



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 19, 2007

RE: HOLMES COUNTY
CLARK TOWNSHIP
CHARM ENGINE
4147 SR 557
NPDES #3PR00409

CERTIFIED MAIL

Mr. Ed Raber
Charm Corporation, Inc.
P.O. Box 25
Charm, OH 44617

Dear Mr. Raber:

On June 7, 2007, this office conducted an inspection of the wastewater treatment plant serving the above referenced facility. Present during the inspection were this writer and Kraig Bucklew of the Holmes County Health Department.

The treatment system consists of a 500-gallon-per-day Orenco Systems AdvanTex recirculating textile filter. The system was installed in April 2007. At the time of the inspection, the treatment plant was producing what appeared to be a clear effluent.

A review of your self-monitoring reports covering the period November 2005 through May 2007 revealed the following effluent violations:

March 2007

<u>Outfall</u>	<u>Date</u>	<u>Parameter</u>	<u>Reported Value</u>	<u>Units</u>	<u>Permit Limitation</u>
001	30 day	Suspended solids	22	mg/l	12
001	30 day	Suspended solids	0.05	kg/day	0.023
001	7 day	Suspended solids	22	mg/l	18
001	7 day	Suspended solids	0.05	kg/day	0.034
001	30 day	Ammonia	35.7	mg/l	3.0
001	30 day	Ammonia	0.081	kg/day	0.0056
001	7 day	Ammonia	35.7	mg/l	4.5
001	7 day	Ammonia	0.0811	kg/day	0.0085
001	30 day	CBOD	126	mg/l	10
001	30 day	CBOD	0.28615	kg/day	0.034
001	7 day	CBOD	126	mg/l	15
001	7 day	CBOD	0.286	kg/day	0.051
001	15	Dissolved oxygen	1.74	mg/l	6.0 min

Mr. Ed Raber
Charm Corporation, Inc.
June 19, 2007
Page 2

May 2007

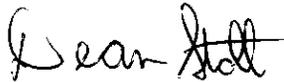
<u>Outfall</u>	<u>Date</u>	<u>Parameter</u>	<u>Reported Value</u>	<u>Units</u>	<u>Permit Limitation</u>
001	30 day	Suspended solids	15	mg/l	12
001	30 day	Suspended solids	0.0341	kg/day	0.023
001	7 day	Suspended solids	0.0341	kg/day	0.034
001	30 day	Ammonia	61.6	mg/l	1.0
001	30 day	Ammonia	0.14	kg/day	0.0019
001	7 day	Ammonia	61.6	mg/l	1.5
001	7 day	Ammonia	0.14	kg/day	0.0028
001	22	pH	6.47	S.U.	6.5 min
001	4	Dissolved oxygen	5.3	mg/l	6.0 min
001	8	Dissolved oxygen	5.86	mg/l	6.0 min
001	17	Dissolved oxygen	3.27	mg/l	6.0 min

It was noted that the flow meter that was shown on the detail plans of PTI #02-21021 was not installed.

Included with this letter is a list of frequency violations covering the period November 2005 through May 2007. It is imperative that this facility meet and maintain compliance with its NPDES permit.

Should you have any questions or comments regarding this letter, please contact this office at (330) 963-1197.

Sincerely,



Dean W. Stoll, P.E.
Environmental Engineer
Division of Surface Water

DWS/mt

cc: Holmes County Health Department, Attn: Kraig Bucklew
Kevin Dean

File: Semi-Public/Charm Engine

7004 1160 0001 5934 9176

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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To **ED RABER**
 Street, Apt. No. **CHARM CORPORATION INC**
 or PO Box No. **CHARM OH**
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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>1. Article Addressed to:</p> <p>ED RABER CHARM CORPORATION INC PO BOX 25 CHARM OH 44617</p> <p>2. Article Number (Transfer from service label) 7004 1160 0001 5934 9176 (STOLL 6/19/07)</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Lorene Raber</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lorene Raber</i></p> <p>C. Date of Delivery</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 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>