



Environmental
Protection Agency

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



1PW0003220090804

HAMILTON NORTHCREST APARTMENTS

OSTENDORF, ROBE 2009/08/04

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
MAILED AUG 4, 2007

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

From: Bob
OSTENDORF JR.
- SW DIV.

Postmark
Here

Total Postage & I

MS KATHLEEN KLUG
NORTHCREST APARTMENTS
5411-G BLUESKY DRIVE
CINCINNATI OH 45247

Sent To

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

City, State, ZIP+4

7006 2760 0003 078J 2803

See Reverse for Instructions!

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may **ONLY** be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

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:

**MS KATHLEEN KLUG
NORTHCREST APARTMENTS
5411-G BLUESKY DRIVE
CINCINNATI OH 45247**

2. Article Number
(Transfer from service label)

7006 2760 0003 0781 2803

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Sue Papin Agent Addressee

B. Received by (Printed Name)

 Sue Papin

C. Date of Delivery

8/5/9

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

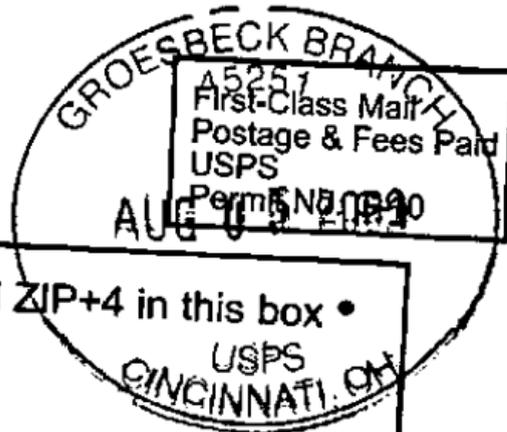
3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

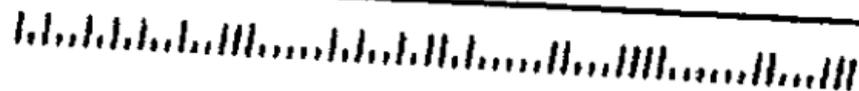
 Yes

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP+4 in this box •

STATE OF OHIO EPA
SOUTHWEST DISTRICT OFFICE
ATTN: BOB OSTENDORF JR
SURFACE WTR DIVISION
401 EAST FIFTH ST
DAYTON OH 45402





State of Ohio Environmental Protection Agency

401 East Fifth Street
Dayton, Ohio 45402-2911

Southwest District Office
TELE: (937) 285-6357 FAX: (937) 285-6249
www.epa.state.oh.us

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

August 4, 2009

CERTIFIED LETTER

Ms. Kathleen Klug
Northcrest Apartments
5411-G Bluesky Drive
Cincinnati, Ohio 45247

**Re: Hamilton County, Northcrest Apartments, Compliance Evaluation Inspection
and Notice of Violation**

Dear Ms. Klug:

On July 14, 2009, I conducted a Compliance Evaluation Inspection at Northcrest Apartments (NPDES Permit No. OH0115797; OEPA Permit No. 1PW00032*BD). A copy of my inspection report is enclosed.

This letter also serves as a Notice of Violation (NOV) for the violations found in Appendix A of the inspection report, violations of permit 1PW00032*BD, Ohio Revised Code and the Ohio Administrative Code. The violations of permit 1PW00032*BD, Ohio Revised Code and Ohio Administrative Code. The violations of permit 1PW00032*BD, Ohio Revised Code, and Ohio Administrative Code are as follows:

- Permit 1PW00032*BD, Part III, Item 3 "Facility Operation and Quality Control" - Failure to maintain the proper operation of the trash trap, flow diversion box, and the surface sand filters.
 - At the time of the inspection the trash trap was in need of being cleaned-out (pumped). It was determined that the trash trap had not been cleaned-out in approximately 6 months. This was determined by you when you contacted the hauler and inquired as to the last time they had hauled from the facility. Although it is understood by the Ohio EPA that a frequency in which to clean-out a trash trap will need to be established on a facility by facility basis, it was evident that this piece of equipment had not been maintained properly in quite some time. A review of the operators log book revealed that the maintenance of the trash trap had not been noted for the time-frame reviewed during the inspection (April 2009 – July 2009).
 - At the time of the inspection the flow diversion box was in disrepair. Due to this disrepair the flow going to the 2 aeration tanks cannot be regulated to ensure an even distribution of flow. An uneven distribution of flow can inhibit



the efficient operation of the wastewater treatment plant.

