



State of Ohio Environmental Protection Agency

STREET ADDRESS:

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

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www.epa.state.oh.us

MAILING ADDRESS:

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



\*1PV0012320081104\*

MIAMI

LE-O-NA FALLS MHP

MILLER, JOSEPH

2008/11/04

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

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 GARRY MYERS  
 LEONA FALLS MHP  
 8112 STATE ROUTE 55  
 LUDLOW FALLS OH 45339

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Garry Myers*

Agent

Addressee

B. Received by (Printed Name)

*Garry Myers*

C. Date of Delivery

*11-10-08*

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

7005 0390 0004 9401 9858

UNITED STATES POSTAL SERVICE

DAYTON OH 454



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

10 NOV 2008 PM 2 F

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

OHIO EPA SWDO  
JOE MILLER  
401 EAST FIFTH STREET  
DAYTON OH 45402 2911



7005 0390 0004 9401 9858

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

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**OFFICIAL USE**

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

*Mailego*  
11/5/00  
Postmark Here  
*Joe Miller*

Sent To *G Myers LEONA FALLS MHP*  
 Street, Apt. No. or PO Box No. *8112 SR 55*  
 City, State, ZIP+4 *Wadlow Falls OH 45339*

### Certified Mail provides:

PS Form 3800, June 2002 (Reverse)

- 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.**



State of Ohio Environmental Protection Agency

**Southwest District Office**

401 E. Fifth St.  
Dayton, Ohio 45402

TELE: (937) 285-6357 FAX: (937) 285-6249  
www.epa.state.oh.us

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

November 4, 2008

**CERTIFIED MAIL**

Mr. Garry Myers  
Le-O-Na Falls Mobile Home Park  
8112 State Route 55  
Ludlow Falls, OH 45339

**RE: NOTICE OF VIOLATION – Le-O-Na Falls Mobile Home Park WWTP  
8112 State Route 55  
Compliance Evaluation Inspection, Miami County  
NPDES Permit 1PV00123\*AD/OH0133698**

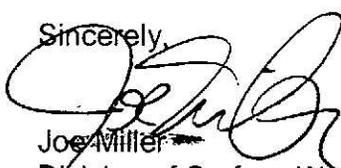
Dear Mr. Myers,

On October 30, 2008, I conducted an inspection at the above referenced wastewater treatment works. At the time of inspection, the wastewater plant did not appear to be operating. Aeration was not taking place and the effluent was not receiving disinfection.

Le-O-Na Falls MHP has failed to meet the requirements of the NPDES permit Schedule of Compliance. The Schedule of Compliance requires the submittal of a permit to install (PTI) for wastewater improvements by March 1, 2004. Initiation of construction of the improvements approved through the PTI was to commence by October 1, 2004. Completion of construction of the improvements was due by June 1, 2005, with final compliance with effluent limits expected by June 1, 2005. Clearly none of these items have been completed. In addition, no progress has been reported by this facility with regards to this schedule. In addition, a review of the operating reports indicates violations of the NPDES permit (June 2006 to August 2008). A detailed inspection report is attached.

Failure to submit a permit to install for wastewater improvements will result in this matter being forwarded to Ohio EPA's legal office for enforcement action. A PTI must be received by this office no later than **November 21, 2008**. If you have any questions, I can be reached at (937) 285-6109.

Sincerely,

  
Joe Miller  
Division of Surface Water  
Compliance and Enforcement

CC: Miami County Health Department



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Permit #: 1PV00123\*AD  
 NPDES #: OH0133698

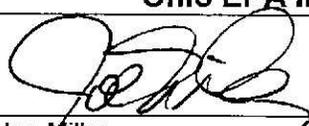
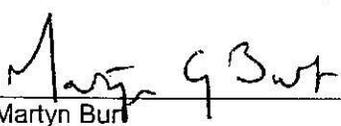


State of Ohio Environmental Protection Agency  
 Southwest District Office

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
1PV00123*AD	OH0133698	10/30/2008	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Le-O-Na Falls MHP WWTP 8112 State Route 55 Ludlow Falls, OH 45339	1:10 PM	June 1, 2003
	Exit Time	Permit Expiration Date
	1:30 PM	May 31, 2008
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
N/A		
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
Peggy S. Myers, Class A	937-698-2268	
Name, Address and Title of Responsible Official	Phone Number	
Garry Myers 8112 State Route 55 Ludlow Falls, OH 45339	937-698-2268	

