



State of Ohio Environmental Protection Agency

Northeast District Office

2110 East Aurora Rd.  
Twinsburg, Ohio 44087

TELE: (330) 963-1200 FAX: (330) 487 0769  
www.epa.state.oh.us

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

May 12, 2009

RE: BLACKBROOK VALLEY ESTATES  
PORTAGE COUNTY  
PERMIT NO. 3PG00093

**CERTIFIED MAIL**

Mr. George A. Waliga, Owner  
Blackbrook Valley Estates  
202 East Summit Street  
Kent, Ohio 44240

Dear Mr. Waliga:

On April 29, 2009, an inspection of the above referenced facility's wastewater treatment system was conducted. No one was present during the inspection. The purpose of the inspection was to evaluate the operation and maintenance of the treatment system along with the facility's compliance status with respect to the terms and conditions of the above referenced National Pollutant Discharge Elimination System (NPDES) permit.

During the inspection, the following items were observed from outside the fence since the gate was locked:

1. The plant design of the wastewater treatment system is 0.030 MGD.
2. Currently the plant has been averaging 0.020 MGD since August 1, 2007.
3. The sludge return was functioning properly.
4. The surface sand filter beds were covered with a layer of sludge/sediment and appeared to not be draining properly. See Figures 1 & 2. The sludge layer should be removed immediately.
5. Sludge and vegetation from the surface sand filter beds is being dumped along the outside perimeter wall of the filter beds. See Figures 1 & 2. This material needs to be properly disposed at a licensed solid waste landfill.
6. Once the sludge layer is removed in the surface sand filter beds, additional filter media may be required. In general 18 inches of approved filter sand is necessary. Any filter sand that is used must meet the requirements of Ohio Administrative Code (OAC) 3745-42-09. More specifically, for conventional surface sand filters, filter sand shall be washed and free of silt; have an effective size of 0.4 mm to 1.0 mm; and have a uniformity coefficient less than 3.0.

This office has recently reviewed your self-monitoring reports covering the period August 1, 2007 through March 31, 2009 for the referenced facility. Our review indicates violations of the terms and conditions of your NPDES permit. The specific instances of noncompliance are as follows:

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### Limit Violations

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.5	1.545	8/1/2007
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	2.3	2.9	8/1/2007
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.26	.29637	8/1/2007
001	31616	Fecal Coliform	30D Conc	1000	1400.	8/1/2007
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	4.5	14.55	1/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	16.5	1/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.51	.96915	1/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.77	.93679	1/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	12.6	1/15/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.77	1.00151	1/15/2008
001	00530	Total Suspended Solids	30D Conc	12	25.3333	2/1/2008
001	00530	Total Suspended Solids	30D Qty	1.4	1.56447	2/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	4.5	20.275	2/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.51	1.30857	2/1/2008
001	80082	CBOD 5 day	30D Conc	15	26.	2/1/2008
001	00530	Total Suspended Solids	7D Conc	18	28.	2/8/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	19.75	2/8/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.77	1.12131	2/8/2008
001	00530	Total Suspended Solids	7D Conc	18	25.	2/15/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	20.8	2/15/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.77	1.49583	2/15/2008
001	80082	CBOD 5 day	7D Conc	23	27.	2/15/2008
001	00530	Total Suspended Solids	7D Conc	18	23.	2/22/2008
001	80082	CBOD 5 day	7D Conc	23	32.	2/22/2008
001	00530	Total Suspended Solids	30D Conc	12	21.25	3/1/2008
001	00530	Total Suspended Solids	7D Conc	18	53.	3/1/2008
001	00530	Total Suspended Solids	7D Qty	2.0	2.80847	3/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	4.5	13.42	3/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.51	.78175	3/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	13.84	3/8/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	13.	3/15/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.77	.9349	3/15/2008
001	00530	Total Suspended Solids	30D Conc	12	19.5	4/1/2008
001	00530	Total Suspended Solids	7D Conc	18	42.	4/1/2008
001	00530	Total Suspended Solids	7D Qty	2.0	2.86146	4/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	4.5	17.65	4/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	23.	4/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.51	1.06283	4/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.77	1.56699	4/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	6.8	12.3	4/15/2008
001	00530	Total Suspended Solids	30D Conc	12	14.	5/1/2008
001	31616	Fecal Coliform	30D Conc	1000	22400.	5/1/2008
001	31616	Fecal Coliform	7D Conc	2000	22400.	5/8/2008

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Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00530	Total Suspended Solids	30D Conc	12	15.	6/1/2008
001	00530	Total Suspended Solids	7D Conc	18	30.	6/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.5	9.14	8/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	2.3	13.65	8/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.17	.43312	8/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.26	.56832	8/1/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	2.3	4.63	8/15/2008
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.26	.29792	8/15/2008

Please be advised that such instances of noncompliance may be cause for enforcement actions pursuant to the Ohio Revised Code, Chapter 6111.

**Please inform this office in writing, within 14 days receipt of this letter your intentions to address items 4 and 5. The letter should include dates either actual or proposed for completion of the actions. A follow-up inspection will be conducted subsequent to the completion date.**

Should you have any comments or questions concerning this letter, please feel free to call me at (330) 963-1143.

Respectfully,



Michael W. Stevens  
Environmental Engineer  
Division of Surface Water

MWS/mt



Figure 1



Figure 2

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:  GEORGE WALIGA  BLACKBROOK VALLEY ESTATES  202 EAST SUMMIT ST  KENT OH 44240</p>	<p>B. Received by (Printed Name) C. Date of Delivery  <i>C. WIENER</i> <i>5-13-09</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>2. Article Number <i>7007 2680 0002 2986 7411 (STEVENS 5/12/09)</i>  (Transfer from service label)</p>	<p>3. Service Type  <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>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
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<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage &amp; Fees</td><td>\$</td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										

Sent To

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0002 2986 7411