

U.S. Postal Service<sup>TM</sup>

**CERTIFIED MAIL<sup>TM</sup> RECEIPT**

(Domestic Mail Only; No Insurance Cover *Provided*)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7007 0220 0001 2491 8698

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here



LORI LYTEL SUPERINTENDENT  
GREENON LOCAL SCHOOL DISTRICT  
500 ENON XENIA RD  
ENON OH 45323

5  
3  
0  
2

### **Returned 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

8698 7642 7000 0220 2002

## 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:



LORI LYTEL SUPERINTENDENT  
GREENON LOCAL SCHOOL DISTRICT  
500 ENON XENIA RD  
ENON OH 45323

2. Article Number

(Transfer from service label)

7007 0220 0001 2491 8698

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If 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

DAYTON OH

LET US DATE THE CLASS MAIL  
POSTAGE & FEES PAID  
FIRST CLASS PERMIT NO. G-10  
1785

John Adams

01 APR 2008 PM 2 T

www.usps.com

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



SANDY LEIBFRITZ  
OHIO EPA  
401 E FIFTH ST  
DAYTON OH 45402 2911



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, Lt. Governor  
Chris Korleski, Director

March 28, 2008

Lori Lytle, Superintendent  
Greenon Local School District  
500 Enon-Xenia Road  
Enon, OH 45323

**CERTIFIED LETTER**

**Re: Greenon High School WWTP, Clark County  
Self-Monitoring Report NOV – June 2007 through February 2008  
NPDES Permit No. 1PT00014\*AD/OH0040410**

Dear Ms. Lytle:

We have received your self-monitoring reports covering the months of June 2007 through February 2008 for the above-referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance and deficiencies were as follows:

Final Effluent Limit for Outfall 001					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
June 2007	Fecal Coliform	30D Conc	1000	1480.	6/1/2007
June 2007	Dissolved Oxygen	1D Conc	6.0	4.8	6/6/2007
June 2007	Dissolved Oxygen	1D Conc	6.0	4.8	6/13/2007
June 2007	Dissolved Oxygen	1D Conc	6.0	4.7	6/20/2007
June 2007	Dissolved Oxygen	1D Conc	6.0	4.6	6/27/2007
July 2007	Nitrogen, Ammonia (NH3)	30D Conc	1.0	1.5	7/1/2007
July 2007	Dissolved Oxygen	1D Conc	6.0	4.7	7/5/2007
July 2007	Dissolved Oxygen	1D Conc	6.0	4.7	7/11/2007
July 2007	Dissolved Oxygen	1D Conc	6.0	4.6	7/18/2007
July 2007	Dissolved Oxygen	1D Conc	6.0	4.7	7/25/2007
August 2007	Total Suspended Solids	30D Conc	12.0	14.	8/1/2007
August 2007	Dissolved Oxygen	1D Conc	6.0	5.6	8/1/2007
August 2007	Dissolved Oxygen	1D Conc	6.0	5.7	8/8/2007
August 2007	Dissolved Oxygen	1D Conc	6.0	4.9	8/15/2007
August 2007	Dissolved Oxygen	1D Conc	6.0	5.5	8/22/2007
September 2007	Fecal Coliform	30D Conc	1000	1120.	9/1/2007
November 2007	Nitrogen, Ammonia (NH3)	30D Conc	3.0	12.3	11/1/2007
November 2007	Nitrogen, Ammonia (NH3)	7D Conc	4.5	12.3	11/1/2007
December 2007	Nitrogen, Ammonia (NH3)	30D Conc	3.0	12.3	12/1/2007
December 2007	Nitrogen, Ammonia (NH3)	7D Conc	4.5	12.3	12/1/2007
January 2008	Nitrogen, Ammonia (NH3)	30D Conc	3.0	36.3	1/1/2008
January 2008	Nitrogen, Ammonia (NH3)	30D Qty	0.2	.49462	1/1/2008
January 2008	CBOD 5 day	30D Conc	10.0	12.	1/1/2008
January 2008	Nitrogen, Ammonia (NH3)	7D Conc	4.5	36.3	1/22/2008
January 2008	Nitrogen, Ammonia (NH3)	7D Qty	0.3	.49462	1/22/2008
February 2008	Nitrogen, Ammonia (NH3)	30D Conc	3.0	8.	2/1/2008
February 2008	Nitrogen, Ammonia (NH3)	7D Conc	4.5	8.	2/22/2008





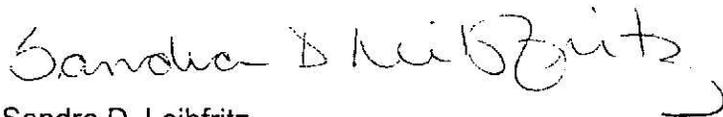
Frequency Violations for Outfall 001						
Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date	
October 2007	Chlorine, Total Residu	1/2Weeks	1	0	10/01/2007	
December 2007	Dissolved Oxygen	1/Week	1	0	12/01/2007	
December 2007	Water Temperature	1/Week	1	0	12/01/2007	

Please be advised that failure to comply with the effluent limitations or to satisfy the monitoring or reporting requirements of your NPDES permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

Please inform this office, in writing, within ten days of receipt of this notification as to the reason for violations, as well as a description of the actions taken or proposed to prevent any further violations. Your response should include the dates, either actual or proposed, for completion of the actions.

If you have any questions regarding the above, please contact me at (937) 285-6104.

Respectfully,



Sandra D. Leibfritz  
Division of Surface Water

cc: Clark County Health Department  
David Leist, Operator

