

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 checked="" type="checkbox"/> Addressee <i>X Benjamin Gregory</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 10-29-08</p>
<p>1. Article Addressed to:</p> <p>MR. BENJAMIN GREGORY 5893 AKRON-CLEVELAND ROAD BOSTON HEIGHTS, OH 44236</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 <input checked="" type="checkbox"/> No</p>
<p>2. Article Number 7008 0150 0001 7110 8937 (Transfer from service label)</p>	<p>J. BENNAGE 10-28-08</p>

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

7008 0150 0001 7110 8937

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

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

Postage	\$	Postmark Here J. BENNAGE 10-28-08 <i>mlh</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **MR. BENJAMIN GREGORY**
Street, Apt. No., or PO Box No. **5893 AKRON-CLEVELAND ROAD**
City, State, ZIP+4 **BOSTON HEIGHTS, OH 44236**

PS Form 3800, August 2005 See Reverse for Instructions



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

October 27, 2008

RE: SUMMIT COUNTY, BOSTON HEIGHTS
FODOR'S COUNTRY INN –
TEQUILA PONCHOS
5893 AKRON-CLEVELAND ROAD
CEI INSPECTION/
NOTICE OF VIOLATION
OHIO EPA NO. 3PR00086*DD

CERTIFIED MAIL

Mr. Benjamin Gregory
5893 Akron-Cleveland Road
Boston Heights, OH 44236

Dear Mr. Gregory:

On October 22, 2008, a Compliance Evaluation Inspection (CEI) was conducted at the wastewater treatment plant serving Fodor's Country Inn – Tequila Ponchos. The existing 2500 gpd plant consists of two trash traps, extended aeration, clarifier, surface sand filters, and chlorination.

During the inspection, the plant was running, but did appear extremely odorous. The sand filters needed weeded. The effluent in the chlorination tank appeared clear of visible solids. In conclusion, the plant appeared to be in satisfactory condition.

Review of the electronic monitoring reports from September 2006 through September 2008 revealed the following numeric effluent violations:

Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
December 2006	Dissolved Oxygen	1D Conc	6.0	5.7	12/2/2006
August 2008	Nitrogen, Ammonia (NH3)	30D Conc	1.0	1.8	8/1/2008
August 2008	Nitrogen, Ammonia (NH3)	7D Conc	1.5	1.8	8/15/2008
August 2007	Nitrogen, Ammonia (NH3)	30D Conc	1.0	1.2	8/1/2007

Please be advised such instances of noncompliance are subject to enforcement pursuant to ORC 6111.

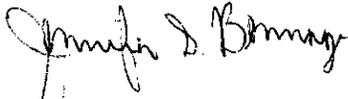
Furthermore, our files indicate that your wastewater treatment plant has an expired National Pollutant Discharge Elimination System (NPDES) Permit. The permit has been expired since May 31, 2006. Pursuant to state and federal laws, facilities that discharge pollutants to "Waters of the State" must obtain an NPDES permit from Ohio EPA for such discharges. NPDES permits must be renewed every 5 years.

Mr. Benjamin Gregory
Fodor's Country Inn – Tequila Ponchos
October 27, 2008
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In order to avoid enforcement action, it is directed you complete and submit two copies of the enclosed General Form 1 and 2E applications and the Antidegradation Addendum to this office by November 17, 2008. Ohio Revised Code 3745.11 requires that a non-refundable application fee of \$200 accompany the application. The check should be made payable to "Treasurer, State of Ohio". Failure to submit the paid application may result in this office escalating enforcement, and we may recommend that the Summit County Health Department re-evaluate the issuance of your food service license.

Your technical operator should be familiar with completing the NPDES application forms. However, if you have any questions, please contact this office at (330) 963-1151.

Sincerely,



Jennifer S. Bennage
Environmental Engineer
Division of Surface Water

JSB/mt

Enclosures

cc: Paul Header, Technical Operator, Header Maintenance
Tom LaPlante, Summit County Health Dept.