



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

October 13, 2009

RE: DFC MOBILE HOME PARK  
PERMIT NO: 3PV00081  
ASHTABULA COUNTY

**CERTIFIED MAIL**

Ms. Lois Adkins  
DFC Mobile Home Park and Sales  
1600 Lenox-New Lyme Road  
Jefferson, Ohio 44047

Dear Ms. Adkins:

On September 9, 2009, an inspection of the above referenced facility's wastewater treatment system was conducted. No one was present during the inspection to represent the facility. 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 noted:

1. The blowers were running and the plant was receiving good aeration.
2. The contents of the aeration tank were medium brown in color and no foam was present.
3. The flow aeration tank was being aerated.
4. The sludge return line was working properly.
5. The skimmer return line was functioning properly and returning clear water. The return line discharge was minimal. The skimmer may require adjustment.
6. Scum build-up was present behind the baffle in the settling tank. The scum should be removed and properly disposed.
7. The weirs and the sidewalls in the settling tank had scum/debris build-up. They should be scraped down and cleaned out.
8. One surface sand filter bed was covered with solids deposit along with some vegetation. See Figure 1. This bed should be taken off line and permitted to dry. All vegetation should be removed from the bed and the sludge layer should then be raked off and properly disposed at a licensed solid waste landfill.
9. The other surface sand filter bed was not being utilized. The surface was free of all vegetation. The bed was also recently raked free of all sludge.

10. The chlorination unit dispensing tubes could not be inspected due to the grating being locked. However, it was noted that the dechlorination dispensing tubes were empty. Both chlorination and dechlorination are required from May 1<sup>st</sup> through October 31<sup>st</sup>.
11. No discharge was occurring.
12. **The facility's NPDES Permit Schedule of Compliance requires a report to be submitted to this office by July 2, 2007 detailing the results of an Infiltration and Inflow evaluation study. To date, this study has not been received by this office.**

This office has recently reviewed your self-monitoring reports covering the period November 1, 2008 through August 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:

### Limit Violations

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.5	6.69	3/1/2009
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.05	.10382	3/1/2009
001	00610	Nitrogen, Ammonia (NH3)	1D Conc	2.3	6.69	3/19/2009
001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.08	.10382	3/19/2009
001	80082	CBOD 5 day	30D Conc	10	24.9	5/1/2009
001	80082	CBOD 5 day	30D Qty	0.34	.38641	5/1/2009
001	80082	CBOD 5 day	1D Conc	15	24.9	5/19/2009
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.5	6.4	8/1/2009
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.05	.13323	8/1/2009
001	80082	CBOD 5 day	30D Conc	10	11.3	8/1/2009
001	00610	Nitrogen, Ammonia (NH3)	1D Conc	2.3	6.4	8/27/2009
001	00610	Nitrogen, Ammonia (NH3)	1D Qty	0.08	.13323	8/27/2009
001	50060	Chlorine, Total Residue	1D Conc	0.019	7.9	8/27/2009

### Frequency Violations

Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported	Violation Date
001	00400	pH	1/Week	1	0	11/01/2008
001	00300	Dissolved Oxygen	1/Week	1	0	11/01/2008
001	00400	pH	1/Week	1	0	11/08/2008
001	00300	Dissolved Oxygen	1/Week	1	0	11/08/2008
001	00400	pH	1/Week	1	0	11/15/2008
001	00300	Dissolved Oxygen	1/Week	1	0	11/15/2008

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Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported	Violation Date
001	00400	pH	1/Week	1	0	11/22/2008
001	00300	Dissolved Oxygen	1/Week	1	0	11/22/2008
001	00530	Total Suspended Solids	1/Month	1	0	07/01/2009
001	00610	Nitrogen, Ammonia (NH3)	1/Month	1	0	07/01/2009
001	31616	Fecal Coliform	1/Month	1	0	07/01/2009
001	80082	CBOD 5 day	1/Month	1	0	07/01/2009
001	50060	Chlorine, Total Residue	1/2Weeks	1	0	07/01/2009
001	00400	pH	1/Week	1	0	07/01/2009
001	00300	Dissolved Oxygen	1/Week	1	0	07/01/2009
001	00400	pH	1/Week	1	0	07/08/2009
001	00300	Dissolved Oxygen	1/Week	1	0	07/08/2009
001	50060	Chlorine, Total Residue	1/2Weeks	1	0	07/15/2009
001	00400	pH	1/Week	1	0	07/15/2009
001	00300	Dissolved Oxygen	1/Week	1	0	07/15/2009
001	00400	pH	1/Week	1	0	07/22/2009
001	00300	Dissolved Oxygen	1/Week	1	0	07/22/2009

