



State of Ohio Environmental Protection Agency

STREET ADDRESS:

Lazarus Government Center
50 W. Town St., Suite 700
Columbus, Ohio 43215

TELE: (614) 644-3020 FAX: (614) 644-3184
www.epa.state.oh.us

MAILING ADDRESS:

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



1PS0001120100518

HAMILTON WULLENWEBER MOTORS INC

OSTENDORF, ROBE 2010/05/18

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

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:

MR STEWART WULLENWEBER
 WULLENWEBER MOTORS INCORPORATED
 6515 HARRISON AVENUE
 CINCINNATI OH 45247

 2. Article Number
 (Transfer from service label)

7005 0390 0004 9401 8370

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Khonda Brown

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-21

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

Mail

 Express Mail

ad

 Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

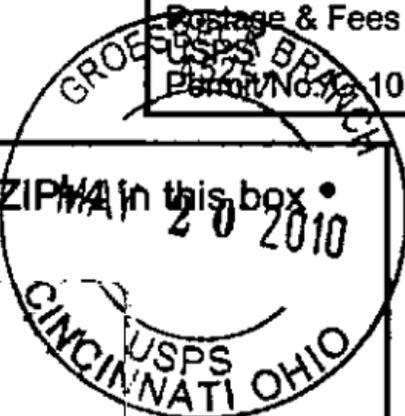
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Permit No. 10

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

OEPA SWDO
BOB OSTENDORF JR DSW
401 E FIFTH STREET
DAYTON OH 45402 2911



7005 0390 0004 9401 8370

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| Return Receipt Fee (Endorsement Required) | |
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| Total Postage & Fees | \$ |

BO/MHB
Postmark
Here

Sent To Mr. Stewart Wullenweber
 Street, Apt. No.,
 or PO Box No. Wullenweber Motors Inc.
 City, State, ZIP+4 Cinti OH 45247

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. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

**Environmental
Protection Agency**

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

May 19, 2010

CERTIFIED LETTER

Mr. Stewart Wullenweber
Wullenweber Motors, Incorporated
6315 Harrison Ave.
Cincinnati, OH 45247

Re: Hamilton County, Wullenweber Motors Incorporated, Compliance Evaluation
Inspection, and Notice of Violation

Dear Mr. Wullenweber:

On May 12, 2010, I conducted a Compliance Evaluation Inspection at the Wullenweber Motors Incorporated WWTP located at 6315 Harrison Avenue, Cincinnati, in Hamilton County.

I have included with this letter a copy of my inspection report. The following items were discussed during the inspection and will require a written response:

- As part of the inspection process a compliance review was performed on the facility for the time period of December 1, 2008 through March 31, 2010. Appendix A of the inspection report lists Final Effluent violations for the timeframe reviewed. This letter serves as a Notice of Violation for the violations listed in Appendix A of the inspection report included with this letter. 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.
- In performing the compliance review it was discovered that a non-compliance notification for the Final Effluent violations listed in Appendix A had not been received by the Ohio EPA. This letter serves as a Notice of Violation for the failure to provide a non-compliance notification as required in Part III Item 12 of permit 1PS00011*CD. 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.
- During the inspection it was discovered that the visual high level alarm for the WWTP was not working properly. This alarm is a critical component of the wastewater treatment process and must be maintained in good working order per

Mr. Stewart Wullenweber
May 19, 2010
Page 2

Part III Item 3 of permit 1PS00011*CD. 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.

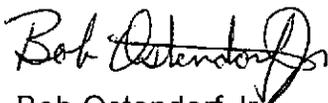
- During the inspection it was also discovered that the recordkeeping as required by permit 1PS00011*CD is not being performed per Ohio Administrative Code 3745-7-09. The current records are unbound papers kept on a clip-board. As we discussed during the inspection one of the methods to comply with the recordkeeping requirements found in OAC 3745-7-09 is the use of a hardbound logbook with consecutively numbered pages. 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.

Pursuant to Part II Item A of permit 1PS00011*CD, the wastewater treatment works is required to be under the supervision of a Class 1 certified operator. Please provide the name and certification number of the certified operator who supervised the operation of the wastewater treatment works from the period of December 1, 2008 through the present. I have included with this letter an Operator of Record Notification form for your use. Please complete the form for the current certified operator supervising the wastewater treatment works. Please submit the completed form to this office with your written response.

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. Chad Hungler, Perfect-a-Waste



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 |
| 1PS00011*CD | OH0108979 | 5/12/10 | C | S | 2 |

| Section B: Facility Data | | |
|--|------------|------------------------|
| Name and Location of Facility Inspected | Entry Time | Permit Effective Date |
| Wullenweber Motors, Incorporated 6315 Harrison Ave. Cincinnati, OH 45427 | 10:30 | August 1, 2005 |
| | Exit Time | Permit Expiration Date |
| | 12:15 | July 31, 2010 |
| Name(s) and Title(s) of On-Site Representatives | | Phone Number(s) |
| Stewart Wullenweber, President | | 513-574-5500 |
| Name(s), Address and Title(s) of Operator of Record | | Phone Number(s) |
| Chad Hungler, Perfect a Waste | | 513-851-8886 |
| Name, Address and Title of Responsible Official | | Phone Number |
| Stewart Wullenweber, President 6315 Harrison Ave. Cincinnati, OH 45427 | | 513-574-5500 |

| Ohio EPA Inspector | Ohio EPA Reviewer |
|---|--|
| <i>Bob Ostendorf Jr.</i> 5-19-10 | <i>Martyn Burt</i> 5/19/10 |
| Bob Ostendorf Jr. Division of Surface Water Southwest District Office | Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office |

| | |
|--|--|
| Average Daily Design Flow: | 8,400 Gallons/Day |
| Plant Serves: | Automobile Dealer and Repair & Green Township Administration Building |
| Average Daily Flow (Period of Review): | 1,440 Gallons/Day (01/01/09 – 05/01/10) |
| Method of flow monitoring: | Estimate Based upon Water Meter |
| Type of alarms for plant: | High Level Alarm – Visual (not operational at the time of the inspection) |