Ohio EPA Inspector	Ohio EPA Reviewer
 Date: 11/4/08	 Date: 11/5/08
Joe Miller Division of Surface Water Southwest District Office	Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office

Average Daily Design Flow:	<b>7500 Gallons/Day</b>
Plant Serves:	<b>Mobile Home Park</b>
Average Daily Flow: (Period of Review):	<b>103 gpd (June 2006 to August 2008)</b>
Method of flow monitoring:	<b>unknown</b>
Type of alarms for plant:	<b>none</b>

**Pretreatment**

Type of Pretreatment: **Trash Trap**  
 Does the Trash Trap need pumped: **Unknown**  
 Maintenance of pretreatment components is: **Unknown**

**Comments/Status:**

**Secondary Treatment (Aeration)**

Color of sludge: **Medium Brown**  
 Quality of Sludge: **Medium**  
 Foam: **None present**  
 Odor: **No objectionable odor present**

	Yes	No		Yes	No
Aeration is taking place	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant is septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blowers are operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blowers are on a timer	<input type="checkbox"/>	<input type="checkbox"/>
Skimmers are operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant is flooded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diffusers are operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grating is present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sludge return is operating	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Maintenance of aerating equipment is...**Unsatisfactory**

**Comments/Status:**

See photo, rusted grating covered with window screens. WWTP not operating at the time of inspection.

**Secondary Treatment (Settling)**

Clarity: **Solids Present**  
 Condition of Weir: **Excessive Algae/Solids Build Up**  
 Weir is level: **Unknown**  
 Effluent in weir: **Unknown**  
 Clarifier walls need scraped: **Yes**

Overall maintenance of settling components is: **Unsatisfactory**

**Comments/Status:**

**Tertiary Treatment**

	Yes	No		Yes	No
Surface sand Filters: <b>Slow</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Subsurface</b>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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: **Unsatisfactory**

**Comments/Status:**

Current treatment component is a lagoon. The lagoon is filled with algae and is not maintained. PTI has not been submitted for improvements.

**Sludge Handling/Storage Disposal**

Hauler name: Sludge not reported as hauled  
 Disposal Site: Unknown  
 Sludge wasted from: Unknown  
 How often is sludge wasted: unknown  
 Sludge drying beds: **No**                      Sludge holding tank: **No**

Overall maintenance of components is: **Unsatisfactory**

**Comments/Status:**

No sludge holding facilities. Report sludge hauled on eDMR as required.

