



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.ohio.gov

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

Re: Ashland County
Mohican River Estates MHP
NPDES Permit
Notice of Violation

~~Certified Mail~~

March 19, 2010

Mr. Daniel Inks
9 Corporate Center
Broadview Heights, Ohio 44147

Dear Mr. Inks,

On March 11, 2010, an inspection was made of the wastewater treatment facilities serving the Mohican River Estates MHP located at 3055 C.R. 3175, Loudonville, Ashland County. At the time of the inspection a few concerns were noted with the plant operations.

The air supply line for the post aeration was leaking around the rubber gasket where it meets the main air supply after the blower. This leak should be repaired. The surface sand filters were being bypassed. This issue has been noted in the past and you were instructed that this was not an acceptable practice.

We are in receipt of your discharge monitoring reports covering the months of September 2009 through February 2010 for the referenced facility. A review of the reports revealed several *violations* of the limits contained in your NPDES permit. A printout of these *violations* has been included for your records. The bypassing of the surface sand filters is also considered to be a *violation* of the Facility Operation requirements listed in the Part III conditions of your NPDES permit. A copy of a picture showing the filter bypassing is enclosed.

Your facility is currently in Significant Non-compliance for the violations of the NPDES permit. Another facility which you manage, Willard Mobile Home Park is also in Significant Non-compliance. A third facility, Firelands Mobile Home Park has a compliance schedule in their NPDES permit to evaluate the need for upgrades. Our Agency is greatly concerned with what appears to be a companywide pattern of non-compliance. In order to avoid enforcement action against you, our office requests a meeting to discuss the steps you are taking to achieve immediate compliance. This meeting shall take place **within 30 days** of receipt of this letter. Please contact our office to schedule this meeting.

If you have any questions please call me at 419-373-3070.

Sincerely,

Walter Ariss
Environmental Specialist II
Division of Surface Water
/lb
Enclosure

pc: ~~NWDO-DSW file~~
Lyn Makeever, Makeever and Associates Inc.
7006 0100 0004 1318 3613

OHIO ENVIRONMENTAL PROTECTION AGENCY
 OPERATION AND MAINTENANCE INSPECTION
 WWTP'S LESS THAN 25,000 GPD

NPDES Permit No. 2P YCW28

Facility Name Mohican River Estates Expiration Date 11/30/2013
 Facility Address 3055 CR 3175 Date 3/11/10 Time 12:00 am pm
 City Londonville County Ashland Township _____
 Name and Address of Owner I & R Properties
 Person Contacted _____ Owner Phone _____
 Flow: Design 20,000 GPD Present 9,000-32,000 GPD (metered ~~estimated~~)
 Trib. Pop. _____ (actual - estimated) Weather at time of inspection: Temp 60° sunny
 OEPA Personnel Walter Ariss District NWDO

1. Plant Effluent - Mark Severity No.

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild						
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

2. Effect of effluent on Receiving Stream Name: Black Fork Mohican

No.	Severity Description	No.	Turbidity	No.	Odor	No.	Color
0	None		Clear	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	Colorless
1	Mild	<input checked="" type="checkbox"/>					
2	Moderate		Light Solids		Musty		Grey
3	Serious						
4	Extreme		Heavy Solids		Septic		Black

3. a. Plant has _____ excellent 2 good _____ fair _____ poor operation
 b. Plant has _____ excellent 2 good _____ fair _____ poor maintenance
 c. Sand filters have _____ excellent _____ good _____ fair 2 poor maintenance

d. Not operating at expected efficiency due to:

- (1) _____ hydraulic overload
 (2) _____ organic/ solids overload
 (3) _____ personnel inefficiency
 (4) _____ equipment failure
 (5) _____ wastes
 (6) by passing filters

Disinfection: (Required May 1 thru Oct.31.)	
IN	OUT
_____	<u>2</u>
_____	<u>2</u>
_____	_____
	Chlorination Tablets
	Dechlorination Tablets
	U.V.

