



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

March 16, 2010

RE: WAYNE COUNTY
CHIPPEWA TWP
SUNDIAL MHP
NPDES #3PV00121
EXPIRATION DATE 10/31/09

NOTICE OF VIOLATION

CERTIFIED MAIL

Ms. Carolyn King
Sundial MHP
17740 Galehouse Rd.
Doylestown, Ohio 44230

Dear Ms. King:

It has come to the attention of this office that your National Pollutant Discharge Elimination System (NPDES) permit referenced above has expired. 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.aspx>

Ms. Carolyn King
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March 16, 2010
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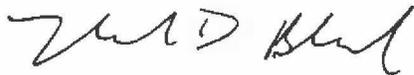
An Antidegradation Addendum must also accompany the application.

The aforementioned forms are to be submitted to our office 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

Additionally, we have reviewed your compliance as it relates to the expired NPDES permit. Our records show that you have not submitted any sampling results over the past 5 years and have failed to comply with the schedule to upgrade your sewage system. These are significant violations of your NPDES permit. Due to your failure to comply with your NPDES permit, it will be necessary for you to schedule a meeting with us at the Northeast District Office of Ohio EPA in Twinsburg. **Failure to meet with us within thirty (30) days from the date of this letter will result in this matter being referred to our Legal Section for an enforcement action.** At this meeting be prepared to discuss your immediate actions to restore compliance with your permit monitoring and reporting requirements, and submit a renewal application.

Please contact Laura Weber at (330) 963-1299 to schedule your meeting.

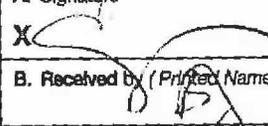
Respectfully,



Richard D. Blasick
Environmental Manager
Division of Surface Water

RDB/mt

ec: Laura Weber, Ohio EPA, DSW, NEDO

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3-17-10</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">MS CAROLYN KING SUNDIAL MHP 17740 GALEHOUSE RD DOYLESTOWN, OH 44230</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> <hr/> <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>2. Article Number 7009 1680 0000 6381 3897 R. BLASICK 3/17/10 <i>(Transfer from service label)</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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**MS CAROLYN KING
SUNDIAL MHP
17740 GALEHOUSE RD
DOYLESTOWN, OH 44230**

Sent to

Street, Apt. # or PO Box #

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 1680 0000 6381 3897