

**Environmental  
Protection Agency**

Ted Strickland, Governor  
Lee Fisher, Lt. Governor  
Chris Korleski, Director

December 22, 2010

RE: LORAIN COUNTY  
CARLISLE TOWNSHIP  
MUNICIPAL STORM WATER PROGRAM

**NOTICE OF VIOLATION**

**CERTIFIED MAIL**

Starlet Seman, Zoning Inspector  
Carlisle Township  
11969 Lagrange Road  
Lagrange, OH 44050

Dear Ms. Seman:

Ohio EPA is reviewing your compliance status with the General Storm Water National Pollutant Discharge Elimination System (NPDES) Permit for Small Municipal Separate Storm Sewer Systems (MS4s) #3GQ00095\*BG. Our records indicate that there are some administrative issues that still need to be addressed. In particular, Part III.C of the NPDES permit allows Carlisle Township to enter into agreements with other entities to implement requirements of the NPDES permit, however the Township must maintain a written agreement with the party(ies) that are implementing control measures on your behalf. Ohio EPA would like to clarify the status of the following:

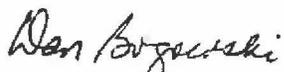
- **Illicit Discharge Rules.** Although I am aware that Lorain County enacted countywide illicit discharge rules on June 23, 2010, our files do not indicate that Carlisle Township has entered into a memorandum of understanding (MOU) with the County to enact the illicit discharge detection and elimination (IDDE) program on behalf of the Township. In speaking with Jerry Innes, Assistant County Prosecutor, he indicated that an MOU for this program was sent to the Township, but he does not know if it has been executed. If it has been executed, please send me a signed copy. If you have elected not to enter into an agreement with the County to provide IDDE services, please indicate how the Township will implement this minimum control measure.
- **Construction and Post-Construction Rules.** Lorain County enacted construction site rules on June 29, 2008, and post-construction storm water management rules on November 19, 2009. Nancy Funni at the Lorain Soil and Water Conservation District (SWCD), co-administrator for the County rules, indicates that an MOU between the County and Township was enacted for these measures, but it was terminated by the SWCD Board on April 23, 2010. Thus, Carlisle Township does not have a current MOU with an entity to implement this program within its jurisdiction. Until the MOU is re-executed with Lorain SWCD or other appropriate entity, or the Township establishes its own post-construction program, Carlisle Township appears to be in violation of the NPDES permit. Please review the status of your MOU with Lorain SWCD and provide me with your determination of how the Township wishes to implement its construction and post-construction programs.

STARLET SEMAN, ZONING INSPECTOR  
DECEMBER 22, 2010  
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Please provide me with a response letter clarifying the status of these compliance issues. Your response should be submitted **by January 14, 2011**.

If you have any questions, please contact me at (330) 963-1145.

Sincerely,



Dan Bogoevski  
District Engineer  
Division of Surface Water

DB:bo

pc: Berry Taylor, Trustee, Carlisle Township  
Jason Fyffe, DSW, CO  
Nancy Funni, Lorain SWCD  
Jim Boddy, Lorain County Health Department  
Jerry Innes, Assistant Prosecutor, Lorain County

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>X Kevin Demare</i></p>
<p>1. Article Addressed to:</p> <p><b>STARLET SEMAN, ZONING INSPECTOR          CARLISLE TOWNSHIP          11969 LAGRANGE RD.          LAGRANGE, OH 44050</b></p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  <i>Kevin Demare</i></p> <p>C. Date of Delivery</p>
<p>2. Article Number <b>7009 1680 0001 9552 1264 D.BOGOEVSKI 12/22/10</b>          (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>PS Form 3811, February 2004</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>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

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12/22/10

Sent To *Starlet Seman*

Street, Apt. No.,  
or PO Box No. *Carlisle Twp*

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 1680 0001 9552 1264