



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

June 8, 2007

RE: GEAUGA COUNTY
NPDES # 3PR00316*AD
EXPIRATION DATE: 4/30/2007

Welshfield Properties LLC
1180 Bell Road
Chagrin Falls, OH 44022

To Whom It May Concern:

It has come to the attention of this office that the National Pollutant Discharge Elimination System (NPDES) permit referenced above has expired. This permit is to permit the discharge of the wastewater treatment plant at Welshfield Inn. To date, our office does not have on file a renewal application. The NPDES permit is required for a discharge of wastewater to 'waters of the state.' Pursuant to Ohio Revised Code (ORC) Section 6111.04

"No person shall cause pollution or place or cause to be placed any sewage, industrial waste, or other wastes in a location where they cause pollution of any waters of the state... except in such cases where the director of environmental protection has issued a valid and unexpired permit..."

Furthermore, the Ohio Administrative Code (OAC) 3745-33-04 states that *"no person may discharge any pollutant....without applying for and obtaining an Ohio NPDES permit..."*

Sanitary and industrial wastewater treatment system discharges, and non-contact/contact cooling water discharges are examples of projects subject to the referenced rules and regulations. The completed NPDES permit renewal application with the application fee was due 180 days prior to permit expiration. Failure to submit a completed application prior to expiration of the permit results in an unauthorized discharge of pollutants subject to enforcement action pursuant to ORC 6111.

NPDES permit General Form 1 and the appropriate supporting application forms (2A, 2C, 2E, 2F, 2S) may be obtained from our office or downloaded from our Web page at:

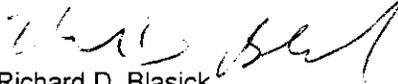
<http://www.epa.state.oh.us/dsw/permits/npdesform.html>

Additionally, an Antidegradation Addendum must accompany the application.

The aforementioned forms are to be submitted to our office within 30 days with the \$200 application fee, checks made payable to 'Treasurer, State of Ohio.' Unauthorized discharges are subject to enforcement penalties outlined in ORC 6111.99

Should you have any questions or comments regarding this letter, please contact our office at (330) 963-1200.

Respectfully,


Richard D. Blasick
Environmental Supervisor
Division of Surface Water

RDB/mt

Welshfield Inn, Twinsburg, Ohio

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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery 9/30/09</p>
<p>1. Article Addressed to:</p> <p>MR. TOM LUTZ, OWNER WELSHFIELD INN 14001 MAIN MARKET RD. TROY, OH 44021</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>3. Service Type <input 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 7009 1680 0000 6380 2548 J.BENNAGE 9/29/09 (Transfer from service label)</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$	Postmark Here 9/29/09
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to: **Tom Lutz Owner**
Street, Apt. No.,
or PO Box No. **Welshfield Inn**
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for instructions

7009 1680 0000 6380 2548