



State of Ohio Environmental Protection Agency

Southwest District Office

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, Lieutenant, Governor
Chris Korieski, Director

May 27, 2009

Anthony Zimmerman
9420 Bellfontaine Road
New Carlisle, OH 45344

CERTIFIED LETTER

**Re: Tecumseh Court MHP, Clark County
Self-Monitoring Report NOV – March 2009 and April 2009
NPDES Permit No. 1PV00126*AD/OH0137308**

Dear Mr. Zimmerman:

We have received your self-monitoring reports covering the months of March 2009 and April 2009 for the above-referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance and deficiencies were as follows:

Final Effluent Limitation Violations for Outfall 001

Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
March 2009	Total Suspended Solids	30D Conc	12.0	45.	3/1/2009
March 2009	Total Suspended Solids	7D Conc	18.0	45.	3/1/2009
March 2009	Nitrogen, Ammonia (NH3)	30D Conc	3.0	12.	3/1/2009
March 2009	Nitrogen, Ammonia (NH3)	7D Conc	4.5	12.	3/1/2009
March 2009	CBOD 5 day	30D Conc	10.0	43.8	3/1/2009
March 2009	CBOD 5 day	7D Conc	15.0	43.8	3/1/2009
March 2009	Dissolved Oxygen	1D Conc	6.0	4.5	3/2/2009
April 2009	Total Suspended Solids	30D Conc	12.0	24.	4/1/2009
April 2009	Total Suspended Solids	7D Conc	18.0	24.	4/1/2009
April 2009	Nitrogen, Ammonia (NH3)	30D Conc	3.0	11.	4/1/2009
April 2009	Nitrogen, Ammonia (NH3)	7D Conc	4.5	11.	4/1/2009
April 2009	CBOD 5 day	30D Conc	10.0	28.	4/1/2009
April 2009	CBOD 5 day	7D Conc	15.0	28.	4/1/2009
April 2009	Dissolved Oxygen	1D Conc	6.0	3.8	4/6/2009

Frequency Violations for Outfall 001

Reporting Period	Parameter	Sample Frequency	Expected	Reported	Violation Date
March 2009	pH	1/Week	1	0	03/08/2009
March 2009	pH	1/Week	1	0	03/15/2009
March 2009	pH	1/Week	1	0	03/22/2009
March 2009	Dissolved Oxygen	1/Week	1	0	03/08/2009
March 2009	Dissolved Oxygen	1/Week	1	0	03/15/2009
March 2009	Dissolved Oxygen	1/Week	1	0	03/22/2009
April 2009	pH	1/Week	1	0	04/08/2009



Frequency Violations for Outfall 001

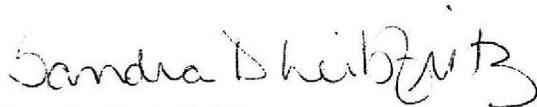
| Reporting Period |
|------------------|------------------|------------------|------------------|------------------|------------------|
| April 2009 | pH | 1/Week | 1 | 0 | 04/15/2009 |
| April 2009 | pH | 1/Week | 1 | 0 | 04/22/2009 |
| April 2009 | Dissolved Oxygen | 1/Week | 1 | 0 | 04/08/2009 |
| April 2009 | Dissolved Oxygen | 1/Week | 1 | 0 | 04/15/2009 |
| April 2009 | Dissolved Oxygen | 1/Week | 1 | 0 | 04/22/2009 |

Please be advised that failure to comply with the effluent limitations or to satisfy the monitoring or reporting requirements of your NPDES permit is cause for further enforcement action pursuant to the Ohio Revised Code Chapter 6111.

Please inform this office, in writing, within ten days of receipt of this notification as to the reason for the final effluent violations, as well as a description of the actions taken or proposed to prevent any further violations. Your response should include the dates, either actual or proposed, for completion of the actions.

If you have any questions regarding the above, please contact me at (937) 285-6104.

Respectfully,



Sandra D. Leibfritz
Division of Surface Water

cc: Clark County Health Department
Winelco

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ANTHONY ZIMMERMAN
9420 BELLFONTAINE ROAD
NEW CARLISLE OH 45344

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 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

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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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>M. Zimmerman 5-30</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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">  ANTHONY ZIMMERMAN 9420 BELLFONTAINE ROAD NEW CARLISLE OH 45344 </p> </div>	<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 style="font-size: 1.2em; font-weight: bold;">7004 2890 0000 1024 8212</p>	