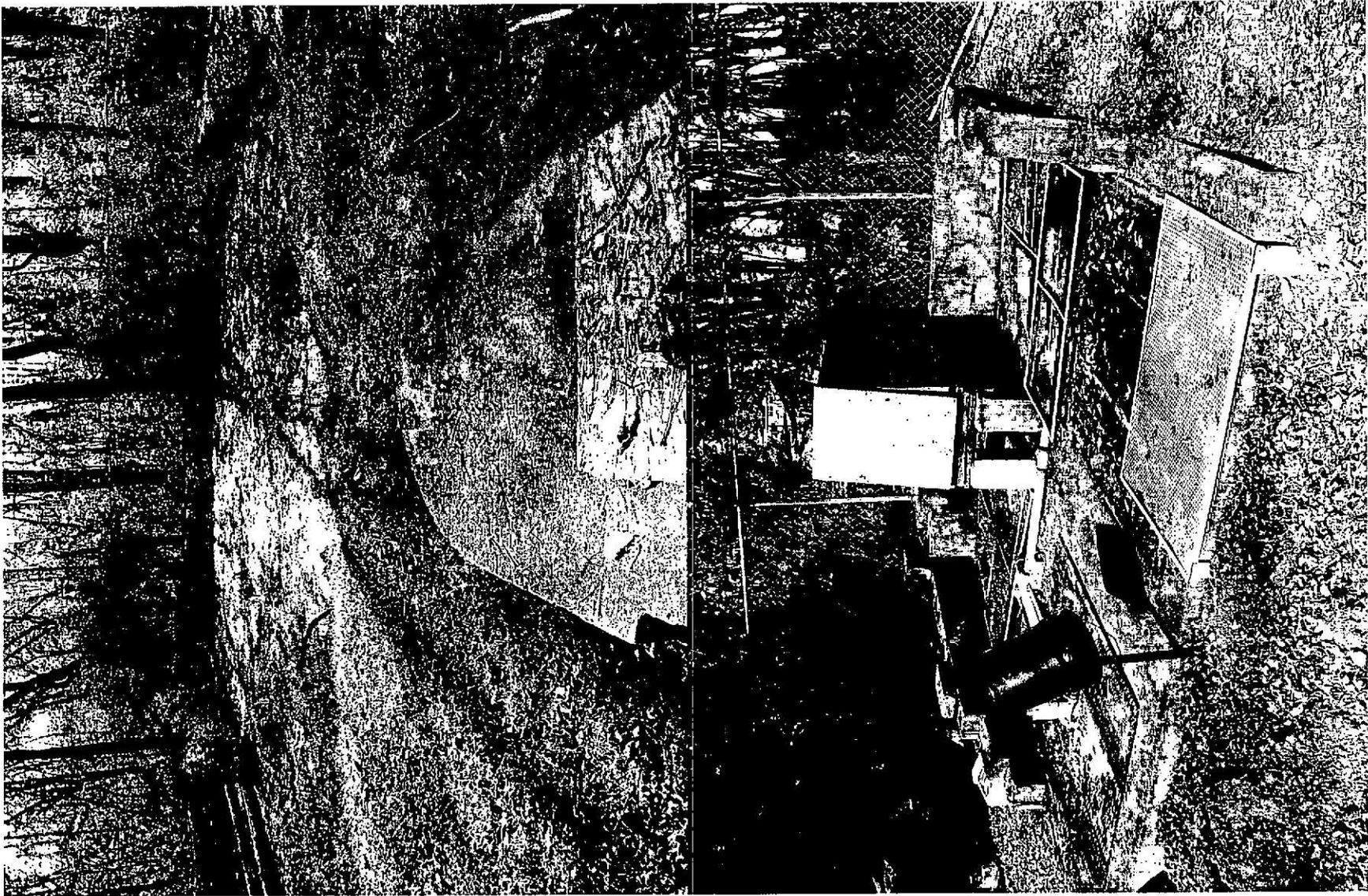
**Plant Discharge**

Discharge point is a: **Tile from lagoon**  
 Name of discharge point: **Ludlow Creek**  
 Discharge is visible: **Yes**                      Quality of Effluent: **Cloudy**

