



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

January 7, 2008

RE: ARNIES STEAK HOUSE
PERMIT NO. 3PR00174
PORTAGE COUNTY

CERTIFIED MAIL

Mr. Arnold Thayer, Owner
Arnies West Branch Steak House Inc.
P.O. Box 916
Ravenna, OH 44266

Dear Mr. Thayer:

On December 20, 2007, an inspection of the above referenced facility's wastewater treatment plant was conducted. No one was present during the inspection to represent the facility. The purpose of the inspection was to evaluate the performance of the wastewater 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 blowers were running and the plant was receiving good aeration. However, the plant appeared to be underloaded.
2. The surface of the aeration tank was almost entirely covered with foam. This is not typical of a properly operating plant.
3. The sludge return line was working properly. However, the return line discharge was clear in color. A typical well run plant has a return sludge of medium brown.
4. Both the skimmer and skimmer return line were not visible due to excessive foam in the settling tank and aeration tank.
5. The weir in the settling tank was free of scum.
6. Scum build-up was present behind the baffle in the settling tank. This should be removed.
7. The surface sand filter beds had minimal vegetation growing in them. This vegetation should be removed and properly disposed.

This office has recently reviewed your self-monitoring reports covering the period January 1, 2006 thru November 30, 2007 for the referenced facility. Our review indicates violations of the terms and conditions of your NPDES permit. The specific instances of noncompliance are as follows:

Limit Violations

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	1.5	2.11	8/1/2007
001	31616	Fecal Coliform	30D Conc	200	735.	8/1/2007
001	31616	Fecal Coliform	7D Conc	400	735.	8/22/2007

MR. ARNOLD THAYER, OWNER
JANUARY 7, 2007
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Frequency Violations

Violation Date	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported
1/1/2007	001	00010	Water Temperature	1/Week	1	0
1/8/2007	001	00010	Water Temperature	1/Week	1	0
1/15/2007	001	00010	Water Temperature	1/Week	1	0
1/22/2007	001	00010	Water Temperature	1/Week	1	0
11/15/2007	001	00010	Water Temperature	1/Week	1	0
11/15/2007	001	00083	Color, Severity	1/Week	1	0
11/15/2007	001	01330	Odor, Severity	1/Week	1	0
11/15/2007	001	01350	Turbidity, Severity	1/Week	1	0

No monthly operating reports were submitted for the following months:

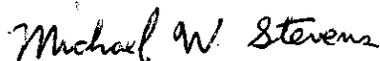
January 2006 thru June 2006
August 2006
September 2006

The missing monthly operating reports should be submitted to Ohio EPAs Surface Water Information Management System (SWIMS), immediately. Please notify this office in writing within 14 days receipt of this letter addressing why the above referenced monthly operating reports were not submitted to SWIMS.

Please be advised that such instances of noncompliance 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.

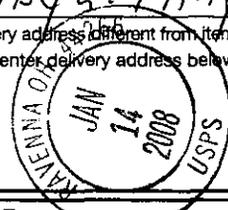
Respectfully,



Michael W. Stevens
Environmental Engineer
Division of Surface Water

MWS:bo

SENDER: COMPLETE THIS SECTION	COMPLETE 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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Cindy L. Thayer</i></p> <p>B. Received by (Printed Name) <i>CINDY L. THAYER</i> C. Date of Delivery <i>1-14-08</i></p>
<p>1. Article Addressed to:</p> <p>MR. ARNOLD THAYER, OWNER ARNIES WEST BRANCH STEAK HOUSE INC. PO BOX 916 RAVENNA, OH 44266</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>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 7004 2510 0004 5044 8798 M.STEVENS 1/8/08 (Transfer from service label)</p>	



7004 2510 0004 5044 8798

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Total Postage & Fees	\$										
Sent To: <i>Arnold Thayer, Owner</i> Street, Apt. No. or P.O. Box No.: <i>Arnie's West Branch</i> City, State, ZIP+4: <i>Steak House</i>											
PS Form 3800, June 2002 See Reverse for Instructions											