

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 3, 2008

RE: PINE MANOR MHP
PERMIT NO. 3PV00000
SHALERSVILLE

CERTIFIED MAIL

Mr. Russ Thompson, Partner
Pine Manor Mobile Home Park
P.O. Box 531
Mantua, Ohio 44255

Dear Mr. Thompson:

On October 7, 2008, 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 with 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 0.028 MGD
2. Currently the plant has been averaging 0.020 MGD with a maximum of 0.030 MGD since October 1, 2007.
3. A distribution line to one surface sand filter bed was disconnected. The line needs to be reconnected immediately.
4. Both surface sand filter beds had vegetation growing in them. The vegetation should be removed immediately. (See Figures 1 & 2). All vegetation should be properly disposed at a licensed solid waste landfill.
5. Once the vegetation is removed in the surface sand filter beds, additional filter media may be required. In general 18 inches of approved filter sand is necessary. Any filter sand that is used must meet the requirements of Ohio Administrative Code (OAC) 3745-42-09. More specifically, for conventional surface sand filters, filter sand shall be washed and free of silt; have an effective size of 0.4 mm to 1.0 mm; and have a uniformity coefficient less than 3.0.
6. The blowers were running and the plant was receiving good aeration.
7. The sludge return lines and the skimmer return lines were functioning.
8. It appears the skimmers need to be adjusted since scum was not being drawn into the skimmer. (See Figures 3 & 4).
9. The contents of the aeration tank were medium brown in color. However a brown layer of scum was floating on top of the aeration tank. The scum should be removed and properly disposed. (See Figure 5).
10. Scum build-up was present behind the baffle in the settling tank. This scum should be removed and properly disposed.
11. The weirs and the sidewalls in the settling tank also had scum build-up. They should be scraped down. (See Figure 6).
12. The plant has ultraviolet disinfection.
13. The plant was not discharging.

Mr. Russ Thompson
Pine Manor Mobile Home Park
November 3, 2008
Page 2

This office has recently reviewed your self-monitoring reports covering the period October 1, 2007 through August 31, 2008 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	00300	Dissolved Oxygen	1D Conc	5.0	3.9	12/24/2007
001	00300	Dissolved Oxygen	1D Conc	5.0	3.7	1/2/2008
001	00300	Dissolved Oxygen	1D Conc	5.0	4.2	1/15/2008
001	00530	Total Suspended Solids	30D Conc	12	15.	5/1/2008
001	00300	Dissolved Oxygen	1D Conc	5.0	2.1	5/6/2008
001	00530	Total Suspended Solids	7D Conc	18	55.	5/8/2008
001	00530	Total Suspended Solids	7D Qty	1.91	4.1635	5/8/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Conc	2.0	4.28667	7/1/2008
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.21	.28943	7/1/2008
001	00300	Dissolved Oxygen	1D Conc	5.0	.9	7/29/2008

No frequency violations were noted.

Please notify this office in writing within 15 days receipt of this letter indicating your intentions to address items 3, 4, 8, 9, 10, and 11. The letter should contain dates either actual or proposed for completion of the actions. A follow-up inspection will be conducted subsequent to the completion date.

