



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 28, 2008

RE: EVERGREEN VILLAGE MHP
PORTAGE COUNTY
PERMIT NO. 3PV00078

CERTIFIED MAIL

Ms. Charlotte Wells, Area Manager
Evergreen Village MHP
4816 Dock Drive
Ravenna, OH 44266

Dear Ms. Wells:

On March 20, 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 plant 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 design flow of the extended aeration wastewater treatment plant is 20,000 gallons per day.
2. The blowers were running and the plant was receiving good aeration.
3. The contents of the aeration tank were medium brown in color and no foam was present. This is typical of a properly operating plant.
4. Both the sludge return line and skimmer return line were functioning properly.
5. **The surface sand filter beds were overflowing the retaining wall and bypassing treatment as a result of the filter media being plugged. See Figures 1, 2, & 3. Bypassing the surface sand filter beds may be subject to enforcement pursuant to the Ohio Revised Code chapter 6111 as an unauthorized discharge into waters of the state. Two of the four surface sand filter beds should be taken off line immediately and pumped down. The filter media should be raked free of the sludge layer. This material should be properly disposed at a solid waste landfill. Based on the condition of the filter media, the media may need to be entirely replaced or just supplemented.**
6. **The southern wall of the surface sand filter beds is also bypassing final treatment and needs to be repaired. See Figures 2 & 3. This bypass is occurring at the metal reinforcement strip. This needs to be repaired immediately.**

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7. **Wastewater overflowing the northern surface sand filter beds was draining toward the settling tank. This wastewater along with any rainfall or snowmelt was observed infiltrating into the settling tank at the bottom ledge. See Figure 5. This needs to be repaired immediately.**
8. The weirs in the settling tank had scum build-up. See Figure 5. They should be scraped down.
9. A Web-based application for submitting the monthly operating report is currently available. Web addresses are available below which provide information on this topic along with training dates.

This office has recently reviewed your self-monitoring reports covering the period April 1, 2007, through February 29, 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:

FREQUENCY VIOLATIONS

Violation Date	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported
5/15/2007	001	50060	Chlorine, Total Residu	1/2Weeks	1	0
11/1/2007	001	00010	Water Temperature	1/Week	1	0

No Limit violations were noted.

Please notify this office in writing within 15 days receipt of this letter indicating your intentions to resolve items 5, 6, and 7. The letter should contain dates either actual or proposed for completion of the actions.

Please note that Ohio EPA has converted from the existing **SWIMware** software to a Web-based reporting system, **e-DMR**. The new reporting system is entirely Web based and accessible via any Internet connection. Ohio EPA Form 4500, commonly known as MORs, will now be called Discharge Monitoring Reports (DMRs or e-DMRs). User training is going to be available in May and October of this year. Please consult the following Web site for updates regarding the specific date:

<http://www.epa.state.oh.us/dsw/swims/eDMR/eDMRtraining.html>

If you need additional information pertaining to the SWIMware replacement e-DMR, consult the following Web site.

<http://www.epa.state.oh.us/dsw/swims/eDMR/eDMR.html>

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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

