



**Environmental
Protection Agency**

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



1PT0003920090116

SHELBY

DOROTHY LOVE RETIREMENT CENTER

LEIBFRITZ, SANDRA 2009/01/16



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 Korteski, Director

January 16, 2009

Kelly Foster
Dorothy Love Retirement Community
3003 West Cisco Road
Sidney, OH 45365

CERTIFIED LETTER

**Re: Dorothy Love WWTP, Shelby County
Self-Monitoring Report NOV – August 2008 through November 2008
NPDES Permit No. 1PT00039*FD/OH0046744**

Dear Mr. Foster:

We have received your self-monitoring reports covering the months of August 2008 through November 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 Limit Violations for Outfall 001						
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date	
August 2008	Fecal Coliform	1D Conc	2000	7900.	8/8/2008	
August 2008	CBOD 5 day	1D Conc	15	31.	8/14/2008	
August 2008	CBOD 5 day	1D Qty	5.91	6.52383	8/14/2008	
August 2008	CBOD 5 day	1D Conc	15	20.	8/15/2008	
October 2008	Nitrogen, Ammonia (NH3)	1D Conc	2.3	2.5	10/17/2008	

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. Ohio EPA has received a response for October's violation. No further information is request for October's violations.

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

Respectfully,

Sandra D. Leibfritz
Division of Surface Water

cc: Shelby County Health Department



•
•
•

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:

Kelly Foster
 Distinguished Retirement
 Community
 3003 West Cisco Rd
 Sylvania Oh 45365

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Carlene Stearns Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Carlene Stearns 1-22-07

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 9827

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 •

Ohio EPA - SWDO

Sandy Leubfitz

401 E. 5th St

Dayton Oh 45402 2911