Yes No

4. X Compliance with NPDES Permit

Periodic Violations Y N Parameters: NH₃, CI
 Chronic Violations _____

5. X Adequate plant safety

6. X Operation and Maintenance Service Name Lyn Malover

Frequency of Visits ?

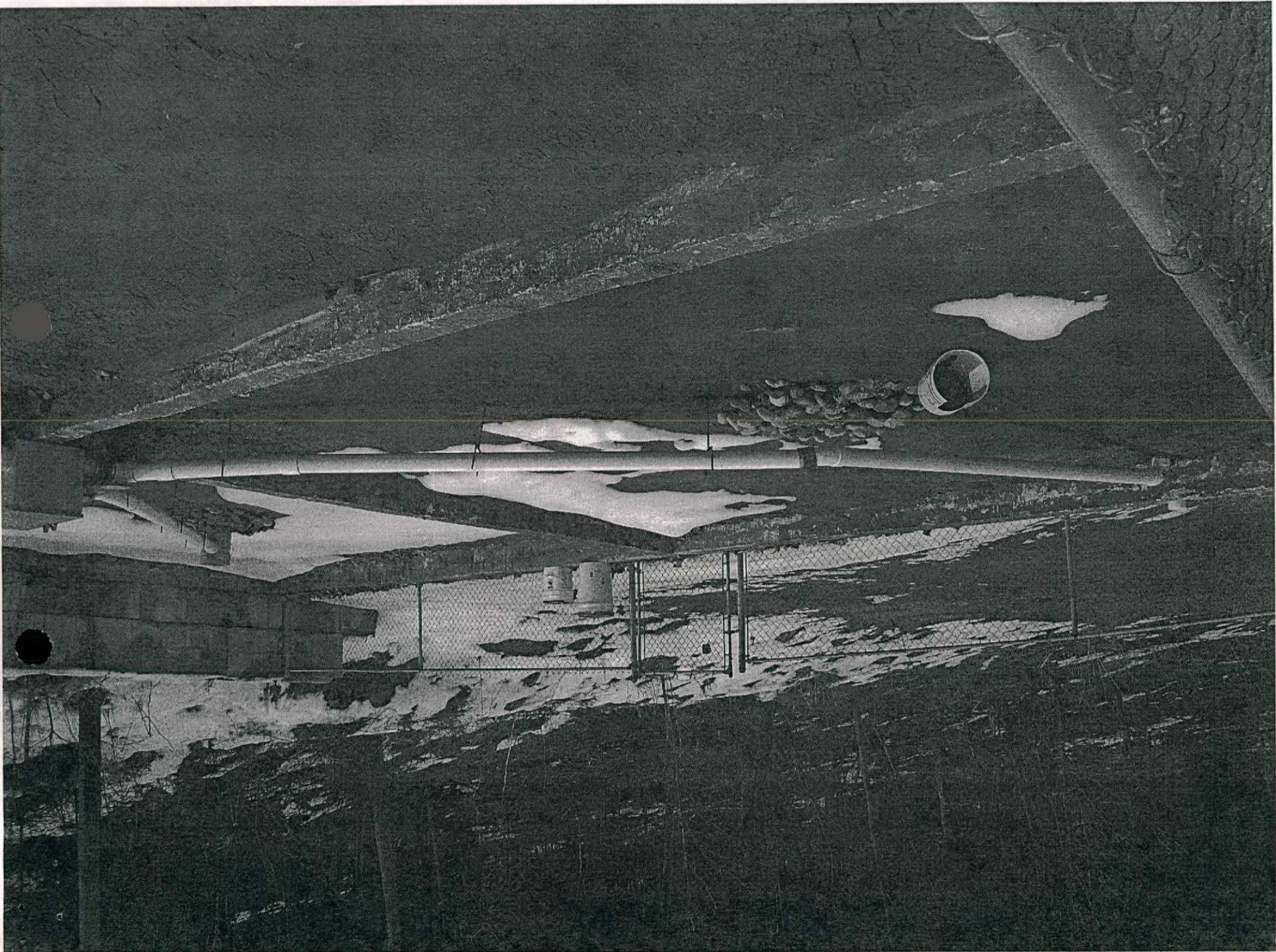
Facility Name: Mohican River Estates

Process	# Units	Unit	If Needed - Description and Comments
Preliminary	<input checked="" type="checkbox"/>	Trash Trap	Pumping Frequency:
		Grease Trap	Pumping Frequency:
		Bar Screen	
		Comminutor	
		Flow Equalization	
Aeration Equipment	<input checked="" type="checkbox"/>	Plant Timer <u>Y</u> <input checked="" type="checkbox"/> N	Cycle Time:
		Motor/ Blower Unit <i>running</i>	
Secondary Treatment	<input checked="" type="checkbox"/>	Aeration Tank	Color: <i>good color & 101/</i> Adequate Aeration: Y <input checked="" type="checkbox"/> N <u> </u>
Final Settling	<input checked="" type="checkbox"/>	Clarifier	<i>good clarity / sludge settled along effluent weir</i>
	<input checked="" type="checkbox"/>	Sludge Return	In <input checked="" type="checkbox"/> Out <u> </u>
	<input checked="" type="checkbox"/>	Surface Skimmer	In <input checked="" type="checkbox"/> Out <u> </u>
		Fixed Media Clarifier	
Tertiary Treatment	<input checked="" type="checkbox"/>	Surface Sand Filter	<i>Filters being bypassed</i>
		Polishing Pond	
		Other	
Disinfection	<input checked="" type="checkbox"/>	Chlorine Tube Feeder	<i>out</i>
	<input checked="" type="checkbox"/>	Dechlorination Tube Feeder	<i>out</i>
		Ultraviolet (UV)	
Flow Metering	<input checked="" type="checkbox"/>	Elapsed Pump Time	<i>on filter losing</i>
		Recorder (continuous total)	
Pumps		Raw Wastewater (type)	
	<input checked="" type="checkbox"/>	Sand Filter Effluent Dosing	<i>okay</i>
Sludge Handling	<input checked="" type="checkbox"/>	Aerated Storage Tank	<i>1/4 full</i>
		Sludge Drying Bed	
Sludge Disposal	<input checked="" type="checkbox"/>	Municipal POTW	
		Landfill	
		Land Application	
Advanced Treatment	<input checked="" type="checkbox"/>	Post Aeration	<i>on/need to fix supply line</i>
		Spray Irrigation	
		Other	

Get New Data

Mohican River Estates NPDES Permit limit violations September 2009 through February 2010

Permit No	Reporting Period	Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
2PY00028*CD	September 2009	001	00610	Nitrogen, Ammonia (NH3	1D Conc	3.0	3.47	9/1/2009
2PY00028*CD	September 2009	001	00610	Nitrogen, Ammonia (NH3	30D Conc	2.0	3.47	9/1/2009
2PY00028*CD	September 2009	001	00610	Nitrogen, Ammonia (NH3	1D Qty	0.23	.23641	9/1/2009
2PY00028*CD	September 2009	001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.15	.23641	9/1/2009
2PY00028*CD	September 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	11.	9/2/2009
2PY00028*CD	September 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	11.	9/16/2009
2PY00028*CD	September 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	11.	9/30/2009
2PY00028*CD	October 2009	001	50060	Chlorine, Total Residu	1D Conc	0.038	.11	10/28/2009



DSW-WA-LB

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 X <i>Lippucci</i></p> <p>B. Received by (Printed Name) <i>T. Lippucci</i></p> <p>C. Date of Delivery <i>3/22/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Mr. Daniel Saks</i> <i>9 Corporate Center</i> <i>Broadview Heights Oh</i> <i>44147</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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>7006 0100 0004 1318 3613</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

DSW-WA-LB

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OFFICIAL USE

Postage	\$ <i>44</i>
Certified Fee	<i>2.80</i>
Return Receipt Fee (Endorsement Required)	<i>2.30</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>5.54</i>

Ohio EPA

Postmark Here 2010

Sent To *Mr. Daniel Saks*

Street, Apt. No., or PO Box No. *9 Corporate Center*

City, State, ZIP+4 *Broadview Heights 44147*

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0004 1318 3613