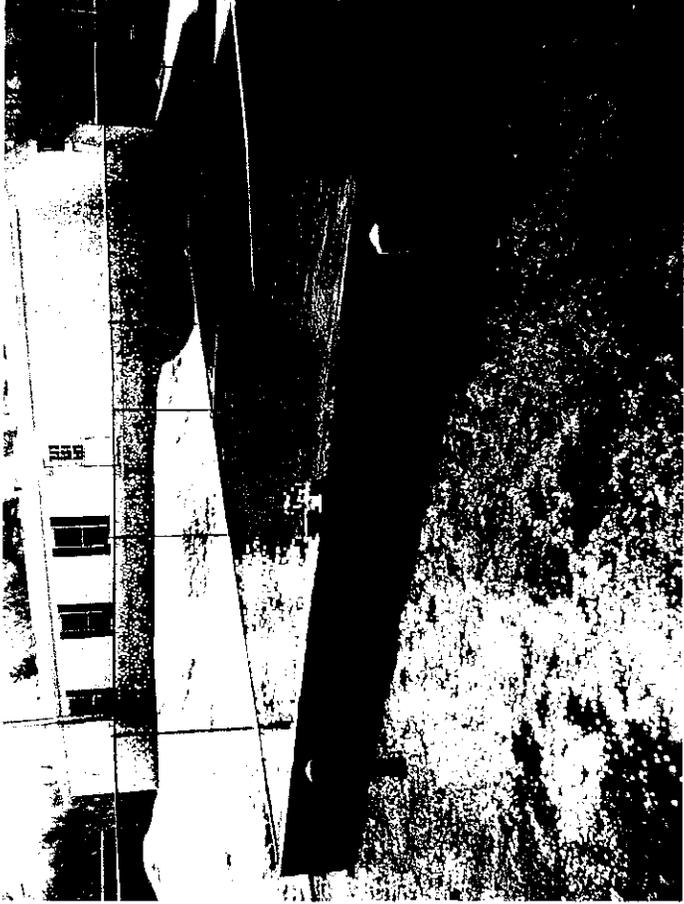


Figure 1

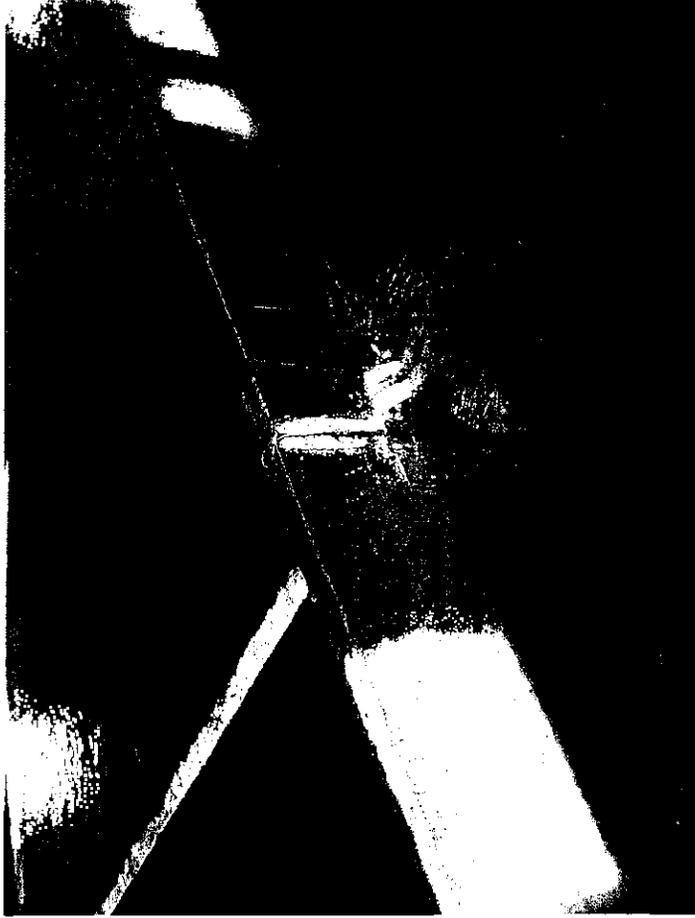


Figure 2

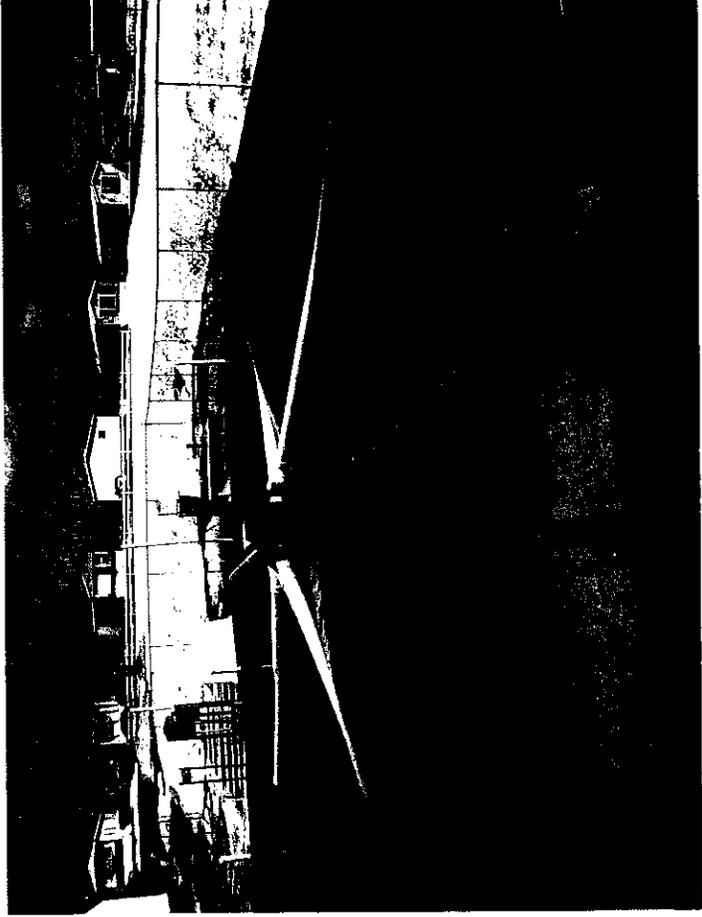


Figure 3



Figure 4

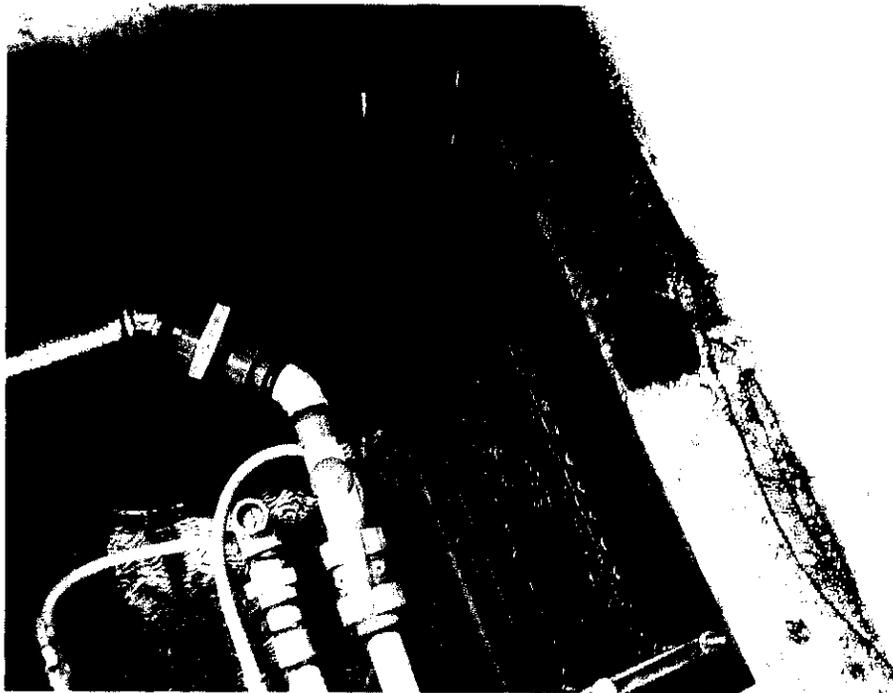


Figure 5

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 <i>Tammy Eckerfeld</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Tammy Eckerfeld 3/31/08</i></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 <i>4880 Dock Dr # 104</i></p>
<p>1. Article Addressed to:</p> <p>CHARLOTTE WELLS EVERGREEN VILLAGE MHP 4816 DOCK DRIVE RAVENNA OH 44266</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 0002 4075 1190 (STEVENS 3/28/08) (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Total Postage & Fees	\$										

7004 2510 0002 4075 1190

Sent To	
CHARLOTTE WELLS	
Street, Apt. No.; or PO Box No.	EVERGREEN VILLAGE MHP
City, State, ZIP+4	4816 DOCK DRIVE

PS Form 3800, June 2002 See Reverse for Instructions