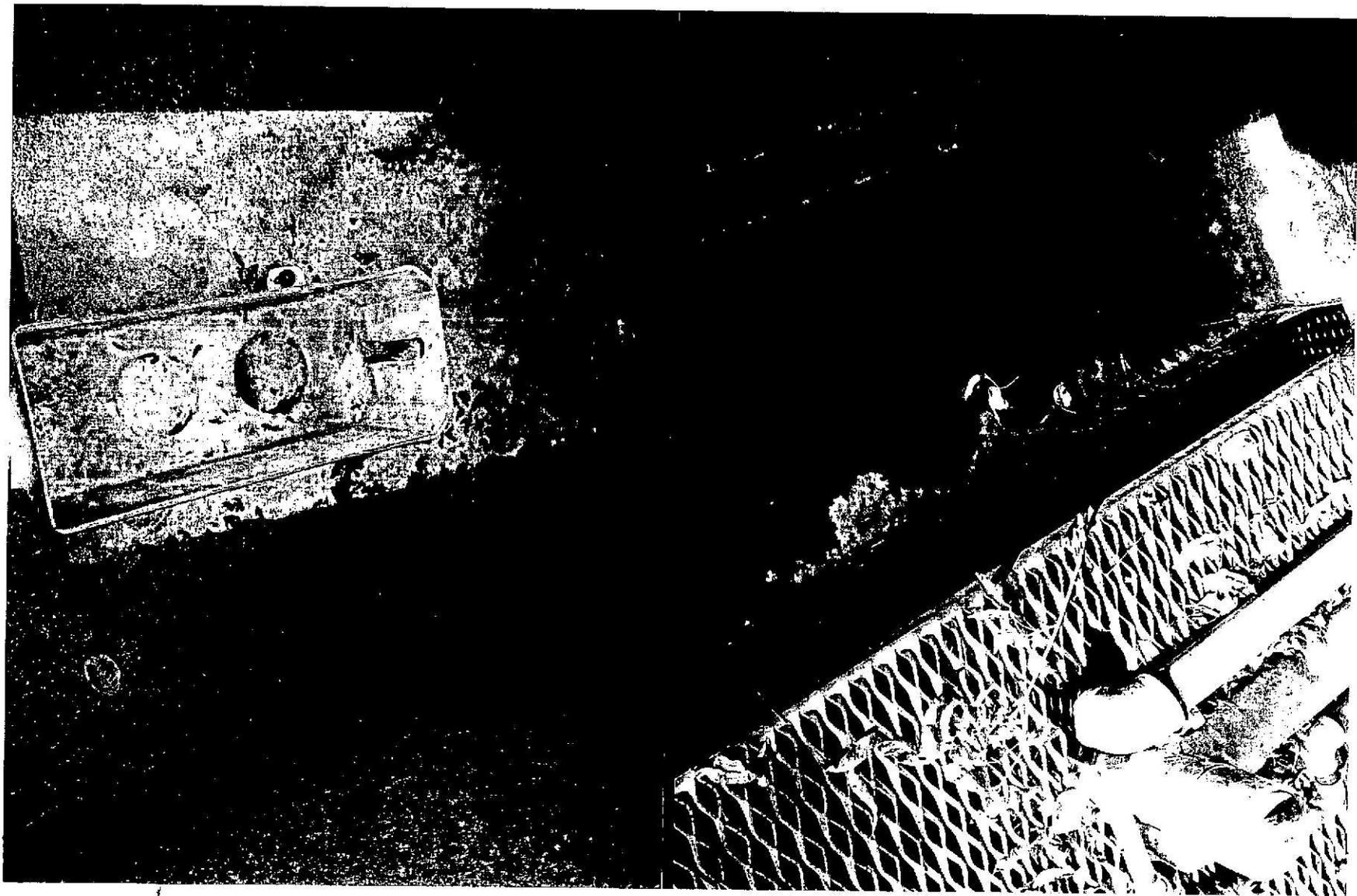
**Comments/Status:**

Effluent violations reported during period of review include nitrogen-ammonia, fecal Coliform, total suspended solids, and carbonaceous biochemical oxygen demand. Effluent violations must be reported as per Part III, Item 12 of your NPDES permit.

Reporting Period	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
June 2006	31616	Fecal Coliform	30D Conc	1000	10000.	6/1/2006
June 2006	31616	Fecal Coliform	7D Conc	2000	10000.	6/8/2006
August 2006	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	1.1	8/1/2006
August 2006	31616	Fecal Coliform	30D Conc	1000	10000.	8/1/2006
August 2006	31616	Fecal Coliform	7D Conc	2000	10000.	8/8/2006
December 2006	00610	Nitrogen, Ammonia (NH3)	30D Conc	3.0	3.2	12/1/2006
December 2006	80082	CBOD 5 day	30D Conc	10	12.	12/1/2006
March 2007	00530	Total Suspended Solids	30D Conc	12	14.	3/1/2007
March 2007	80082	CBOD 5 day	30D Conc	10	22.	3/1/2007
March 2007	80082	CBOD 5 day	7D Conc	15	22.	3/8/2007
June 2007	00530	Total Suspended Solids	30D Conc	12	14.	6/1/2007
June 2007	31616	Fecal Coliform	30D Conc	1000	4100.	6/1/2007
June 2007	80082	CBOD 5 day	30D Conc	10	12.	6/1/2007
June 2007	31616	Fecal Coliform	7D Conc	2000	4100.	6/8/2007
August 2007	31616	Fecal Coliform	30D Conc	1000	3500.	8/1/2007
August 2007	80082	CBOD 5 day	30D Conc	10	20.	8/1/2007
August 2007	31616	Fecal Coliform	7D Conc	2000	3500.	8/8/2007
August 2007	80082	CBOD 5 day	7D Conc	15	20.	8/8/2007
June 2008	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.0	4.	6/1/2008
June 2008	31616	Fecal Coliform	30D Conc	1000	10000.	6/1/2008
June 2008	80082	CBOD 5 day	30D Conc	10	12.	6/1/2008
June 2008	00610	Nitrogen, Ammonia (NH3)	7D Conc	1.5	4.	6/8/2008
June 2008	31616	Fecal Coliform	7D Conc	2000	10000.	6/8/2008
August 2008	50060	Chlorine, Total Residual	1D Conc	0.019	6.3	8/8/2008









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