



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490  
www.epa.state.oh.us

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

November 14, 2008

**RE: BELMONT COUNTY  
SITE - SHIELDS HOLLOW RD. DUMP**

Ms. Melissa Pacifico  
Shields Hollow Road  
P.O. Box 40  
Neffs, Ohio 43940

**CERTIFIED MAIL  
#7004 1160 0001 6905 3339**

Dear Ms. Pacifico:

Please be advised that on November 13, 2008, I conducted a follow up inspection of your Shields Hollow Road property (Property). The purpose of my inspection was to determine your compliance with the Director's Final Findings and Orders (DFFOs), effective November 26, 2007. The following is a summary of observations made during my inspection:

1. Order #1 of the DFFOs states that effective immediately upon the effective date of these Orders, Respondents shall cease acceptance and disposal of solid waste C&DD material at the Property.

As you recall, I informed you in my previous letters that I observed an additional load of demolition debris that had been dumped on your Property after the effective date of the DFFOs, November 26, 2007. During my November 13, 2008, inspection, it appeared that no action has been initiated to remove and properly dispose of this debris. Therefore, you continue to be in violation of Order #1.

2. Order #2 of the DFFOs states that effective immediately upon the effective date of these Orders, Respondents shall cease acceptance and burial of solid waste C&DD material at the property.

At the time of my November 13, 2008, inspection, it did not appear that any additional solid waste has been buried at the Property. Therefore, it appears that you are in compliance with Order #2.

3. Order #3 of the DFFOs states within sixty (60) days after the effective date of these Orders, Respondents shall excavate and remove all solid waste including, but not limited to, solid waste dumped onto the ground and buried at the property, and dispose of all solid waste at a license solid waste disposal facility. Respondents shall obtain disposal receipts from the licensed solid waste disposal facility indicating weight or volume of wastes disposed.

At the time of my November 13, 2008, inspection, it did not appear that any work had been initiated to remove and properly dispose of the solid waste illegally dumped at the Property. Therefore, you continue to be in violation of Order #3.

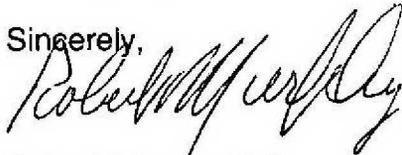
**BELMONT COUNTY  
SITE - SHIELDS HOLLOW RD. DUMP  
NOVEMBER 14, 2008  
PAGE 2**

4. Order #4 of the DFFOs states within sixty (60) days after the effective date of these Orders, Respondents shall excavate and remove all C&DD including, but not limited to, C&DD dumped onto the ground and buried at the Property, and dispose of all C&DD at a license C&DD disposal facility. In the event that C&DD cannot be segregated from the solid wastes, the commingled solid wastes and C&DD shall be disposed of at a solid waste disposal facility. Respondents shall obtain disposal receipts from the licensed C&DD disposal facility indicating weight or volume of wastes disposed.

At the time of my November 13, 2008, inspection, it did not appear that any work had been initiated to remove and properly dispose of the C&DD illegally dumped at the Property. Therefore, you continue to be in violation of Order #4.

To date, I have not received a response from you from my previous letters. I am again asking that you respond to this letter, in writing, within 15 days and detail your intentions and actions taken to comply with the DFFOs. If you have any questions, please contact me at (740) 380-5408.

Sincerely,



Robert Murphy, R.S.  
Environmental Specialist II  
Division of Solid and Infectious Waste Management  
Ohio Environmental Protection Agency  
Southeast District Office

RM/jg

cc: Jim King, Belmont County Health Department  
Kelly Jeter, DSIWM/CO

| 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<br/> <input checked="" type="checkbox"/> Addressee<br/> <i>Melissa Pacifico</i></p> <p>B. Received by (Printed Name) C. Date of Delivery<br/> <i>MELISSA PACIFICO 11/18/08</i></p>   |
| <p>1. Article Addressed to:</p> <p><i>MELISSA PACIFICO<br/> SHIELDS HOLLOW RD<br/> PO BOX 40<br/> NEFFS OH 43940</i></p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/></p> |
| <p>2. Article Number<br/> (Transfer from service label)</p>  | <p>7004 1160 0001 6905 3339</p>   |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>  |   |

| U.S. Postal Service™<br><b>CERTIFIED MAIL™ RECEIPT</b><br>(Domestic Mail Only; No Insurance Coverage Provided)                                       |         |
|--|---------|
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a><br><b>OFFICIAL USE</b>                                  |         |
| Postage  | \$ .42  |
| Certified Fee  | 2.70    |
| Return Receipt Fee<br>(Endorsement Required)   | 2.20    |
| Restricted Delivery Fee<br>(Endorsement Required)  |         |
| Total Postage & Fees   | \$ 5.30 |
| Sent to<br><i>MELISSA PACIFICO - HOLLOW RD</i><br>Street, Apt. No.;<br>or PO Box No. <i>PO BOX 40</i><br>City, State, ZIP+4<br><i>NEFFS OH 43940</i> |         |
| PS Form 3890, June 2002 See Reverse for Instructions   |         |



7004 1160 0001 6905 3339