- The surface sand filters are severely overgrown. The vegetative growth within the surface sand filters is unacceptable and will need to be rectified immediately.
 - The line from the distribution box out to the surface sand filter was cracked and the flow was not being evenly distributed across the surface of the sand filter. Uneven distribution of the flow across the entire surface of the sand filter can cause ponding to occur. It was recognized during the inspection that the actual average daily flow is substantially less than the design average daily flow.
 - The surface sand filter currently has approximately 13" of sand within it. The minimum sand depth shall be no less than 18" and shall be consistent with the specifications outlined in the Ohio EPA guidance document "Sewage: Collection, Treatment and Disposal Where Sewers Are Not Available". The necessity of rehabilitating the surface sand filters was discussed at length.
- Permit 1PW00032*BD, Part III, Item 5 "Sampling and Analytical Method" - Failure to perform monitoring using an approved analytical method found in 40 CFR Part 136 and failure to collect representative samples.
 - During a conversation with Mr. Chris Doty of Northcrest Apartments, it was determined that he routinely performs the sampling and analysis of the final effluent for Total Residual Chlorine using a Hach Pocket Colorimeter. Mr. Doty stated that he does not wait after adding the DPD Total Chlorine Powder Pillow. Mr. Doty indicated that he did not have the operating instructions for the Hach Pocket Colorimeter and was performing the analysis as he was instructed by the previous operator of record. Per the instructions for the Hach Pocket Colorimeter you are suppose to wait 3 minutes before analyzing the sample. The procedure as specified by Hach is an approved method found in 40 CFR Part 136. Deviation from the approved procedure invalidates the results of the monitoring event. I encourage you to contact the manufacturer regarding the proper operation of this piece of equipment and the approved analytical procedure. Please provide documentation of training for individuals performing this analytical procedure and provide the Method Detection Limit when using this piece of equipment.
 - It was discovered during the inspection that samples used in determining compliance with the final effluent limitations were being collected from

multiple locations. All samples collected for determining the quality of the effluent shall be collected after the final step of the treatment process and shall be representative of the effluent being discharged. Please refer to Part II, Item B for the location of the final effluent sampling station.

- Permit 1PW00032*BD, Part III, Item 9 "Duty to Provide Information" - Failure to respond to the NOV issued to Northcrest Apartments and dated January 9, 2009.
 - An NOV dated January 9, 2009 was issued to Northcrest Apartments and said NOV cited several violations. A response for the NOV was required within 10 days of receipt. A response to the NOV has not been received by this office. A copy of the January 9, 2009 NOV has been included for your use.
- Permit 1PW00032*BD, Part III, Item 12 "Non-compliance Notification" - Failure to notify the Ohio EPA of final effluent violations.
 - See Appendix A of the inspection report for a listing of the violations not reported per this requirement.
- Permit 1PW00032*BD, Part III, Item 19 "Transfer of Ownership or Control" - Failure to notify the Director of Ohio EPA of the transfer in ownership of the facility within the specified timeframe.
 - It is the understanding of the Ohio EPA that the previous owner is deceased and the property is now part of a Trust. Please complete the "Application for Transfer of Ohio NPDES Permit" form within 10 days of receipt of this NOV. The "Application for Transfer of NPDES Permit" form has been included with this NOV for your use.
- Ohio Revised Code 6111.44 "Plans for installation or changes to sewerage systems to be submitted to director of environmental protection" - Failure to submit a Permit to Install Application prior to the modification of the surface sand filters.
 - It was determined that the surface sand filters have been modified from the original design reviewed and approved by the Ohio EPA. The original design of the surface sand filters which was approved on June 19, 1990, did not include an opening in the wall to allow equipment access. Said opening compromises the 18" of free board as specified in Ohio EPA guidance document "Sewage: Collection Treatment and Disposal Where Sewers Are Not Available". The design of the surface sand filters will need to be

modified to comply with either the original design or the minimum specifications found in guidance document "Sewage: Collection Treatment and Disposal Where Sewers Are Not Available".

- Ohio Administrative Code 3745-7-02 "Certified operators required" – Failure to notify the Director of Ohio EPA of the change in the operator of record. OAC 3745-7-02 (2)(a) states that "The owner or operator of a treatment works or sewerage system shall notify the director of the identity of an operator of record in the event of a change in such position".
 - The operator of record was changed effective January 1, 2009 from Mr. Steve Cantor P.E. of Environmental Engineering Services to Mr. Bud Ruby of National Wastewater Industries, Inc. A completed Operator of Record Change Notification Form was not submitted.
 - The operator of record was changed effective July 1, 2009 from Mr. Bud Ruby to Mr. Dennis Feichtner. A completed Operator of Record Change Notification Form was not submitted. The "Operator of Record Notification Form" was provided to you during the inspection and was subsequently provided to the operator of record, Mr. Dennis Feichtner.
- Ohio Administrative Code 3745-7-09 Recordkeeping requirements and responsibilities of a certified operator" – Failure to maintain, or cause to be maintained, adequate records as required.
 - OAC 3745-7-09 requires that the logbook shall "...guarantee the authenticity and accuracy of the records contained within.". The current logbook is a spiral bound book and does not "guarantee the authenticity and accuracy of the records". The logbook shall be a record which cannot be duplicated or replaced (i.e. hardbound with consecutive numbered pages, well organized computer records, etc.).
 - OAC 3745-7-09 requires that the records contain the dates and times of arrival and departure for the operator of record. The current logbook does not contain arrival and departure times.

