Environmental
Protection Agency
John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

April 21, 2011

RE: CIRCLE RESTAURANT
PERMIT NO. 3PR00120
PORTAGE COUNTY
DEERFIELD TOWNSHIP

CERTIFIED MAIL

Ms. Toni Minor, Owner
Circle Restaurant
P.O. Box 128
Deerfield, Ohio 44411

Dear Ms. Minor:

On April 14, 2011, an inspection of the above referenced facility was conducted. The facility was represented by you. The purpose of the inspection was to: (1) evaluate the performance of the wastewater 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 and (2) determine required additional actions to be undertaken as part of the permit renewal process.

During the inspection, the following items were noted/discussed:

1. The plant design of the wastewater treatment system is 5,000 gpd.
2. Valley Environmental is contracted to oversee the operations of the wastewater treatment plant along with collecting the effluent samples for analysis.
3. Mr. Kyle Wagner, Circle Restaurant employee, conducts the weekly color, odor, and turbidity readings. He also takes readings for pH and, temperature on site.
4. It should be noted that pH, temperature, chlorine residual, and dissolved oxygen are field tests. These tests are required to be performed on-site. This should be confirmed with your operator.
5. In accordance with Ohio Administrative Code 3745-7-04, the sewage treatment facility is classified as a Class A facility. Once the facility's permit is renewed, the permittee shall ensure that the treatment works operator of record is physically present at the facility twice per week for a minimum of one hour per week.
6. You indicated that Mr. Darryl Himler, Manager, and you both have a Limited Class A license. The summation of your time along with Mr. Himler's and Valley Environmental's time can be used to satisfy the time requirement of being present at the plant.
7. The blowers were running and the plant was receiving good aeration.
8. The contents of the aeration tank were medium brown in color and no foam was present. This is typical of a properly operating plant.
9. The flow equalization tank was being aerated.
10. The metal flow equalization tank is severely deteriorated. See Figure 1. Plans to repair/replace the flow equalization take should be made accordingly. You indicated that a replacement price has already been obtained.

Northeast District Office
2110 East Aurora Road
Twinsburg, OH 44087-1924

330 | 963 1200
330 | 487 0769 (fax)
www.epa.ohio.gov

11. Additionally the constant head splitter box is also showing signs of severe deterioration. See Figure 2. Plans to repair/replace the constant head splitter box should also be made.
12. The skimmer appeared to be functioning. However the skimmer discharge line could not be located. The discharge from the skimmer line should be located in order to verify that it is functioning properly.
13. The sludge return line was working properly and was returning medium brown water.
14. The weirs and the sidewalls in the settling tank were free of scum/solids build-up.
15. Solids build-up was present behind the baffle in the settling tank. This material should be pumped out routinely when the trash trap is pumped.
16. You indicated that Valley Environmental cleans the up flow clarifier on an as needed basis.
17. The sludge digester was being aerated.
18. You indicated that Sosnick Septage pumps out the trash trap and hauls sludge approximately every 2 months. You were not sure where this material was disposed, but committed to find out from your hauler.
19. Both surface sand filter beds were free of vegetation and sludge. Both beds were recently raked and appeared to be well maintained.
20. The effluent being pumped to the surface sand filter media was visually clear.
21. The west distribution line on the splitter box to the surface sand filter beds is cracked. See Figure 3. This need to be replaced immediately.
22. The discharge point was not observed.
23. Please note that chlorination and dechlorination is required from May 1st through October 31st. Both the chlorination and dechlorination dispensing tubes should be appropriately stocked during this time period.
24. It was noted that several caps on the chlorination and dechlorination dispensing tubes were missing. These caps should be replaced immediately.
25. The facility's permit expires on November 30, 2011.
26. In order to receive authorization to discharge beyond the above date of expiration, the permittee shall submit the appropriate renewal forms as are required by the Ohio EPA no later than 180 days prior to the above date of expiration. Please note that a $ 200.00 dollar application renewal fee is required at the time of submission. The check shall be made payable to: "Treasurer, State of Ohio"
27. Please note that a schedule of compliance will be placed in the permit renewal which requires the facility to meet E. Coli limits in the final table for outfall monitoring station 3PR00120**001**.
28. Once the facility's renewal permit is drafted it will be public noticed. During public notice, you will have a 30 day period to evaluate your permit and comment in writing any concerns you may have.

This office has recently reviewed your self-monitoring reports covering the period February 1, 2010 through March 31, 2011 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:

Limit Violations

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00530	Total Suspended Solids	30D Conc	11.3	12.	2/1/2010
001	00530	Total Suspended Solids	30D Qty	0.19	.19871	2/1/2010
001	80082	CBOD 5 day	30D Qty	0.15	.15069	2/1/2010
001	00300	Dissolved Oxygen	1D Conc	6.0	5.8	11/23/2010
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.6	3.64	1/1/2011
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.03	.06028	1/1/2011
001	00610	Nitrogen, Ammonia (NH3)	1D Conc	2.6	3.64	1/6/2011
001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.04	.06028	1/6/2011
001	00530	Total Suspended Solids	30D Conc	11.3	22.	3/1/2011
001	00530	Total Suspended Solids	30D Qty	0.19	.36431	3/1/2011
001	00530	Total Suspended Solids	1D Conc	17	22.	3/3/2011
001	00530	Total Suspended Solids	1D Qty	0.28	.36431	3/3/2011

No frequency violations were noted.

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

Please inform this office in writing, within 21 days receipt of this letter, of your intentions to resolve items 4, 10, 11, 12, 15, 18, 21 and 24. The letter should include dates, either actual or proposed, for completion of the actions. A follow-up inspection will be conducted subsequent to the completion date.

Should you have any comments or questions concerning this letter, please feel free to call me at (330) 963-1143.

Respectfully,

Michael W. Stevens

Michael W. Stevens
Environmental Engineer
Division of Surface Water

MWS/mt

Figure 1

Figure 2

Figure 3

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.

1. Article Addressed to:

TONI MINOR, OWNER
CIRCLE RESTAURANT
PO BOX 128
DEERFIELD OH 44411

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Toni Stevens ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Toni Minor
C. Date of Delivery 4/25/11

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

DEERFIELD, OH 44411 APR 20 2010 U.S.P.S.

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7010 1670 0001 8461 1760 (STEVENS 4/21/11)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7010 1670 0001 8461 1760

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

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions