



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

November 12, 2009

RE: LAKE COUNTY  
CITY OF WILLOUGHBY  
NOTIFICATION OF MUNICIPAL STORM  
WATER PROGRAM INSPECTION

Angelo Tomaselli  
Service Director and Storm Water Program Coordinator  
City of Willoughby  
One Public Square  
Willoughby, OH 44094

Dear Mr. Tomaselli:

This letter will serve as notice that Ohio EPA will be conducting an inspection of your community's Storm Water Management Program (SWMP). This inspection is being conducted to determine compliance with the Ohio EPA General Storm Water NPDES Permit for Small Municipal Separate Storm Sewer Systems (Small MS4s) #3GQ00003\*BG.

Our inspection will focus on compliance with minimum control measure #6: Pollution Prevention and Good Housekeeping for Municipal Operations. We will be using the audit guidance manual developed by the United States Environmental Protection Agency. We anticipate that the inspection can be conducted in one day. I have set aside the dates of December 1 and 2, 2009, to conduct the inspection. **Please contact me upon receipt of this letter to let me know which of these dates will work best for you.** I am flexible to pick other dates if they will work better for you.

To streamline the inspection, please have the following resources ready and available on the date of the inspection.

- Map of the MS4 system or outfalls;
- An inventory of municipal facilities and operations, i.e., composting yards, vehicle maintenance facilities, bus terminals, impound lots, wastewater treatment plants and waste transfer stations, if applicable, and the storm water pollution prevention plan (SWP3) developed for these facilities;

ANGELO TOMASELLI  
NOVEMBER 12, 2009  
PAGE 2

- Contracts with any third party service providers that assist you in implementing your pollution prevention and good housekeeping programs, e.g., an automobile recycler that provides vehicle impound services on behalf of your community;
- Guidance documents or BMP manuals used for your pollution prevention and good housekeeping program;
- Training records, i.e., the agenda and attendance record of any training your staff has attended regarding pollution prevention for municipal operations;
- List of active municipal construction projects, e.g., road projects;
- The checklist used to inspect your municipal maintenance facility;
- Street sweeping and catch basin cleaning records, if performed;
- Deicer application records, including a description of the materials used for deicing operations;
- Inventory of publicly-owned flood management structures in your community and inspection records for such facilities;
- Fertilizer and pesticide application plan; and
- Copies of your Annual Report for the reporting years 2007 and 2008.

The inspection will consist of an interview followed by field inspections of your municipal maintenance facility (or facilities, as appropriate), including facilities where vehicle maintenance, composting activities, vehicle impoundment, wastewater management and waste management activities occur. Please have the appropriate persons available to answer the interview questions and questions that arise during field inspections. I anticipate the interview will take no more than two hours to complete and will leave it to your discretion to schedule the field inspections. It should take no more than two hours to inspect each facility.

I look forward to working with you to perform the inspection. Please contact me to confirm the inspection date or to schedule a new date if necessary. You can contact me at (330) 963-1145 or via e-mail at [dan.bogoevski@epa.ohio.gov](mailto:dan.bogoevski@epa.ohio.gov).

Sincerely,



Dan Bogoevski  
District Engineer  
Division of Surface Water

DB:bo

pc: David E. Anderson, Mayor, City of Willoughby

360 0070 2010028

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"/> <i>Jami Anderson</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>Jami Anderson</i>      <i>6/29/11</i></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>1. Article Addressed to:</p> <p>DAVID TAYLOR, MAYOR  CITY OF AMHERST  206 S MAIN ST  AMHERST OH 44001</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>
<p>2. Article Number      7010 1670 0001 8461 1661 (BOGOEVSKI 6/28/11)  (Transfer from service label)</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	

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City, State, ZIP+4

PS Form 3800, August 2006      See Reverse for Instructions

7010 1670 0001 8461 1661

2010 3090 0000 3937 8576

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<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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>JEAN PAYNE 8/29/11</p>
<p>1. Article Addressed to:</p> <p>ROBERT KNOPF JR. CITY ENGINEER/SWMP COORDINATOR CITY OF AVON 36080 CHESTER ROAD AVON OH 44011</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold;">AUG 30 2011</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 2em;">RECEIVED</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.5em;">OHIO EPA NEDO</p> <p>3. Service type</p> <p><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 <input checked="" type="checkbox"/> No</p>
<p>2. Article Number 7010 3090 0000 3937 8576 (BOGOEVSKI 8/26/11) (Transfer from service label)</p>	
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

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or PO Box No.

City, State, ZIP+4

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7010 3090 0000 3937 8576

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<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>	A. Signature <input checked="" type="checkbox"/> <i>Robert Eichenberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>DALE F. RUNDLE, TRUSTEE            COLUMBIA TOWNSHIP            PO BOX 819            25496 ROYALTON RD.            COLUMBIA STATION, OH 44028</b>	B. Received by (Printed Name) C. Date of Delivery <b>ROBERT EICHENBERG 12/27/10</b>  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <b>7009 1680 0001 9552 1233 D.BOGOEVSKI 12/21/10</b>	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.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

Sent to *Dale F. Rundle* *12/21/10*

Street, Apt., Rm., or PO Box *Columbia Twp*

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

35000 23 20101222

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<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 Carol Schutteon</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <i>12-22-10</i></p>
<p>1. Article Addressed to:</p> <p><b>DON GARCUS, ZONING INSPECTOR          AMHERST TOWNSHIP          7530 OBERLIN RD.          ELYRIA, OH 44035</b></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>
<p>2. Article Number <b>7009 1680 0001 9552 1257 D.BOGOEVSKI 12/22/10</b>          (Transfer from service label)</p>	
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7009 1680 0001 9552 1257

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Postmark Here	
Sent to <i>Don Garcia</i> Street, Apt. No., or P.O. Box No. <i>Amherst Township</i> City, State, ZIP+4 _____	
PS Form 3810, August 2008 See Reverse for Instructions	

*12/22/10*

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</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12/23/10</p>
<p>1. Article Addressed to:</p> <p>WILLIAM HOLTZMAN, TRUSTEE ELYRIA TOWNSHIP 41416 GRISWOLD RD. ELYRIA, OH 44035</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>
<p>2. Article Number 7009 1680 0001 9552 1271 D. BOGOEVSKI 12/22/10 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7009 1680 0001 9552 1271

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

Sent to  
 William Holtzman  
 Street, Apt. No., or P.O. Box No.  
 Elyria, OH 44035

PS Form 3800, August 2006 See Reverse for Instructions

36Q 00107 20101 222

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<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 <i>Ann Miller</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ann Miller</i></p> <p>C. Date of Delivery <i>12-23-10</i></p>
<p>1. Article Addressed to:</p> <p><b>RICHARD KNECHTGES, ADMINISTRATOR EATON TOWNSHIP 12043 AVON BELDEN RD. GRAFTON, OH 44044</b></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>
<p>2. Article Number <b>7009 1680 0001 9552 1240 D.BOGOEVSKI 12/21/10</b> (Transfer from service label)</p>	

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<table border="1" style="width: 100%;"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee <small>(Endorsement Required)</small></td><td></td></tr> <tr><td>Restricted Delivery Fee <small>(Endorsement Required)</small></td><td></td></tr> <tr><td><b>Total Postage &amp; Fees</b></td><td><b>\$</b></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee <small>(Endorsement Required)</small>		Restricted Delivery Fee <small>(Endorsement Required)</small>		<b>Total Postage &amp; Fees</b>	<b>\$</b>	<p>Postmark Here</p> <p style="font-size: 1.5em; color: blue;"><i>12/21/10</i></p>
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Certified Fee											
Return Receipt Fee <small>(Endorsement Required)</small>											
Restricted Delivery Fee <small>(Endorsement Required)</small>											
<b>Total Postage &amp; Fees</b>	<b>\$</b>										
<table border="1" style="width: 100%;"> <tr><td colspan="2">Sent To: <i>Richard Knechtges</i></td></tr> <tr><td colspan="2">Street, Apt. No. or PO Box No. <i>Eaton Twp</i></td></tr> <tr><td colspan="2">City, State, ZIP+4</td></tr> </table>		Sent To: <i>Richard Knechtges</i>		Street, Apt. No. or PO Box No. <i>Eaton Twp</i>		City, State, ZIP+4					
Sent To: <i>Richard Knechtges</i>											
Street, Apt. No. or PO Box No. <i>Eaton Twp</i>											
City, State, ZIP+4											
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<p>1. Article Addressed to:</p> <p><b>MICHAEL PODULKA, TRUSTEE GRAFTON TOWNSHIP 17109 AVON BELDEN RD. GRAFTON, OH 44044</b></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</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 <b>7009 1680 0001 9552 1219 D..BOGOEVSKI 12/21/10</b> (Transfer from service label)</p>	

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

*12/21/10*

Sent to <i>Michael Podulka</i>	
Street, Apt. No., or PO Box No. <i>Grafton Twp</i>	
City, State, ZIP+4	

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7009 1680 0001 9552 1219

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<p>1. Article Addressed to:</p> <p>Dale VanderSomman Storm Water Program Mgr. City of Lorain 200 West Erie Ave 4th Floor Lorain, OH 44052</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</p> <p><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>	
<p>2. Article Number (Transfer from service label) 7010 1000 0000 0089 5175 (Bogorvski 12/30/10)</p>		
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- 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:  
**DAVE NEWSOME, TRUSTEE**  
**SHEFFIELD TOWNSHIP**  
**5166 CLINTON AVE.**  
**LORAIN, OH 44055**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 12/23/10

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7009 1680 0001 9552 1288 D. BOGOEVSKI 12/11/10**  
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Dave Newsome*  
 Street, Apt. No., or PO Box No.: *5166 Clinton Ave*  
 City, State, ZIP+4: *Lorain, OH 44055*

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12/23/10

3600004520101222

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- 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:

**STARLET SEMAN, ZONING INSPECTOR  
CARLISLE TOWNSHIP  
11969 LAGRANGE RD.  
LAGRANGE, OH 44050**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X Kevin Dombore*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Kevin Dombore*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7009 1680 0001 9552 1264 D.BOGQEVSKI 12/22/10**  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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Street, Apt., Box,  
or PO Box No. *Carlisle Twp*  
City, State, ZIP+4

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