Please inform this office, in writing, within ten days of receipt of this notification as to the reason for the above referenced violations, as well as a description of the actions taken or proposed to prevent further violations. Your response should include the dates, either actual or proposed, for completion of said actions. Please be advised that failure to comply with the effluent limitations, monitoring, or reporting requirements of your NPDES Permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

Ms. Kathleen Klug
August 4, 2009
Page 5

During the inspection the following observation was made and will require a written response:

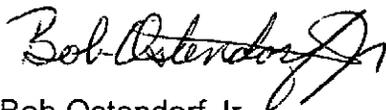
- The treatment system has several open tanks that are either missing or have no grating present. This situation poses a hazard to the employees of Northcrest Apartments and the treatment plant operator. Either OSHA approved hand rails or grating shall be installed to alleviate this hazard. Please refer to the last paragraph of page 13 in the Ohio EPA guidance document "Sewage: Collection Treatment and Disposal Where Sewers Are Not Available" for additional details of this requirement.

The following web link is to the Ohio EPA website for the electronic version of "Sewage: Collection Treatment and Disposal Where Sewers Are Not Available":
<http://www.epa.state.oh.us/dsw/guidance/guidance.html> .

Please submit a written plan of action regarding the above listed observation, including proposed completion dates, to this office by no later than August 21, 2009.

If you have any questions regarding this matter please feel free to contact me at (937) 285-6107 or via email at: Robert.Ostendorf@epa.state.oh.us.

Sincerely,



Bob Ostendorf Jr.
Division of Surface Water
Permits Section

Enclosure

cc: Mr. Dennis Feichtner, National Wastewater Industries, Inc.



State of Ohio Environmental Protection Agency
Southwest District Office

NPDES Compliance Inspection Report
Semi-Public Sewage Disposal Inspection Form

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PW00032*BD	OH0115797	7/14/09	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Northcrest Apartments 6416 Harrison Ave Cincinnati, OH 45247	12:45	July 1, 2006
	Exit Time	Permit Expiration Date
	4:00	June 30, 2011
Name(s) and Title(s) of On-Site Representatives		Phone Number(s)
Mr. Rick Hanson – National Wastewater Industries, Operator Ms. Kathleen Klug – Northcrest Apartments, Trustee Mr. Chris Doty – Northcrest Apartments, Maintenance Manager		513-367-5969 513-574-6817 513-574-6817
Name(s), Address and Title(s) of Operator of Record		Phone Number(s)
Dennis Feichtner, Operator of Record National Wastewater Industries, Inc. 5700 Dry Fork Road Cincinnati, OH 45002		513-367-5969
Name, Address and Title of Responsible Official		Phone Number
Ms. Kathleen Klug, Trustee Northcrest Apartments 6416 Harrison Ave Cincinnati, OH 45247		513-574-6817

Ohio EPA Inspector	Ohio EPA Reviewer
<i>Bob Ostendorf Jr.</i> 8-3-09 Date	<i>Martyn Burt</i> 8/3/09 Date
Bob Ostendorf Jr. Division of Surface Water Southwest District Office	Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office

Permit # : 1PW00032*BD
 NPDES #: OH0115797

Average Daily Design Flow:	60,000 Gallons/Day
Plant Serves:	Apartment Complex
Average Daily Flow: (Period of Review):	17,152 Gallons/Day (April and June 2009)
Method of flow monitoring:	Ultrasonic Flow Meter
Type of alarms for plant:	Audible and Visual alarms for power failure and high level

Pretreatment

Type of Pretreatment: **Trash Trap**
 Does the Trash Trap need pumped: **Yes**
 Maintenance of pretreatment components is: **Poor**

Comments/Status:

The trash trap needs to be pumped. It was determined during the inspection that it had been approximately 6 months since the trash trap had been cleaned out (pumped). The flow diversion box from the trash trap to the aeration tanks is in disrepair and not working properly. Due to the disrepair of the flow distribution box, the flow going to the 2 aeration tanks cannot be regulated to ensure an even distribution of flow.

