



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

May 15, 2009

Ms. Ann Pence
Greenfield Products, Inc.
P.O. Box 99
Greenfield, Ohio 45123

Re: Greenfield Products Inc. – Indirect Discharge Permit OHP000067;1DP00036*BP – NOTICE OF VIOLATION

CERTIFIED MAIL

Dear Ms. Pence:

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

<i>Parameter</i>	<i>Code</i>	<i>Date</i>	<i>Reported</i>	<i>Units</i>	<i>Permit Limit</i>
Zinc, Total	01092	02/06/09	3,104	ug/L	2,610 ug/L

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.

Please provide written notification with the reasons for the above referenced violations, as well as the actions taken or proposed to prevent any further violations. This response must be provided within ten (10) days of receipt of this letter.

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

Sincerely,

Marianne Piekutowski
District Pretreatment Coordinator
Division of Surface Water

Cc: Ryan Laake, DSW/CO
Jim McCoy, Greenfield
Steve McCoy, Greenfield Products



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:

MS ANN PENCE
 GREENFIELD PRODUCTS INC
 PO BOX 99
 GREENFIELD OH 45123

2. Article Number
(Transfer from service label)

7007 0220 0001 2491 9534

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mike Knapp* Agent
 Addressee

B. Received by (Printed Name)
Mike Knapp

C. Date of Delivery
5-18-09

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)

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

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

mailed

Postmark Here
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Sent To: *Greenfield Products*
 Street, Apt. No., or PO Box No.: *PO BOX 99*
 City, State, ZIP+4: *Greenfield Oh*