



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

December 19, 2007

RE: STARK COUNTY
NIMISHILLEN TOWNSHIP
SPEE-D-FOODS
5875 RAVENNA AVE.
NPDES #3PR00463

CERTIFIED MAIL

Spee-D-Foods
Corporate Office
P.O. Box 358
9817 Cleveland Ave. NW
Greentown, OH 44630

To Whom It May Concern:

On December 14, 2007, this office conducted a compliance evaluation inspection (CEI) of the wastewater treatment system serving the above referenced facility. Present during the inspection were this writer and Tom Powell, Hammontree Engineers.

The existing sewage treatment system consists of a trash trap followed by a 1,500 gallon per day extended aeration treatment plant which flows by gravity to a surface sand filter, and an effluent pump station. The system discharges to an unnamed tributary to the East Branch Nimishillen Creek.

At the time of the inspection, the treatment system was producing what appeared to be a satisfactory quality effluent.

The effluent pump station pumps to a storm sewer located west of the property. During the inspection, Mr. Powell presented the idea of relocating the discharge point to a storm sewer along SR 44. This storm sewer, which flows in an easterly direction, is located adjacent to a well which serves a commercial building located across the street from Spee-D-Foods. Therefore, we cannot recommend relocating the discharge point unless 50 feet of isolation between the storm sewer and well is met.

The purpose for relocating the discharge point is to accommodate an ultraviolet (UV) disinfection system. It appears that there is adequate space available to insert a UV system in between the surface sand filter and the effluent pump station. This office recommends that you consider this option before further pursuing relocating the discharge.

SPEE-D-FOODS
DECEMBER 19, 2007
PAGE 2

A review of your monthly operating report (MOR) data for September 2007 revealed that effluent sampling was not conducted in accordance with your NPDES permit. Temperature, color, odor and turbidity are required to be reported once per week. Flow rate is to be reported once per month. The remaining pollutant parameters are to be reported quarterly. It is imperative that you sample your effluent as required by your NPDES permit.

Should you have any questions or comments regarding this letter, please contact this office at (330)963-1197.

Sincerely,



Dean W. Stoll, P.E.
Environmental Engineer
Division of Surface Water

DWS:bo

pc: Stark County Health Department, Attn: Todd Ascani
Tom Powell, Hammontree Engineers

File: Semi-Public/Spec-D-Foods

| 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. Fill in 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 checked="" type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>James D. Althoff</i> 12/19/07</p> <p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p>SPEE-D-FOODS CORPORATE OFFICE PO BOX 358 9817 CLEVELAND AVE. NW GREENTOWN, OH 44630</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: 7004 2510 0004 5044 8729 D.STOLL 12/19/07 (Transfer from service label)</p> | |
| <p>PS Form 3800, June 2002 Domestic Return Receipt 102595-02-M-1540</p> | |

7004 2510 0004 5044 8729

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

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

Postmark Here

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

Sent To: *Spee-D-Foods*

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions