



**Environmental  
Protection Agency**

1. Governor  
2. Lt. Governor  
3. Director

October 29, 2010

RE: BENTTREE CONDOMINIUMS  
PERMIT NO. 3PW00023  
PORTAGE COUNTY  
MANTUA TOWNSHIP

**CERTIFIED MAIL**

Ms. Amy Sayre, President *MR. JEFF LISEWSKI, PRESIDENT*  
Benttree Condominiums  
11056 State Route 44, Unit P  
Mantua, Ohio 44255

Dear Ms. Sayre:

On October 28, 2010, an inspection of the above referenced facility's wastewater treatment system was conducted. No one was present during the inspection. The purpose of the inspection was to evaluate the operation and maintenance of the treatment system along 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 plant design of the wastewater treatment system is 12,500 gpd.
2. The blowers were running and the plant was receiving good aeration.
3. The contents of the aeration tank were medium brown in color and no foam was present.
4. The sludge return line was functioning properly and returning medium brown water.
5. The skimmer return line was functioning properly and was returning clear water.
6. Sludge/solids deposition build-up was present behind the baffle in the settling tank. This sludge/ solids deposition should be removed and properly disposed.
7. The weirs and the trough in the settling tank were covered with sludge. This sludge should be removed immediately.
8. Floating solids were present in the settling tank. All floating solids should be removed.
9. The condition of the surface sand filter beds is unacceptable. Both surface sand filter beds are overgrown with vegetation. **Maintenance should be performed on both beds immediately.** All vegetation and solids deposition should be removed. Due to lack of maintenance, additional surface sand filter media may be required after maintenance is performed. All sludge along with the vegetation should be properly disposed at a licensed solid waste landfill.
10. The chlorination dispensing tube was missing from the disinfection vault. It should be noted that chlorination is required to be used from May 1<sup>st</sup> through October 31<sup>st</sup>.
11. The effluent in the disinfection vault was clear.

MS. AMY SAYRE, PRESIDENT  
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This office has recently reviewed your self-monitoring reports covering the period November 1, 2008 through September 30, 2010, for the referenced facility. Our review indicates violations of the terms and conditions of your NPDES permit. The specific instances of non-compliance are as follows:

**Code Violations**

<u>Station</u>	<u>Reporting Code</u>	<u>Parameter</u>	<u>Limit Type</u>	<u>Limit</u>	<u>Reported Value</u>	<u>Violation Date</u>
601	31616	Fecal Coliform			AK	8/20/2009

**Limit Violations**

<u>Station</u>	<u>Reporting Code</u>	<u>Parameter</u>	<u>Limit Type</u>	<u>Limit</u>	<u>Reported Value</u>	<u>Violation Date</u>
601	00400	pH	1D Conc	9.0	9.81	3/18/2009

**Please notify this office in writing within 14 days receipt of this letter your intentions to resolve items 6, 7, 8, and 9. This letter should include dates either actual or proposed. A follow-up inspection will be conducted subsequent to the completion date.**

Please be advised that such instances of non-compliance 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:bo

**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:

MS. AMY SAYRE, PRESIDENT  
 BENTTREE CONDOMINIUMS  
 11056 STATE ROUTE 44, UNIT P  
 MANTUA, OH 44255

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *JEFF USEWICK* C. Date of Delivery *10/29/10*

D. Is delivery address different from item 1?  Yes  No  
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*10/29/10*

Sent To *Amy Sayre, Pres.*  
 Street, Apt. No.,  
 or PO Box No. *Benttree Condominiums*  
 City, State, ZIP+4

PS Form 3800 August 2006 See Reverse for Instructions