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/mt

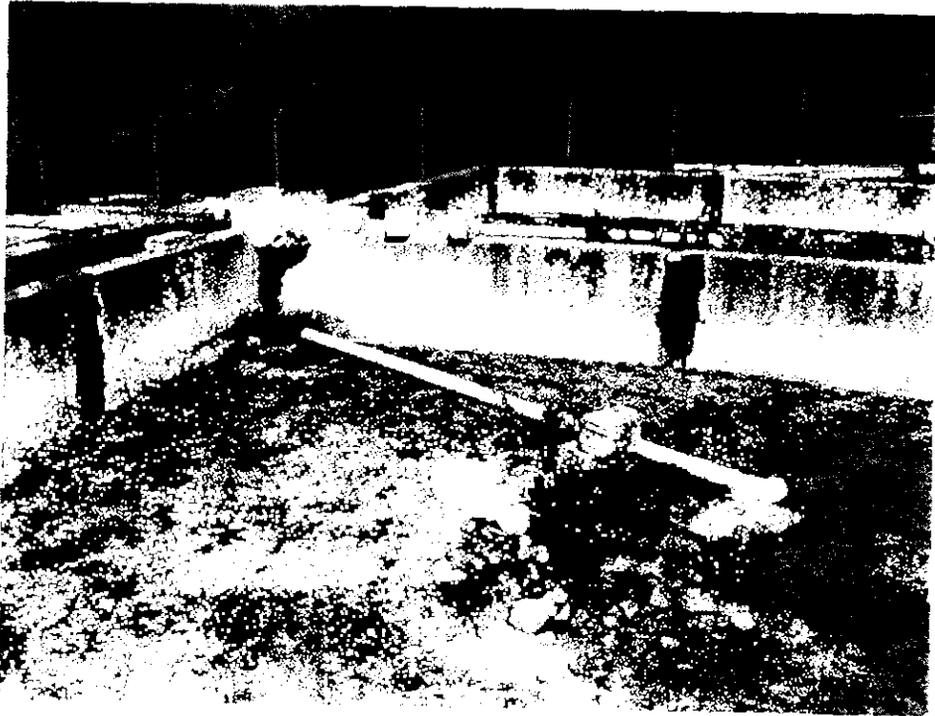


Figure 1



Figure 2



Figure 3

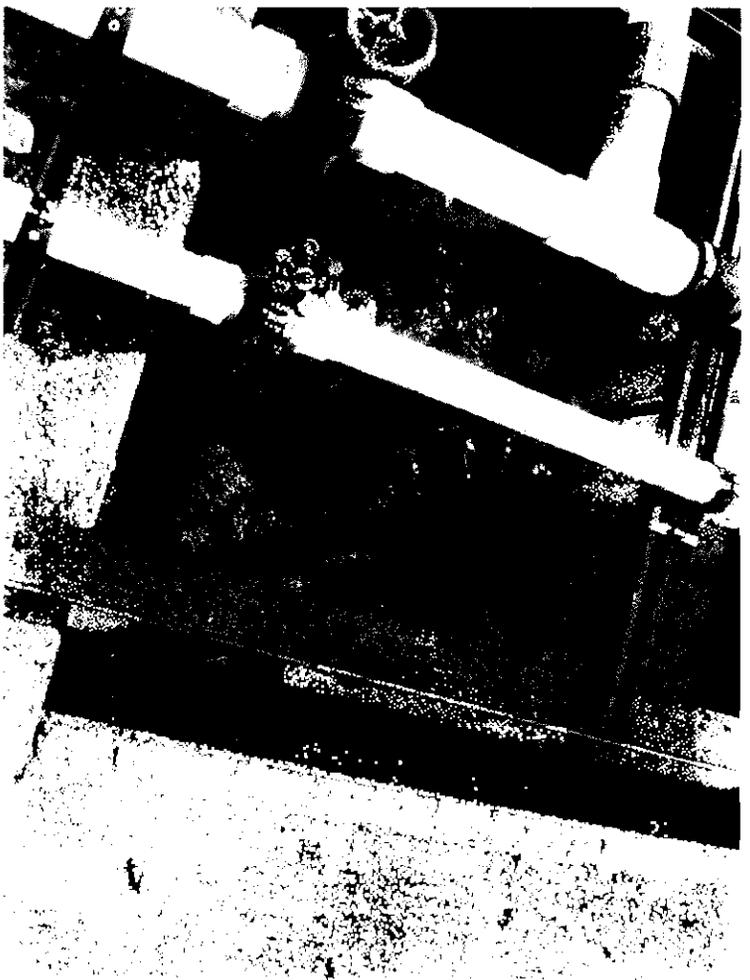


Figure 4

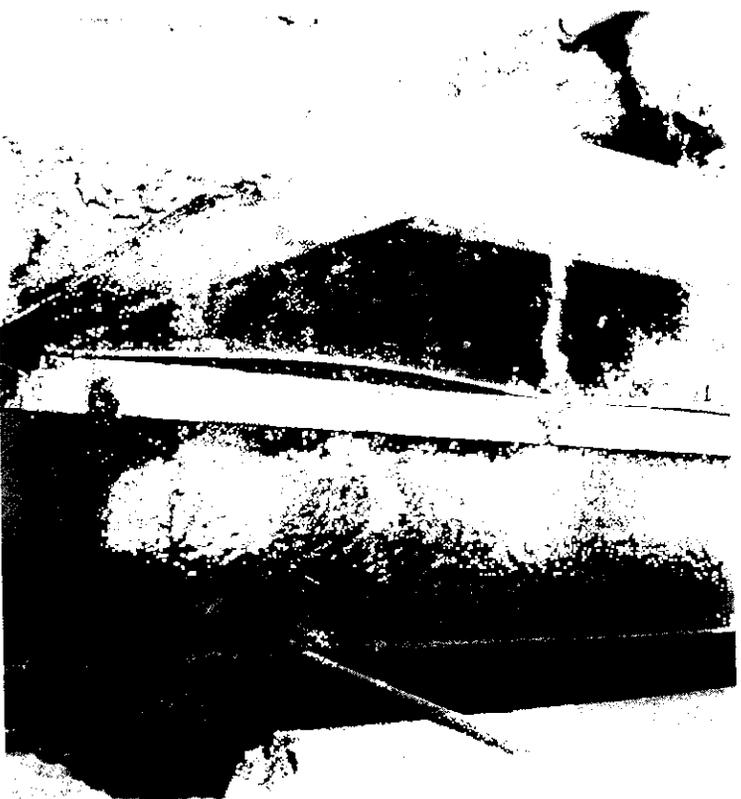


Figure 6



Figure 5

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</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>RUSS THOMPSON PINE MANOR MHP PO BOX 531 MANTUA OH 44255</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 7008 0150 0001 7110 9507 (STEVENS 11/3/08) (Transfer from service label)</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7008 0150 0001 7110 9507

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions