



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

September 25, 2008

Roger Ware, Regional Manager
Harmony Estates Mobile Home Park
1136 Big Hill Road
South Charleston, OH 45368

CERTIFIED LETTER

**Re: Harmony Estates MHP, Clark County
Self-Monitoring Report NOV – June 2007 through August 2008
NPDES Permit No. 1PV00007/OH0049603**

Dear Mr. Ware:

We have received your self-monitoring reports covering the months of June 2007 through August 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 Limitation Violations for Outfall 001					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
June 2007	Dissolved Oxygen	1D Conc	6.0	5.6	6/5/2007
February 2008	Total Suspended Solids	7D Conc	12.0	15.	2/1/2008
February 2008	Total Suspended Solids	7D Qty	2.27	5.33685	2/1/2008
August 2008	Dissolved Oxygen	1D Conc	6.0	4.	8/5/2008

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



7006 2760 0003 0781 2506

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MAILED 09 05 - USE

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

FROM:
SANDRA
LEIBFRITZ -
SURFACE
Postmark
Here WTR
DIV.

Total Postage **ROGER WARE REG MGR**

Sent To **HARMONY ESTATES MHP**
Street, Apt. N **1136 BIG HILL RD**
or PO Box No
City, State, Zi **SOUTH CHARLESTON OH 45368**

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.

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:

ROGER WARE REG MGR
 HARMONY ESTATES MHP
 1136 BIG HILL RD
 SOUTH CHARLESTON OH 45368

2. Article Number

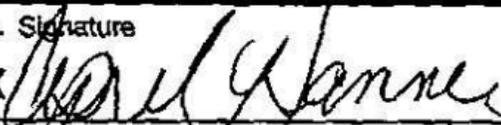
(Transfer from service label)

7006 2760 0003 0781 2506

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

APRIL HAMMER

C. Date of Delivery

SEPT 26, 07

D. Is delivery address different from Item 1?

 Yes

If YES, enter delivery address below:

 No

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



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

STATE OF OHIO EPA
SOUTHWEST DISTRICT OFFICE
ATTN: SANDRA LEIBFRITZ-SURFACE WTR
401 EAST FIFTH ST
DAYTON OH 45402

