

**Environmental
Protection Agency**

Gov. Strickland, Governor
Mr. Fisher, Lt. Governor
Chris Konecki, Director

September 20, 2010

RE: SUMMIT COUNTY
BATH TOWNSHIP
CLEARVIEW INN
COMPLIANCE EVALUATION INSPECTION/
NOTICE OF VIOLATION LETTER
NPDES NO. 3PR00360

CERTIFIED MAIL

Mr. Thomas Poinar, Owner
Parsons-Poinar Partnership
2446 N. Cleveland-Massillon Road
Akron, OH 44333

Dear Mr. Poinar:

On August 4, 2010, a routine Compliance Evaluation Inspection (CEI) was conducted at the wastewater treatment plant serving Clearview Inn. According to our files, the existing wastewater treatment system consists of a 500 gallon trash trap, a 6000 gpd extended aeration plant with clarifier, a 253 gallon dosing chamber, a 272 square foot surface sand filter, and a chlorination/dechlorination tank. It also appears the plant contains an equalization tank. The wastewater treatment plant discharges into an unnamed tributary of North Fork Yellow Creek.

During the inspection, the treatment plant was running, appeared to be receiving sufficient air, was the proper chocolate brown color, and the return lines were working. The surface sand filters appeared fairly clean. The effluent in the chlorination tank appeared clear of visible solids.

One concern was that the backyard was extremely wet. This office would like your certified wastewater treatment plant operator to verify in writing that the yard wetness is not sewage. The reported wastewater flow discharging from the treatment plant seems very low; this office wants to make certain that all wastewater generated by the site is proceeding properly to the wastewater treatment plant.

Review of the electronic Discharge Monitoring Reports (DMRs) from August 2008 through August 2010 revealed the following numeric effluent violations:

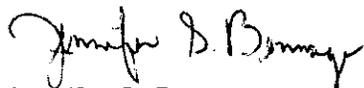
Permit No	Station	Parameter	Limit Type	Limit	Reported Value	Violation Date
3PR00360*BD	001	Fecal Coliform	30D Conc	1000	1800.	6/1/2010
3PR00360*BD	001	CBOD 5 day	30D Conc	10	20.1	6/1/2010
3PR00360*BD	001	Dissolved Oxygen	1D Conc	6.0	3.88	6/8/2010
3PR00360*BD	001	CBOD 5 day	7D Conc	15	20.1	6/15/2010

MR. THOMAS POINAR, OWNER
SEPTEMBER 20, 2010
PAGE 2

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

In conclusion, please have your Class A wastewater treatment plant operator contact me as soon as possible to discuss the yard wetness. If you have any questions, please contact me at (330) 963-1151.

Sincerely,



Jennifer S. Bennage
Environmental Engineer
Division of Surface Water

JSB:bo

pc: Owner, Clearview Inn Steak and Chop House
Tom LaPlante, Summit County Health Dept.

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 9-21</p>
<p>1. Article Addressed to:</p> <p>MR. THOMAS POINAR, OWNER PARSONS-POINAR PARTNERSHIP 2446 N. CLEVELAND-MASSILLON RD. AKRON, OH 44333</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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 7009 1680 0001 9552 0823 J.BENNAGE 9/20/10 (Transfer from service label)</p>	

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

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	\$	

9/20/10

Sent To: Thomas Poinar, Owner
Street, Apt. No. or P.O. Box No.: Parsons-Poinar
City, State, ZIP+4: Partnership

PS Form 3800, August 2006 See Reverse for Instructions

7009 1680 0001 9552 0823