**Secondary Treatment
(Aeration)**

Color of sludge: **Dark Brown**
 Quality of Sludge: **Heavy**
 Foam: **Light (dark)**
 Odor: **No objectionable odor present**

	Yes	No		Yes	No
Aeration is taking place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blowers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blowers are on a timer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skimmers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is flooded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diffusers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grating is present	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sludge return is operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Maintenance of aerating equipment is...**Fair**

Comments/Status:

It was determined that a maintenance person wastes an unknown amount 3 days per week when the clarifier walls are scraped. It was also determined that the operator (Rick Hanson) performs a settleometer test once per week. It appears that the diffusers are coarse bubble diffusers and are located along the outside wall of the aeration tanks. It was determined that the operator has never performed a DO profile on the aeration tanks and has never checked the DO concentration within the aeration tanks. The blowers are equipped with a timer but the timer is not utilized. The blowers are left on at all times. The operator also has never looked at the microorganisms under a microscope to evaluate the type of microorganisms present and the overall health of the microorganisms. The aeration tanks are open tanks of concrete construction with little to no grating present. It was also noted that the tanks do not have handrails present.

**Secondary Treatment
 (Settling)**

Clarity: **Clear**
 Condition of Weir: **Clean**
 Weir is level: **Yes**
 Effluent in weir: **Clear**
 Clarifier walls need scraped: **No**

Overall maintenance of settling components is: **Good**

Comments/Status:

The facility is equipped with 2 single hopper clarifiers (one for each treatment train). The clarifiers appeared to be in good working order.

Tertiary Treatment

	Yes	No		Yes	No
Surface sand Filters: Slow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subsurface	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution box operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beds alternated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are filters ponding/flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beds raked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sand filters overgrown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UV present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dechlorination present	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall maintenance of components is: **Poor**

Comments/Status:

The surface sand filters are severely overgrown. The sand depth within the surface sand filters is estimated to be 13 inches. The distribution line was cracked and the flow was not being evenly distributed across the entire surface of the sand filter. The wall of the surface sand filter is equipped with a removable entry point and the boards which are to be used at the entry point are missing. I was informed by the Maintenance Manager that the entry point is there to enable them to periodically enter the surface sand filter with a small front end loader (Bobcat) to clean out any accumulated solids. I advised them that using a large piece of equipment such as a Bobcat may prove to be detrimental to the underdrain system.

At the time of the inspection there was no chlorine tablets present in the chlorine feeder tubes. The operator placed 6-10 chlorine tablets into the chlorine feeder tubes during the inspection. The dechlorination tablets are tossed into the discharge pipe due to the absence of a dechlorination feeder tube. The operator also placed 2-4 dechlorination tablets into the discharge pipe.

Sludge Handling/Storage Disposal

Hauler name: Savings Liquid Waste
Disposal Site: Nearest MSD Facility
Sludge wasted from: clarifiers to sludge holding tank
How often is sludge wasted: 3 days per week
Sludge drying beds: **No** Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

Comments/Status:

An unknown amount of sludge is wasted 3 days per week when the clarifier walls are scraped. It may prove beneficial to the treatment process to establish a methodology to be used for determining the required amount to be wasted (i.e. sludge age, MLSS concentration, MCRT, etc.).

Plant Discharge

Discharge point is a: **Ditch**
Name of discharge point: **Unnamed Tributary of Taylor Creek**
Discharge is visible: **Yes** Quality of Effluent: **Clear**

Comments/Status:

There was discussion as to the sampling point for the facility. The sampling for chlorine was previously taken in one of three locations. The chlorine samples were either taken from the chlorine contact tank discharge line, the discharge point to the unnamed tributary or the discharge point of the unnamed tributary to Taylor Creek. The balance of the sampling is performed at the chlorine contact tank. I inquired as to if the analyst was aware of the presence of chlorine in the samples and the operator (Rick Hanson) assured me that the analyst was aware of the presence of chlorine in the samples. I explained that the samples collected had to be representative of what was being discharged and that all sampling needed to be performed at the discharge point to the unnamed tributary. It should be noted that at the time of the inspection it was not determined if the sample collected for analysis of Fecal Coliform was dechlorinated at the time of sample collection or was dechlorinated at the laboratory performing the analysis.

