



**Environmental
Protection Agency**

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

October 25, 2010

RE: THE INN
OHIO EPA PERMIT 3PR00427
ANDOVER TWP, ASHTABULA COUNTY

NOTICE OF VIOLATION

CERTIFIED MAIL

Mr. David E. Dolan
The Inn
5690 U.S. Route 6
Andover, OH 44003

Dear Mr. Dolan:

On October 8, 2010, a site inspection was conducted at the above referenced facility at 4791 U.S. Route 6, Andover Township, Ashtabula County. The inspection was conducted by John Schmidt of this office. Nobody was available from The Inn. The system consists of a two 1,000 gallon septic tanks in series, a 500 gallon dosing chamber, five peat bio-filters, a chlorine contact tank, dechlorination, and post-disinfection aeration. The system is located behind a house that shares the tavern's address. The system apparently serves both the tavern and the adjacent residence that share this address. Septage is removed from the septic tanks when needed and hauled to a publically-owned treatment works (POTW). The system discharges to an unnamed tributary to Pymatuning Creek adjacent to the north side of the facility. The facility is fitted with visual and audible alarms.

Upon consultation with previous inspectors and permit reviewers for this facility, your permit-to-install (PTI) for this facility calls for the adjacent former residential structure to contain no plumbing and that the former residential structure would be utilized for storage only. During the October 8, 2010 inspection, it was apparent that you have a residential tenant occupying this structure. **The NPDES permit and your permit-to-install (PTI) identify the tavern as the only source of the sanitary wastes for this system.**

First, you must verify with the Ashtabula County Health department that a separate sanitary residential system cannot be installed on this property. If this is the case, please provide a schedule for submitting a modification permit-to-install identifying the adjacent residence as an additional source of residential flow or documentation that the adjacent residence has had its plumbing removed and is utilized for storage only. Please be advised that your current NPDES discharge permit and system design call for a maximum daily flow of 1,000 gallons per day. If anticipated flows will exceed 1,000 gpd, then the NPDES permit will need to be modified in addition to a PTI for the onsite sewage system design.

Note that having both structures share a single system will require you to place a copy of a deed notation on the parcel stating that the parcel cannot be split. Ohio EPA will need to see this deed notation as a part of the modified PTI application.

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You will need PTI application forms A and B2. PTI application forms may be found at the following Web address: <http://epa.ohio.gov/dsw/pti/PTIForms.aspx>.

NPDES Forms for an NPDES modification, if needed, include forms 1, 2E and the antidegradation addendum. NPDES forms, if needed, may be found at the following Web address: <http://epa.ohio.gov/dsw/permits/npdesform.aspx>.

Please inform this office, in writing, within 14 days of the date of this letter either documentation that the residence is not connected to this system or that an application for a permit-to-install to modify the existing system to accept flows from both the tavern and the residence. Please be advised that past or present issues of noncompliance can continue as subjects of future enforcement actions by Ohio EPA.

If you have any questions or comments regarding this inspection, please feel free to contact me at (330) 963-1175.

Respectively,



John M. Schmidt P.E., R.S.
Environmental Engineer
Division of Surface Water

JMS/mt

pc: Ray Saporito, Ashtabula County Health Department

File: Semipublic/Ashtabula/Andover Twp/The Inn

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- 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.

1. Article Addressed to:

Dave E Dolan
 The Inn
 5690 U.S. Route 6
 Andover OH 44003

2. Article Number

(Transfer from service label) 7010 1060 0000 00 89 7247 (Schmidt 10/25/10)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Martha Dolan Agent Addressee

B. Received by (Printed Name)

MARSHA DOLAN

C. Date of Delivery

10-26-10

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