

**Environmental
Protection Agency**

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

February 24, 2010

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 – September 2009 through January 2010
NPDES Permit No. 1PT00014/OH0040410**

Dear Ms. Lytle:

We have received your self-monitoring reports covering the months of September 2009 through January 2010 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:

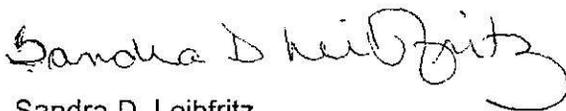
Frequency Violations for Outfall 1PT00014001						
Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date	
October 2009	Chlorine, Total Residual	1/2Weeks	1	0	10/01/2009	
October 2009	Chlorine, Total Residual	1/2Weeks	1	0	10/15/2009	

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
bsweeney4@woh.rr.com, Operator

Southwest District Office
401 East Fifth Street
Dayton, OH 45402-2911

937 | 285 6357
937 | 285 6249 (fax)
www.epa.ohio.gov

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MAB

Sent To Lori Lytle Superintendent
Street, Apt. No.;
or PO Box No. Greenon Local School District
City, State, ZIP+4 Greenon OH 45323 500 NEW Yenta Rd

7006 2760 0003 0781 4395

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- 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

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1. Article Addressed to:

**LORI LYTLER SUPERINTENDENT
GREENON LOCAL SCHOOL DISTRICT
500 ENON XENIA ROAD
ENON OH 45323**

2. Article Number

(Transfer from service label)

7006 2760 0003 0781 4395

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A. Signature


 Agent Addressee

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C. Date of Delivery

2-26-04

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 Insured Mail C.O.D.

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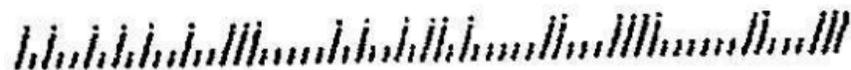
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OEPA SWDO DSW
SANDY LEIBFRITZ
401 EAST FIFTH STREET
DAYTON OH 45402 2911





Environmental
Protection Agency

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



1PT0001420110127

CLARK

GREENON HS

LEIBFRITZ, SANDRA 2011/01/27



Environmental Protection Agency

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

January 27, 2011

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

CERTIFIED LETTER

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NPDES Permit No. 1PT00014/OH0040410

Dear Ms. Lytle:

We have received your self-monitoring reports covering the months of September through December 2010 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:

Table with 6 columns: Reporting Period, Parameter, Limit Type, Limit, Reported Value, Violation Date. Contains two rows of violation data for CBOD 5 day.

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.

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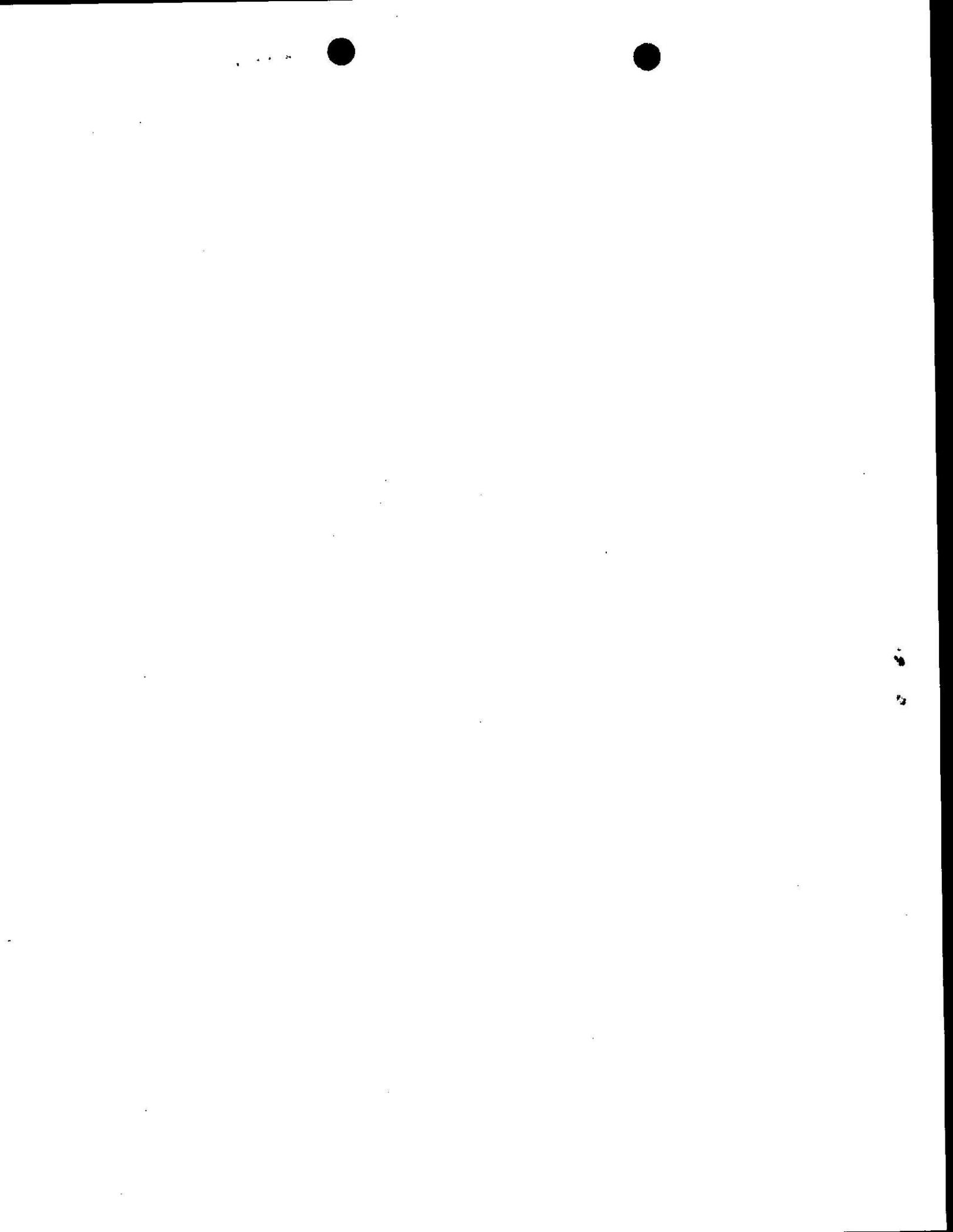
If you have any questions regarding the above, please contact me at (937) 285-6104.

Respectfully,

Handwritten signature of Sandra D. Leibfritz

Sandra D. Leibfritz
Division of Surface Water

cc: Clark County Health Department
bsweeney4@woh.rr.com



9859 7642 7000 0220 2002

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 City, State, ZIP+4 Greenon, OH 45323
500 Enon-Xenia Rd.

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**LORI-LYTTLE SUPERINTENDENT
GREENON LOCAL SCHOOL DISTRICT
500 ENON XENIA ROAD
ENON OH 45323**

2. Article Number
(Transfer from service label)

7007 0220 0001 2491 6588

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dev Dean*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Dev Dean

C. Date of Delivery

1-28-10

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

re

; Mail

 Express Mail

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

4. Restricted Delivery? (Extra Fee)

 Yes

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