Appendix A - Violations

Final Effluent Violations					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
March 2009	TSS	Monthly Conc	12	13	3/1/2009
March 2009	TSS	Weekly Conc	18	24	3/22/2009
April 2009	TSS	Monthly Conc	12	19	4/1/2009
April 2009	TSS	Weekly Conc	18	27	4/1/2009
April 2009	TSS	Weekly Conc	18	25	4/8/2009
May 2009	TSS	Monthly Qty	2.73	410122	5/1/2009
May 2009	TSS	Weekly Qty	4.09	724002	5/1/2009
May 2009	Ammonia	Monthly Qty	0.34	7506	5/1/2009
May 2009	Ammonia	Weekly Qty	0.52	11138	5/1/2009
May 2009	CBOD	Monthly Qty	2.27	179191	5/1/2009
May 2009	CBOD	Weekly Qty	3.41	167077	5/1/2009
May 2009	Chlorine	1D Conc	0.019	0.05	5/4/2009
May 2009	Chlorine	1D Conc	0.019	0.07	5/5/2009
May 2009	Chlorine	1D Conc	0.019	0.05	5/6/2009
May 2009	TSS	Weekly Qty	4.09	572791	5/8/2009
May 2009	CBOD	Weekly Qty	3.41	143197	5/8/2009
May 2009	TSS	Weekly Qty	4.09	271123	5/15/2009
May 2009	Ammonia	Weekly Qty	0.52	3874	5/15/2009
May 2009	CBOD	Weekly Qty	3.41	116195	5/15/2009
May 2009	Chlorine	1D Conc	0.019	0.05	5/15/2009
May 2009	Chlorine	1D Conc	0.019	0.06	5/18/2009
May 2009	Chlorine	1D Conc	0.019	0.06	5/19/2009
May 2009	Chlorine	1D Conc	0.019	0.06	5/20/2009
May 2009	TSS	Weekly Qty	4.09	72574	5/22/2009
May 2009	CBOD	Weekly Qty	3.41	290294	5/22/2009
May 2009	Chlorine	1D Conc	0.019	0.07	5/26/2009
May 2009	Chlorine	1D Conc	0.019	0.05	5/28/2009
May 2009	Chlorine	1D Conc	0.019	0.05	5/29/2009
June 2009	Chlorine	1D Conc	0.019	0.05	6/3/2009
June 2009	Chlorine	1D Conc	0.019	0.06	6/4/2009
June 2009	Chlorine	1D Conc	0.019	0.06	6/5/2009
June 2009	Chlorine	1D Conc	0.019	0.06	6/8/2009
June 2009	Chlorine	1D Conc	0.019	0.06	6/9/2009
June 2009	Ammonia	Weekly Conc	2.3	2.7	6/15/2009
June 2009	Chlorine	1D Conc	0.019	0.05	6/17/2009
June 2009	Chlorine	1D Conc	0.019	0.05	6/18/2009
June 2009	Chlorine	1D Conc	0.019	0.06	6/22/2009
June 2009	Chlorine	1D Conc	0.019	0.07	6/23/2009
June 2009	Chlorine	1D Conc	0.019	0.06	6/24/2009
June 2009	Chlorine	1D Conc	0.019	0.06	6/26/2009
June 2009	Chlorine	1D Conc	0.019	0.05	6/29/2009
June 2009	Chlorine	1D Conc	0.019	0.05	6/30/2009

Code Violations					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
December 2008	Temperature			AF	12/28/2008
December 2008	Color			AF	12/28/2008
December 2008	TSS			AF	12/28/2008
December 2008	Ammonia			AF	12/28/2008
December 2008	Ammonia			AF	12/28/2008
December 2008	Ammonia			AF	12/28/2008
December 2008	Ammonia			AF	12/28/2008
December 2008	Odor			AF	12/28/2008
December 2008	Turbidity			AF	12/28/2008
December 2008	CBOD			AF	12/28/2008
December 2008	pH			AF	12/28/2008
December 2008	Dissolved Oxygen			AF	12/28/2008
December 2008	Temperature			AF	12/29/2008
December 2008	Color			AF	12/29/2008
December 2008	Odor			AF	12/29/2008
December 2008	Turbidity			AF	12/29/2008

Frequency / Reporting Violations					
Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date
December 2008	Flow	1/Day	1	0	12/01/2008
December 2008	Flow	1/Day	1	0	12/02/2008
December 2008	Flow	1/Day	1	0	12/03/2008
December 2008	Flow	1/Day	1	0	12/04/2008
December 2008	Flow	1/Day	1	0	12/05/2008
December 2008	Flow	1/Day	1	0	12/06/2008
December 2008	Flow	1/Day	1	0	12/07/2008
December 2008	Flow	1/Day	1	0	12/08/2008
December 2008	CBOD	1/Week	1	0	12/08/2008
December 2008	Flow	1/Day	1	0	12/09/2008
December 2008	Flow	1/Day	1	0	12/10/2008
December 2008	Flow	1/Day	1	0	12/11/2008
December 2008	Flow	1/Day	1	0	12/12/2008
December 2008	Flow	1/Day	1	0	12/13/2008
December 2008	Flow	1/Day	1	0	12/14/2008
December 2008	Flow	1/Day	1	0	12/15/2008
December 2008	Flow	1/Day	1	0	12/16/2008
December 2008	Flow	1/Day	1	0	12/17/2008
December 2008	Flow	1/Day	1	0	12/18/2008
December 2008	Flow	1/Day	1	0	12/19/2008
December 2008	Flow	1/Day	1	0	12/20/2008
December 2008	Flow	1/Day	1	0	12/21/2008
December 2008	Flow	1/Day	1	0	12/22/2008

