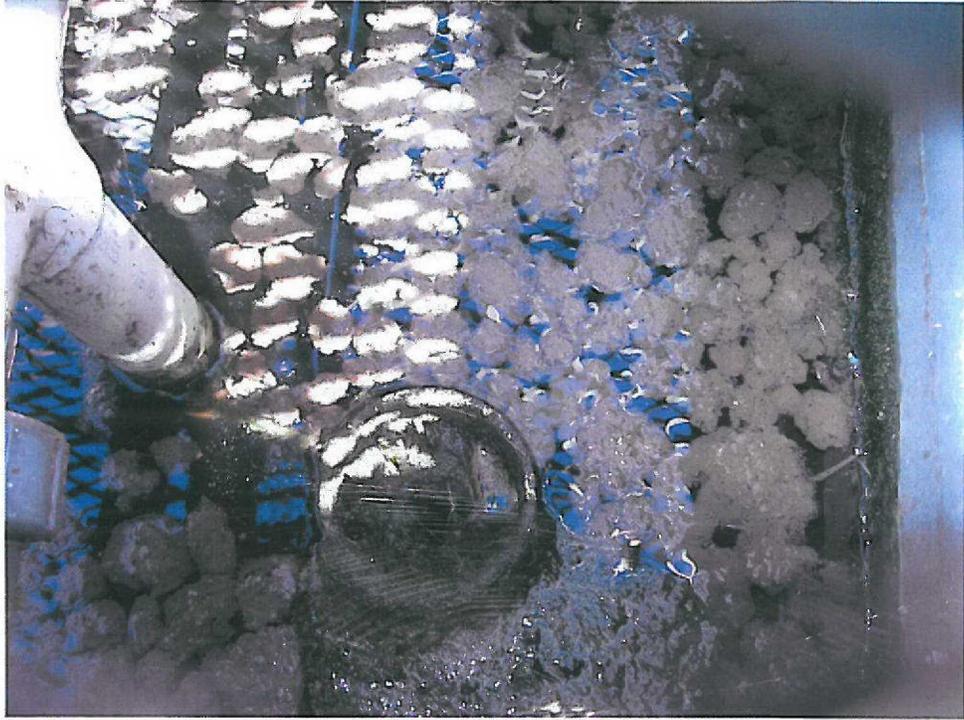


Figure 1



Figure 2

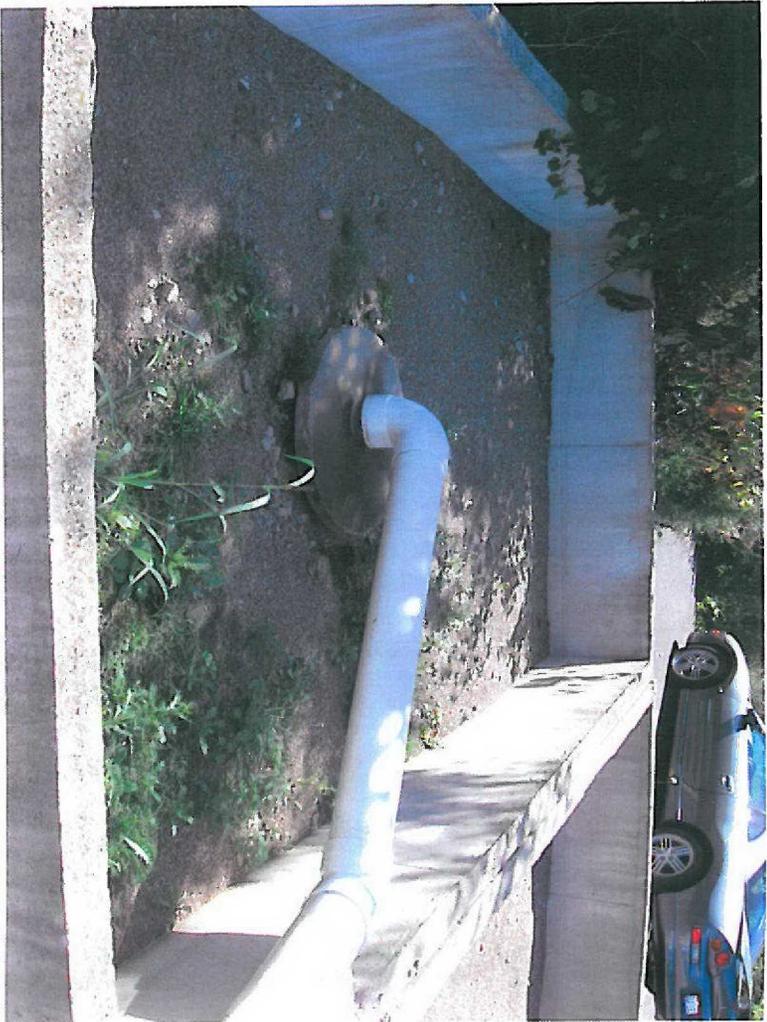


Figure 3

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 X <i>Bette Lanzer</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: MR. DONALD IAGOFAND, OWNER 1382 RIDGE RD. HINCKLEY, OH 44233</p>	<p>B. Received by (Printed Name) <i>BETTE LANZER</i> C. Date of Delivery <i>9-9-10</i></p>
<p>2. Article Number 7010 1060 0000 0089 8220 M. STEVENS 9/7/10 (Transfer from service label)</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>

PS Form 3811, February 2004

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Street, Apt. No.,
or PO Box No. *Owner*
City, State, ZIP+4

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See Reverse for Instructions