



State of Ohio Environmental Protection Agency
Southwest District

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 30, 2007

Mr. Bill Sanders
Hobart Corporation
1495 North High Street
Hillsboro, Ohio 45133

**Re: Hobart Corporation – Indirect Discharge Permit OHP000086;1DP00019*EP –
NOTICE OF VIOLATION**

CERTIFIED MAIL

Dear Mr. Sanders:

This office has received the twenty-four hour non-compliance notification for the above referenced facility. Our review indicates violations of the conditions of your indirect discharge permit. The specific instances of non-compliance and/or deficiencies were as follows:

EFFLUENT LIMIT VIOLATIONS

Station No. 1DP00019001

<i>Parameter</i>	<i>Code</i>	<i>Date</i>	<i>Reported</i>	<i>Units</i>	<i>Permit Limit</i>
Chromium, Total	01034	03/13/07	1,740	ug/L	1,302 ug/L(D)
Chromium, Total	01034	03/2007	1,052	ug/L	804 ug/L (Avg)

Please be advised that failure to comply with the effluent limitations, or to satisfy monitoring or reporting requirements of your NPDES permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111. The daily chromium violation was initially cited in a Notice of Violation dated March 27, 2007. Its inclusion in this letter is to clarify the date of the actual violation.

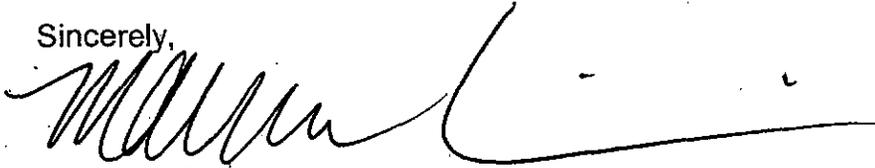


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If you would have any questions regarding the above, please contact me at 937.285.6108.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marianne Piekutowski', with a long horizontal flourish extending to the right.

Marianne Piekutowski
District Pretreatment Coordinator
Division of Surface Water

Cc: Julia Zhang, DSW/CO
Brandon Leeth, Hillsboro
Terry Britton, Hobart Corp.

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:



**BILL SANDERS
 HOBART CORPORATION
 1495 NORTH HIGH ST
 HILLSBORO OH 45133**

2. Article Number
(Transfer from service label)

7007 0220 0001 2491 5260

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1544

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Jerry Bertho* C. Date of Delivery *8-6-07*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

**U.S. Postal Service™
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OFFICIAL USE

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

Sent To **BILL SANDERS**
 Street, Apt. No., or PO Box No. **HOBART CORPORATION**
 City, State, ZIP+4 **1495 NORTH HIGH ST
 HILLSBORO OH 45133**