Frequency / Reporting Violations (cont.)						
Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date	
December 2008	Flow	1/Day	1	0	12/23/2008	
December 2008	Flow	1/Day	1	0	12/24/2008	
December 2008	Flow	1/Day	1	0	12/25/2008	
December 2008	Flow	1/Day	1	0	12/26/2008	
December 2008	Flow	1/Day	1	0	12/27/2008	
December 2008	Flow	1/Day	1	0	12/28/2008	
December 2008	Flow	1/Day	1	0	12/29/2008	
December 2008	Flow	1/Day	1	0	12/30/2008	
December 2008	Flow	1/Day	1	0	12/31/2008	
February 2009	Flow	1/Day	1	0	02/01/2009	
February 2009	Flow	1/Day	1	0	02/02/2009	
February 2009	Flow	1/Day	1	0	02/03/2009	
February 2009	Flow	1/Day	1	0	02/04/2009	
February 2009	Flow	1/Day	1	0	02/05/2009	
February 2009	Flow	1/Day	1	0	02/06/2009	
February 2009	Flow	1/Day	1	0	02/07/2009	
February 2009	Flow	1/Day	1	0	02/08/2009	
February 2009	Flow	1/Day	1	0	02/09/2009	
February 2009	Flow	1/Day	1	0	02/10/2009	
February 2009	Flow	1/Day	1	0	02/11/2009	
February 2009	Flow	1/Day	1	0	02/12/2009	
February 2009	Flow	1/Day	1	0	02/13/2009	
February 2009	Flow	1/Day	1	0	02/14/2009	
February 2009	Flow	1/Day	1	0	02/15/2009	
February 2009	Flow	1/Day	1	0	02/16/2009	
February 2009	Flow	1/Day	1	0	02/17/2009	
February 2009	Flow	1/Day	1	0	02/18/2009	
February 2009	Flow	1/Day	1	0	02/19/2009	
February 2009	Flow	1/Day	1	0	02/20/2009	
February 2009	Flow	1/Day	1	0	02/21/2009	
February 2009	Flow	1/Day	1	0	02/22/2009	
February 2009	Flow	1/Day	1	0	02/23/2009	
February 2009	Flow	1/Day	1	0	02/24/2009	
February 2009	Flow	1/Day	1	0	02/25/2009	
February 2009	Flow	1/Day	1	0	02/26/2009	
February 2009	Flow	1/Day	1	0	02/27/2009	
February 2009	Flow	1/Day	1	0	02/28/2009	
March 2009	Flow	1/Day	1	0	03/01/2009	
March 2009	Flow	1/Day	1	0	03/02/2009	
March 2009	Flow	1/Day	1	0	03/03/2009	
March 2009	Flow	1/Day	1	0	03/04/2009	
March 2009	Flow	1/Day	1	0	03/05/2009	
March 2009	Flow	1/Day	1	0	03/06/2009	
March 2009	Flow	1/Day	1	0	03/07/2009	
March 2009	Flow	1/Day	1	0	03/08/2009	
March 2009	Flow	1/Day	1	0	03/09/2009	

Frequency / Reporting Violations (cont.)						
Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date	
March 2009	Flow	1/Day	1	0	03/10/2009	
March 2009	Flow	1/Day	1	0	03/11/2009	
March 2009	Flow	1/Day	1	0	03/12/2009	
March 2009	Flow	1/Day	1	0	03/13/2009	
March 2009	Flow	1/Day	1	0	03/14/2009	
March 2009	Flow	1/Day	1	0	03/15/2009	
March 2009	Flow	1/Day	1	0	03/16/2009	
March 2009	Flow	1/Day	1	0	03/17/2009	
March 2009	Flow	1/Day	1	0	03/18/2009	
March 2009	Flow	1/Day	1	0	03/19/2009	
March 2009	Flow	1/Day	1	0	03/20/2009	
March 2009	Flow	1/Day	1	0	03/21/2009	
March 2009	Flow	1/Day	1	0	03/22/2009	
March 2009	Flow	1/Day	1	0	03/23/2009	
March 2009	Flow	1/Day	1	0	03/24/2009	
March 2009	Flow	1/Day	1	0	03/25/2009	
March 2009	Flow	1/Day	1	0	03/26/2009	
March 2009	Flow	1/Day	1	0	03/27/2009	
March 2009	Flow	1/Day	1	0	03/28/2009	
March 2009	Flow	1/Day	1	0	03/29/2009	
March 2009	Flow	1/Day	1	0	03/30/2009	
March 2009	Flow	1/Day	1	0	03/31/2009	
May 2009	Flow	1/Day	1	0	05/29/2009	





