

**Environmental
Protection Agency**

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

March 11, 2010

Mr. Rob Koehler
SUMCO Phoenix Corporation - Cincinnati
537 Grandin Road
Maineville, Ohio 45039

**Re: SUMCO Phoenix Corporation -- Indirect Discharge Permit
OHP000149;1DP00028*EP -- NOTICE OF VIOLATION**

CERTIFIED MAIL

Dear Mr. Koehler:

This office has received the semi-annual self-monitoring report 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. 1DP00028001

<i>Parameter</i>	<i>Code</i>	<i>Date</i>	<i>Reported</i>	<i>Units</i>	<i>Permit Limit</i>
pH, Minimum	00402	08/06/09	4.6	SU	5.0 SU
pH, Minimum	00402	08/31/09	4.8	SU	5.0 SU
pH, Minimum	00402	09/29/09	4.3	SU	5.0 SU
pH, Minimum	00402	10/19/09	4.4	SU	5.0 SU
pH, Minimum	00402	10/27/09	4	SU	5.0 SU
pH, Minimum	00402	10/28/09	4.8	SU	5.0 SU

Station No. 1DP00028002

<i>Parameter</i>	<i>Code</i>	<i>Date</i>	<i>Reported</i>	<i>Units</i>	<i>Permit Limit</i>
pH, Minimum	00402	07/19/09	2	SU	5.0 SU

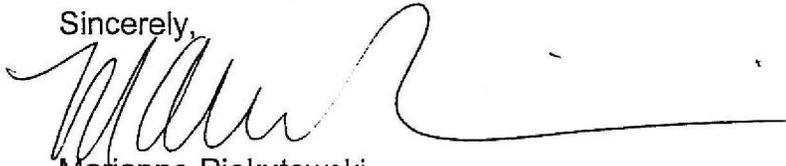
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Please be advised that failure to comply with the effluent limitations, or to satisfy monitoring or reporting requirements of your NPDES permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111. The reasons for the violations and corrective actions taken were provided in the facility's self-monitoring reports. For this period, the facility had 7 pH spikes for a total of 96 minutes.

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: Ryan Laake, DSW/CO
David Walling, Warren County Water and Sewer
Bill Romaine, SUMCO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X [Signature]</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>3-15-10</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>MR ROB KOEHLER SUMCO PHOENIX CORPORATION CINCINNATI 537 GRANDIN ROAD MAINEVILLE OH 45039</p>	
	<p><input type="checkbox"/> Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0220 0001 2491 2245</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541</p>	

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Sent To *MR. Rob Koehler / SUMCO Phoenix*
 Street, Apt. No., or PO Box No. *537 Grandin Road Cinti. Corp.*
 City, State, ZIP+4 *Maineville, OH 45039*

PS Form 3800, August 2006 See Reverse for Instructions

7007 0220 0001 2491 2245