



**Environmental
Protection Agency**

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



1PB0003520070130

PREBLE

WEST ALEXANDRIA WWTP

WARE, MAUREEN 2007/01/30

7004 1160 0000 0977 4002 6979 0000 6169

~~OFFICIAL USE~~ 30-207

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|---|----|
| Postage | \$ |
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| Return Receipt Fee (Endorsement Required) | |
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FROM:
M. WARE
- SW DIV.
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Here
1/30/7

Total Post **MR CHRISTOPHER M DAY SUP**
UTILITIES
P O BOX 265
WEST ALEXANDRIA OH 45381

Sent To
Street, Apt.
or PO Box
City, State,

Important Reminders:

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- Certified Mail is *not* available for any class of international mail.
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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

W. Alexandria
Sewerage

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
Laura Powell, Acting Director

January 30, 2007

CERTIFIED MAIL

Mr. Christopher M. Day, Superintendent
Utilities
P.O. Box 265
West Alexandria, Ohio 45381

Re: Village of West Alexandria WWTP Notice of Violation (NOV)

Dear Mr. Day:

By the end of October 2006 you were required to provide a response to my NOV/Compliance Evaluation Inspection letter dated September 29, 2006. To date I have not received your response to that letter. Since then I have received your self-monitoring reports covering the months of November 2006 through December 2006 for the referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance and/or deficiencies were as follows:

Numerical Violations

| <u>Date</u> | <u>Station</u> | <u>Parameter</u> | <u>Code</u> | <u>Permit Requirements</u> | <u>Reported</u> |
|-------------|----------------|--------------------------|-------------|----------------------------|-----------------|
| 11/1/06 | 001 | CBOD ₅ | 80082 | 10 mg/l 30D Conc. | 20.4444 mg/l |
| 11/1/06 | 001 | CBOD ₅ | 80082 | 11.3 kg/D 30D Qty | 13.3972 kg/D |
| 11/8/06 | 001 | Dissolved O ₂ | 00300 | Minimum 6.0 mg/l | 5.7 mg/l |
| 11/15/06 | 001 | CBOD ₅ | 80082 | 15 mg/l 7D Conc. | 92 mg/l |
| 11/15/06 | 001 | CBOD ₅ | 80082 | 17 kg/D 7D Qty | 60.2874 kg/D |
| 11/20/06 | 001 | pH | 00400 | 6.5 S.U. min. | 6.4 S.U. |
| 11/27/06 | 001 | pH | 00400 | 6.5 S.U. min. | 6.2 S.U. |
| 12/1/06 | 001 | CBOD ₅ | 80082 | 15 mg/l 7D Conc. | 22 mg/l |
| 12/1/06 | 001 | CBOD ₅ | 80082 | 17 kg/D 7D Qty | 21.6502 kg/D |
| 12/26/06 | 001 | pH | 00400 | 6.5 S.U. min. | 6.4 S.U. |

Frequency Violations

| <u>Date</u> | <u>Station</u> | <u>Parameter</u> | <u>Code</u> | <u>Permit Requirements</u> | <u>Reported</u> |
|-------------|----------------|-------------------|-------------|----------------------------|-----------------|
| 11/1/06 | 801 | pH | 00400 | 1/month | 0/month |
| 12/15/06 | 601 | CBOD ₅ | 80082 | 2/week | 1/week |

Frequency Violations continued

| <u>Date</u> | <u>Station</u> | <u>Parameter</u> | <u>Code</u> | <u>Permit Requirements</u> | <u>Reported</u> |
|-------------|----------------|--------------------|-------------|----------------------------|-----------------|
| 12/15/06 | 001 | CBOD ₅ | 80082 | 2/week | 1/week |
| 12/15/06 | 601 | TSS | 00530 | 2/week | 1/week |
| 12/15/06 | 001 | TSS | 00530 | 2/week | 1/week |
| 12/22/06 | 001 | NH ₃ -N | 00610 | 2/week | 1/week |

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 the above referenced violations (and violations noted in the September 29, 2006 letter), 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 this office.

Respectfully,



Maureen M. Ware
Division of Surface Water

cc: Mayor and Council, Village of West Alexandria
Preble County Health Department

MMW\bp