State of Ohio Environmental Protection Agency

Southwest District Office

401 East Fifth Street
Dayton, Ohio 45402-2911

TELE: (937) 285-6357 FAX: (937) 285-6249
www.epa.state.oh.us

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

January 9, 2009

Mr. Carl C. Geluso
Northcrest Apartments
5422-C Bluesky Drive
Cincinnati, Ohio 45247

Re: Hamilton County, Northcrest Apartments, NPDES Permit Violations

Dear Mr. Brown:

The Ohio EPA has completed a compliance evaluation of the Monthly Operating Reports covering the months of January 2007 through November 2008 for Northcrest Apartments. The evaluation indicates violations of the conditions of your NPDES Permit (NPDES Permit # OH0115797; OEPA Permit # 1PW00032*BD). The specific instances of noncompliance are as follows:

Reporting Period	Parameter	Frequency		Reporting Violations		Date of Violation
		Sample Frequency	Expected	Reported		
February 2008	Ammonia	1/2Weeks	1	0		02/01/2008
August 2008	Chlorine	1/Day	1	0		08/30/2008
August 2008	Chlorine	1/Day	1	0		08/31/2008

Reporting Period	Parameter	Code Violations		Date of Violation
		Reported Value		
July 2007	pH	AB		7/18/2007
July 2007	Dissolved Oxygen	AB		7/18/2007
September 2008	Total Suspended Solids	AB		9/16/2008
September 2008	Ammonia	AB		9/16/2008
September 2008	Ammonia	AB		9/16/2008
September 2008	Ammonia	AB		9/16/2008
September 2008	Ammonia	AB		9/16/2008
September 2008	CBOD 5 day	AB		9/16/2008
September 2008	pH	AB		9/16/2008
September 2008	Dissolved Oxygen	AB		9/16/2008

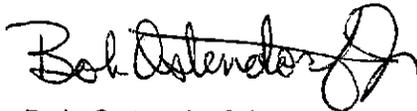


Mr. Carl C. Geluso
January 9, 2008
Page 2

Please be advised that the use of the Reporting Code "AB" requires that an explanation for the use of said code be included in the comments section of the Monthly Operating Report. Please inform this office, in writing, within ten days of receipt of this notification as to the reason for the above referenced violations, as well as a description of the actions taken or proposed to prevent further violations. Your response should include the dates, either actual or proposed, for completion of said actions. Please be advised that failure to comply with the effluent limitations, monitoring, or reporting requirements of your NPDES Permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

If you have any questions or concerns regarding this matter please feel free to contact me at (937) 285-6107 or via email at Robert.Ostendorf@epa.state.oh.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Ostendorf Jr.", with a stylized flourish at the end.

Bob Ostendorf Jr.
Division of Surface Water
Permit Section

Cc: Steve Canter, Environmental Engineering Services



State of Ohio Environmental Protection Agency

Ohio NPDES Permit Transfer Form
Issued 01/07

National Pollutant Discharge Elimination System

Application for Transfer of Ohio NPDES Permit

Submit this application to the appropriate district office

District Offices

Northeast District • 2110 East Aurora Road • Twinsburg, Ohio • 44087

Northwest District • 347 North Dunbridge Road • Bowling Green, Ohio • 43402

Central District • P.O. Box 1049 • Columbus, Ohio • 43216-1049

Southeast District • 2195 Front Street • Logan, Ohio • 43138

Southwest District • 401 East 5th Street • Dayton, Ohio • 45402

For Agency Use	Facility Name:	Date Received (yy/mm/dd)
	Ohio EPA Permit Number:	Application Number:



Application for Transfer of Ohio NPDES Permit

Division of Surface Water
Permits and Compliance Section

A. Existing Permit Holder Information (Transferor)

1. Facility Permit Number: _____ *
2. Application Number: O H _____
3. Corporate (Parent Company) Name: _____
4. Divisional Name: _____
5. Facility Name: _____
6. Mailing Address After Transfer: _____

B. Proposed Permit Holder Information (Transferee)

1. Corporate (Parent Company) Name (New): _____
2. Phone: _____
3. Divisional Name (New): _____
4. Facility Name (New): _____
5. Mailing Address for all permit-related correspondence: _____
6. Facility Mailing Address (if different): _____
7. Individual authorized to sign applications and Transfer Agreement pursuant to OAC 3745-33-03 (D) [principal executive officer, vice president or higher for a corporation; a general partner of a partnership; the proprietor of a proprietorship; principal executive officer; ranking elected official or duly-authorized employee of a public entity]: _____

(Authorized Individual)

8. Authorization: Pursuant to 40 CFR Part 122.22 (b), the individual or position, identified in this space is duly authorized by the individual in Item 7 to sign all reports required by permit and other information which may be required by the Director:

(Name/Title/Position)

