



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, Lt. Governor  
Chris Korleski, Director

July 12, 2007

Superintendent  
Greenon Local School District  
500 Enon-Xenia Road  
Enon, OH 45323

**CERTIFIED LETTER**

**Re: Greenon High School WWTP, Clark County  
Self-Monitoring Report NOV – October 2006 through May 2007  
NPDES Permit No. 1PT00014\*AD/OH0040410**

Dear Superintendent:

We have received your self-monitoring reports covering the months of October 2006 through May 2007 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 Limit for Outfall 001					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
October 2006	Nitrogen, Ammonia (NH3)	30D Conc	1.0	4.2	10/1/2006
October 2006	Nitrogen, Ammonia (NH3)	7D Conc	1.5	4.2	10/15/2006
October 2006	Fecal Coliform	30D Conc	1000	1600.	10/1/2006
November 2006	Nitrogen, Ammonia (NH3)	30D Conc	3.0	8.8	11/1/2006
November 2006	Nitrogen, Ammonia (NH3)	7D Conc	4.5	8.8	11/22/2006
December 2006	Nitrogen, Ammonia (NH3)	30D Conc	3.0	15.8	12/1/2006
December 2006	Nitrogen, Ammonia (NH3)	7D Conc	4.5	15.8	12/15/2006
December 2006	CBOD 5 day	30D Conc	10.0	12.	12/1/2006
February 2007	Nitrogen, Ammonia (NH3)	30D Conc	3.0	9.1	2/1/2007
February 2007	Nitrogen, Ammonia (NH3)	7D Conc	4.5	9.1	2/22/2007
March 2007	Nitrogen, Ammonia (NH3)	30D Conc	3.0	4.38	3/1/2007
May 2007	Dissolved Oxygen	1D Conc	6.0	4.1	5/2/2007
May 2007	Dissolved Oxygen	1D Conc	6.0	4.1	5/9/2007
May 2007	Dissolved Oxygen	1D Conc	6.0	4.	5/16/2007
May 2007	Dissolved Oxygen	1D Conc	6.0	3.98	5/23/2007
May 2007	Dissolved Oxygen	1D Conc	6.0	3.7	5/31/2007

Frequency Violations for Outfall 001					
Reporting Period	Violation Date	Parameter	Sample Frequency	Expected	Reported
November 2006	11/1/2006	Water Temperature	1/Week	1	0
November 2006	11/22/2006	Water Temperature	1/Week	1	0
November 2006	11/1/2006	Dissolved Oxygen	1/Week	1	0
November 2006	11/22/2006	Dissolved Oxygen	1/Week	1	0
May 2007	5/15/2007	Chlorine, Total Residual	1/2Weeks	1	0



Superintendent  
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Please be advised that failure to comply with the effluent limitations or to satisfy the monitoring or reporting requirements of your NPDES permit may be cause for 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 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  
David Leist, Operator

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Sent To:	Superintendent / Greenon Local
Street, Apt. No., or PO Box No.	500 Enon - Xenia School District
City, State, ZIP+4	Enon OH 45323

PS Form 3800, August 2006 See Reverse for Instructions

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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 <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>NATHI BRENTLINGER</i></p> <p>C. Date of Delivery <i>7/13/07</i></p> <p>Address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="font-size: 1.2em; margin: 0;">SUPERINTENDENT  GREENON LOCAL SCHOOL DISTRICT  500 ENON XENIA ROAD  ENON OH 45323</p>	<p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><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) <span style="float: right; font-size: 1.2em;">7007 0220 0001 2491 5635</span></p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	