



**Environmental
Protection Agency**

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



1PV0010520070705

CLARK

PLEASANT VALLEY EST MHP

LEIBFRITZ, SANDRA 2007/07/05



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

July 5, 2007

Joe Raineri
5914 Ridge Road
Parma, OH 44129

CERTIFIED LETTER

**Re: Self-Monitoring Report NOV – April 2007 through May 2007, Clark County
Pleasant Valley MHP - NPDES Permit No. 1PV00105*BD/OH0127159**

Dear Mr. Raineri:

We have received your self-monitoring reports covering the months of April 2007 through May 2007 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:

EFFLUENT LIMIT VIOLATIONS FOR OUTFALL 001

Reporting Period	Parameter	Limit Type	Limit	Reported Value
April 2007	Nitrogen, Ammonia (NH3)	30D Conc	3.0	5.355
April 2007	Nitrogen, Ammonia (NH3)	7D Conc	4.5	10.7
April 2007	Nitrogen, Ammonia (NH3)	30D Qty	0.59	.66871
April 2007	Nitrogen, Ammonia (NH3)	7D Qty	0.89	1.33648
April 2007	Dissolved Oxygen	1D Conc	6.0	5.1
May 2007	Nitrogen, Ammonia (NH3)	30D Conc	1.0	3.8
May 2007	Nitrogen, Ammonia (NH3)	7D Conc	1.5	3.8
May 2007	Nitrogen, Ammonia (NH3)	30D Qty	0.2	.48902
May 2007	Nitrogen, Ammonia (NH3)	7D Qty	0.3	.48902

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 reasons for the above referenced 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
Wenelco Inc., Operator





U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

MAILED
7/5/07

Postmark
Here

SANDRO
L.

Sent To J. Rainer
Street, Apt. No.,
or PO Box No. 5914 Ridge Rd
City, State, ZIP+4 PARMA OH 44129

7003 0500 0050 0000 2000 4411 1472 2188

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

PS Form 3800, June 2002 (Reverse)

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.

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 JOE RAINERI
 5914 RIDGE ROAD
 PARMA OH 44129

2. Article Number

(Transfer from service label)

7003 0500 0002 4411 2188

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name)
ANGIE

C. Date of Delivery
7/9/87

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

CLEVE OH 441

10 JUL 2007 PM 7 L



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

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



OHIO EPA- SWDO
SANDRA D LEIBFRITZ
401 EAST FIFTH STREET
DAYTON OH 45402 2911

2+2911