9. Operator of Facility:

Name: _____

Address: _____

10. Contact person for facility information or inspections:

Name: _____

Phone: _____

11. Describe any material modifications to production or facilities, subsequent to the transfer, which may alter the volume or characteristics of this discharge. *(Attach additional pages as necessary)*

Agreement to Transfer Permit

_____, as the holder of an NPDES Permit which
(Transferor)

stipulates responsibilities, coverage and liability for operations involving discharges of wastewater from the facility located at _____
(Facility Location)

_____ hereby applies for approval of the Director to transfer the permit responsibility, coverage and liability to

(Transferee)

_____ agrees to continue to assume the
(Transferor)

responsibility for compliance with all terms, limitations and conditions, and any coverage or liability thereunder for the period ending on _____, _____
(Month/Day) (Year)

_____ as the proposed new permittee hereby
(Name of New Permittee)

agrees to assume the responsibility for compliance with the entirety of the coverage, responsibility and liability of the NPDES permit commencing on _____, _____
(Month/Day) (Year)

In witness whereof, the parties have executed this Agreement on

_____, _____, it is so agreed.
(Month/Day) (Year)

Transferor: _____ Transferee: _____

By: _____ By: _____

Title: _____ Title: _____

By signing this form, I (transferee), certify and acknowledge that I have read and fully understand the terms and conditions of NPDES Permit Number _____ *

I certify under penalty of law that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(Transferee)

(Title)

(Date)



Instructions for Applying to Transfer An Ohio EPA Individual NPDES Permit

These instructions outline the procedure for transferring the responsibility, coverage, and liability of an individual NPDES permit. Following this procedure ensures the administrative record accurately reflects the transfer and obtains sufficient information to allow a decision to: (1) revoke and reissue the permit, (2) modify the permit, or (3) issue an administrative name change.

An Ohio NPDES permit is transferable. The transfer of any permit and its associated responsibility, coverage, and liability is subject to the approval of the director. No permit may be transferred unless the permittee and transferee file, through the district office, an agreement that includes a specific date for the transfer of permit responsibility, coverage, and liability on Ohio EPA Form 4234, *Application for Transfer of NPDES Permit*. The agreement must be signed by the permittee and the transferee. The form will request relevant ownership and operator biographic information and authorization for signatures and certification as required by OAC 3745-33-03 and 40 CFR Part 122.22.

Ohio EPA will usually issue a letter along with a revised NPDES permit that changes the name of the permit holder and occasionally the facility number. Alternatively, the director of Ohio EPA may exercise his option to modify or revoke the permit and require that a new application be filed. The permittee and transferee will be notified in writing of the director's decision within thirty days of receipt of the permit transfer form, or within sixty days of receipt of the intent to transfer the permit.

A. Permittee Responsibilities

1. Notification of any proposed permit transfer shall be provided to Ohio EPA district office no less than sixty days prior to the proposed date of transfer.

(a) The notice to Ohio EPA shall consist of a copy of a letter informing the transferee of the existence of the permit; or, in lieu of notice, the form in item 2, below.

(b) The notice must state the permit number, proposed date of transfer, and the names and addresses of the permittee (the transferor) and the transferee.

2. Upon receipt of the notice of intent to transfer a permit, the district office will send a permit transfer form (EPA

4234) and instructions to the permittee. The permittee shall complete the form, which includes a specific date for transfer of the permit responsibility, coverage, and liability, as well as other pertinent information. The form shall be signed by the permittee and transferee.

3. The permit transfer form shall be submitted by the transferee no less than thirty days prior to the proposed date of transfer.

(a) If the transferee proposes any significant changes resulting from the transfer, which may alter the characteristics or volume of the discharge, the transferee must comply with the provisions for plan approval and permits to install under OAC 3745-42.

B. Ohio EPA Responsibilities

1. Upon receipt of notification of intent to transfer the permit, the district office will acknowledge receipt and forward the appropriate form(s) and instructions to the transferee.

(a) Upon acceptance of the completed permit transfer form, the district will make a recommendation to allow the transfer to occur and draft a revised permit or deny the transfer based on significant concerns that such transfer will jeopardize compliance with the terms and conditions of the permit.

(b) The district office will forward the transfer package and recommendation to the central office permits unit for review and approval. The actions will be properly processed, public noticed, and issued in accordance with procedural rules and due process as required by ORC 3745.

C. Unauthorized Transfers

Permittees that have transferred ownership or operations of facilities without transferring the permit responsibility, coverage, and liability are responsible for the permit until a transfer is approved. When an unauthorized transfer is discovered, the district office will contact the current facility owner/operator and inform them of the requirements regarding permit transfer. The current owner/operator will have sixty days to submit a completed permit transfer form. The decision to allow the transfer will be processed in accordance with part (B) of this procedure.



...