



State of Ohio Environmental Protection Agency

STREET ADDRESS:

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50 W. Town St., Suite 700  
Columbus, Ohio 43215

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www.epa.state.oh.us

MAILING ADDRESS:

P.O. Box 1049  
Columbus, OH 43216-1049



\*1PW0001620090924\*

HAMILTON SKYRIDGE CONDOMINIUMS

OSTENDORF, ROBE 2009/09/24

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



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](http://www.epa.state.oh.us)

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

September 24, 2009

Ms. Kathleen Klug  
Skyridge Condominiums  
5422-C Bluesky Drive  
Cincinnati, Ohio 45247

Re: Hamilton County, Skyridge Condominiums, NPDES Permit Violations

Dear Ms. Klug:

The Ohio EPA has completed a compliance evaluation of the Monthly Operating Reports covering the months of July 2009 through August 2009 for the Skyridge Condominiums. The evaluation indicates violations of the conditions of your NPDES Permit (NPDES Permit # OH0071803; OEPA Permit # 1PW00016\*DD). The specific instances of noncompliance are as follows:

Effluent Limit Violations					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
July 2009	Chlorine	Daily Conc	0.019	0.42	7/15/2009
July 2009	DO	Daily Conc	5.0	4.0	7/22/2009
July 2009	DO	Daily Conc	5.0	2.0	7/28/2009
July 2009	Chlorine	Daily Conc	0.019	0.18	7/28/2009
August 2009	Chlorine	Daily Conc	0.019	0.06	8/3/2009
August 2009	Chlorine	Daily Conc	0.019	0.06	8/4/2009
August 2009	DO	Daily Conc	5.0	2.0	8/5/2009
August 2009	Chlorine	Daily Conc	0.019	0.06	8/5/2009
August 2009	Chlorine	Daily Conc	0.019	0.08	8/6/2009
August 2009	Chlorine	Daily Conc	0.019	0.06	8/7/2009
August 2009	Chlorine	Daily Conc	0.019	0.09	8/10/2009
August 2009	Chlorine	Daily Conc	0.019	0.09	8/11/2009
August 2009	DO	Daily Conc	5.0	3.0	8/12/2009
August 2009	Chlorine	Daily Conc	0.019	0.05	8/12/2009
August 2009	Chlorine	Daily Conc	0.019	0.06	8/17/2009
August 2009	DO	Daily Conc	5.0	3.0	8/19/2009

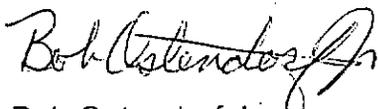
Effluent Limit Violations (Cont.)					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
August 2009	Chlorine	Daily Conc	0.019	0.05	8/25/2009
August 2009	Chlorine	Daily Conc	0.019	0.06	8/27/2009

Please inform this office, in writing, within ten days of receipt of this notification as to the reason for the above reference 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. Future violations must be reported as required by the NPDES Permit as detailed in Part III.12 titled "Noncompliance Notification."

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](mailto:Robert.Ostendorf@epa.state.oh.us).

Sincerely,



Bob Ostendorf Jr.  
Division of Surface Water  
Permit Section

Cc: Mr. Dennis Feichtner, National Wastewater Industries

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- 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  
SKYRIDGE CONDOMINIUMS  
5411-G BLUESKY DR  
CINCINNATI OH 45247**

2. Article Number  
(Transfer from service label)

7006 2760 0003 0781 2834

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Susan Papin* Agent Addressee

B. Received by (Printed Name)

*S Papin*

C. Date of Delivery

*8/11/09*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

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AUG 11 2009

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DAYTON OH 45402



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Total Postage & F. **MS KATHLEEN KLUG**  
**SKYRIDGE CONDOMINIUMS**  
 Sent To  
 Street, Apt. No.,  
 or PO Box No. **5411-G BLUESKY DR**  
 City, State, ZIP+4 **CINCINNATI OH 45247**

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