Pretreatment

Type of Pretreatment: **Trash Trap**
 Does the Trash Trap need pumped: **No**
 Maintenance of pretreatment components is: **Good**

Comments/Status:

The trash trap had been pumped within the previous 2 weeks.

Secondary Treatment (Aeration)

Color of sludge: **Light Brown**
 Quality of Sludge: **Medium**
 Foam: **Light (white)**
 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sludge return is operating | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |

Maintenance of aerating equipment is...**Good**

Comments/Status:

The sludge holding tank had been pumped within the previous 2 weeks.

Secondary Treatment (Settling)

Clarity: **Clear**

Permit # : 1PS00011*CD
NPDES #: OH0108979

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:

Tertiary Treatment

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

Overall maintenance of components is: **Good**

Comments/Status:

The facility uses chlorine for disinfection but does not have de-chlorination capabilities.

Sludge Handling/Storage Disposal

Hauler name: Perfect a Waste
Disposal Site: Nearest MSD Facility
Sludge wasted from: Aeration
How often is sludge wasted: As needed
Sludge drying beds: **No** Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

Comments/Status:

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:

Operator Logbook:

Kept in a secure location: Yes

Bound with numbered pages: No – loose leafed and unnumbered

Entries include: Date Yes Entry Time No Exit Time No Monitoring

Results Yes Operational Changes Yes Maintenance Performed Yes

Samples Collected Yes

**APPENDIX A
EFFLUENT LIMIT VIOLATIONS
(Period of Review: 12/1/08 – 03/30/10)**

| Reporting Period | Parameter | Limit Type | Limit | Reported Value | Violation Date |
|------------------|-----------|------------|-------|----------------|----------------|
| July 2009 | Chlorine | Daily | 0.019 | 0.57 | 7/10/2009 |
| July 2009 | Chlorine | Daily | 0.019 | 0.58 | 7/15/2009 |
| July 2009 | Chlorine | Daily | 0.019 | 0.34 | 7/23/2009 |
| June 2009 | Chlorine | Daily | 0.019 | 0.48 | 6/5/2009 |
| June 2009 | Chlorine | Daily | 0.019 | 0.52 | 6/23/2009 |
| September 2009 | Chlorine | Daily | 0.019 | 0.75 | 9/11/2009 |
| September 2009 | Chlorine | Daily | 0.019 | 0.52 | 9/24/2009 |
| October 2009 | Chlorine | Daily | 0.019 | 0.37 | 10/9/2009 |
| October 2009 | Chlorine | Daily | 0.019 | 0.67 | 10/16/2009 |
| August 2009 | Chlorine | Daily | 0.019 | 0.56 | 8/5/2009 |
| August 2009 | Chlorine | Daily | 0.019 | 0.54 | 8/14/2009 |
| August 2009 | Chlorine | Daily | 0.019 | 0.47 | 8/28/2009 |
| May 2009 | Chlorine | Daily | 0.019 | 0.38 | 5/7/2009 |
| May 2009 | Chlorine | Daily | 0.019 | 0.46 | 5/21/2009 |



Operator of Record (ORC) Notification Form

Ohio Environmental Protection Agency
 Division of Drinking and Ground Waters
 Operator Certification Unit
 50 West Town St, Suite 700
 P.O. Box 1049
 Columbus, OH 43216-1049

Phone: (614) 644-2752
 1- 866 - 411-OPCT (6728)
 Fax: (614) 644-2909
 email: opcert@epa.state.oh.us
 website: http://www.epa.ohio.gov/ddagw/opcert.aspx

I. SYSTEM INFORMATION

Name of System: _____ Facility Phone Number: _____
 PWS ID/NPDES Permit #: _____ PWS STU # _____ Classification: _____
 Name of Facility Owner, Permittee or Resp. Official, Title (Print) _____ Facility Owner, Permittee or Resp. Official(Signature) _____
 Date the action below became/becomes effective _____

II. SYSTEM TYPE (Check only one of the following. Attach separate sheets for each system type (PWS, DIST, etc.)

| Public Water System (PWS) | Distribution System | Treatment Works | Collection System |
|---------------------------|---------------------|-----------------|-------------------|
| | | | |

III. OPERATOR OF RECORD INFORMATION

| Add Additional(A), New (N) or Remove(R) | Name of Operator of Record | Certification Number & Expiration Date | I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. I have a valid certification of a class equal to or greater than the classification of the above referenced facility. (Signature of certified operator)* |
|---|----------------------------|--|---|
| | | | |
| | | | |
| | | | |

* A signature by an operator of record who is being removed is not required. (Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: _____

| For Internal Use Only | |
|-----------------------------------|-----------------------|
| Reviewed by: | Date of SDWIS update: |
| Date of Compliance Status Letter: | |