**Please notify this office in writing, within 14 days receipt of this letter your intention to resolve item 12. The letter should include dates, either actual or proposed, for completion of the actions.**

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

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

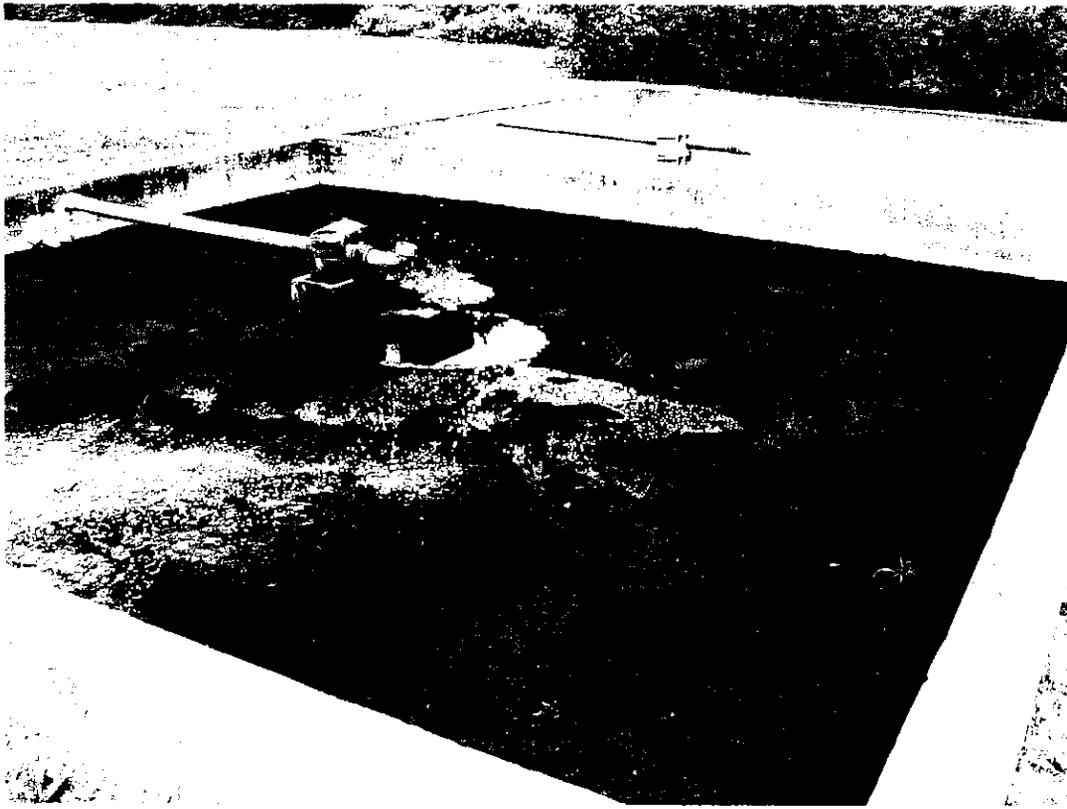


Figure 1

3PV0008120091009

4545 4065 0000 0792 9002

U.S. Postal Service  
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PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

LOIS ADKINS  
 DFC MOBILE HOME PARK & SALES  
 1600 LENOX-NEW LYME ROAD  
 JEFFERSON OH 44047

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Lois Adkins*

B. Received by (Printed Name) Date of Delivery  
 LOIS ADKINS 10/13/09

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 2810 0000 5304 5434 (STEVENS 10/13/09)