



**Environmental
Protection Agency**

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



1PT0003920090528

SHELBY DOROTHY LOVE RETIREMENT CENTER | LEIBFRITZ, SANDRA | 2009/05/28



May 28, 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 – December 2008 through April 2009
NPDES Permit No. 1PT00039*FD/OH0046744**

Dear Mr. Foster:

We have received your self-monitoring reports covering the months of December 2008 through April 2009 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
------------------	-----------	------------	-------	----------------	----------------

None Reported.

Frequency Violations for Outfall 001

Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date
December 2008	pH	1/Day	1	0	12/31/2008
December 2008	Dissolved Oxygen	1/Day	1	0	12/31/2008
January 2009	Total Suspended Solids	2/Week	2	1	01/01/2009
January 2009	CBOD 5 day	2/Week	2	1	01/01/2009
January 2009	CBOD 5 day	2/Week	2	1	01/22/2009
January 2009	Phosphorus, Total (P)	1/Month	1	0	01/01/2009

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

Mr. Foster
Page 2

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,

A handwritten signature in cursive script that reads "Sandra D. Leibfritz".

Sandra D. Leibfritz :
Division of Surface Water

cc: Shelby County Health Department

7006 2760 0003 0781 3985 9006

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	\$

Postmark
Here

Sent
5-28-09
MAB

Sent To Kelly Foster Dorothy Love Retirement Community
 Street, Apt. No., or PO Box No. 3003 West Cisco Road
 City, State, ZIP+4 Sidney OH 45365

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.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

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
DOROTHY LOVE RETIREMENT COMMUNITY
3003 WEST CISCO ROAD
SIDNEY OH 45365**

2. Article Number
(Transfer from service label)

7006 2760 0003 0781 3985

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Cynthia Landon

 Agent Addressee

B. Received by (Printed Name)

CYNTHIA LANDON

C. Date of Delivery

5-30-09

D. Is delivery address different from Item 1? Yes No

If YES, enter delivery address below:

 No

Mail

 Express Mail

ed

 Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE
CINCINNATI OH 452



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

30 MAY 2009 PM 2 L

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

OEPA SWDO
SANDY LEIBFRITZ
401 E FIFTH STREET
DAYTON OH 45402

From: "Kelly Foster" <KFOSTER@dorothylove.oprs.org>
To: <Sandy.Leibfritz@epa.state.oh.us>
Date: 2/18/2009 9:29 am
Subject: Compliance issues

Sandy: This letter is to explain action to non-compliance issues for the month of January,2009. Our preliminary compliance report shows four Frequency violations for the month of January, all created by our laboratory changing pickup days. Let me try to explain what has happened, Masi changed our typical pickup day from Friday Jan. 2 to Monday Jan.5 causing the inability to gather samples due to holding parameters. We can only collect week one samples from the 1st thru the 7th and this caused me to be short of samples for the month. In order to maintain sampling parameters I will work on posting sampling dates and make sure they comply with the set calendar week with our laboratory. In addition I will contact another laboratory so in difficult weeks I can simply drop off needed samples. If you need anything further, please contact me at 937-497-6532. I would also like to comment on the promptness of our notice of non-compliance, this was somewhat shocking but makes things easier to respond to because it is fresh in our minds.

Sincerely, Kelly Foster
Dorothy Love Retirement Comm.

This transmission may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained herein (including any reliance thereon), is STRICTLY PROHIBITED. If you receive this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format. Thank You.

This transmission may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained herein (including any reliance thereon), is STRICTLY PROHIBITED. If you receive this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format. Thank You.

