



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 13, 2007

RE: TIMES SQUARE RESTAURANT
PERMIT NO. 3PR00294
TRUMBULL COUNTY

CERTIFIED MAIL

Mr. John Blaemire, Owner
8078 Main Street NE
Kinsman, Ohio 44428

Dear Mr. Blaemire:

On December 12, 2007, 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 performance of the wastewater treatment system along with the facility's general compliance with its NPDES permit.

During the inspection the following item was noted:

1. No wastewater treatment plant upgrades have been initiated since the last inspection on December 28, 2006. The facility's permit contains a schedule of compliance which requires Times Square Restaurant to upgrade its wastewater treatment system. **Construction was scheduled to be completed by March 1, 2003. This places the facility in Significant Non-Compliance with the terms and conditions of the permit**

This office has recently reviewed your self-monitoring reports covering the period January 1, 2007 through October 31, 2007, 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	00530	Total Suspended Solids	30D Conc	12	42.	3/1/2007
001	00530	Total Suspended Solids	7D Conc	18	42.	3/1/2007
001	00530	Total Suspended Solids	30D Qty	0.045	.07774	3/1/2007
001	00530	Total Suspended Solids	7D Qty	0.068	.07774	3/1/2007
001	00610	Nitrogen, Ammonia (NH3	30D Conc	4.5	7.93	3/1/2007
001	00610	Nitrogen, Ammonia (NH3	7D Conc	6.75	7.93	3/1/2007
001	80082	CBOD 5 day	30D Conc	10	1170.	3/1/2007
001	80082	CBOD 5 day	7D Conc	15	1170.	3/1/2007
001	80082	CBOD 5 day	30D Qty	0.04	2.16551	3/1/2007
001	80082	CBOD 5 day	7D Qty	0.06	2.16551	3/1/2007
001	00530	Total Suspended Solids	30D Conc	12	325.	6/1/2007
001	00530	Total Suspended Solids	30D Qty	0.045	.66427	6/1/2007

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00610	Nitrogen, Ammonia (NH3	30D Conc	2.0	8.5	6/1/2007
001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.01	.01737	6/1/2007
001	31616	Fecal Coliform	30D Conc	1000	2000000	6/1/2007
001	80082	CBOD 5 day	30D Conc	10	334.	6/1/2007
001	80082	CBOD 5 day	30D Qty	0.04	.68266	6/1/2007
001	00530	Total Suspended Solids	7D Conc	18	325.	6/8/2007
001	00530	Total Suspended Solids	7D Qty	0.068	.66427	6/8/2007
001	00610	Nitrogen, Ammonia (NH3	7D Conc	3.0	8.5	6/8/2007
001	00610	Nitrogen, Ammonia (NH3	7D Qty	0.015	.01737	6/8/2007
001	31616	Fecal Coliform	7D Conc	2000	2000000	6/8/2007
001	80082	CBOD 5 day	7D Conc	15	334.	6/8/2007
001	80082	CBOD 5 day	7D Qty	0.06	.68266	6/8/2007
001	00530	Total Suspended Solids	30D Conc	12	108.	8/1/2007
001	00530	Total Suspended Solids	30D Qty	0.045	.21584	8/1/2007
001	00610	Nitrogen, Ammonia (NH3	30D Conc	2.0	9.52	8/1/2007
001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.01	.01903	8/1/2007
001	31616	Fecal Coliform	30D Conc	1000	1100000	8/1/2007
001	80082	CBOD 5 day	30D Conc	10	80.	8/1/2007
001	80082	CBOD 5 day	30D Qty	0.04	.15988	8/1/2007
001	00530	Total Suspended Solids	7D Conc	18	108.	8/8/2007
001	00530	Total Suspended Solids	7D Qty	0.068	.21584	8/8/2007
001	00610	Nitrogen, Ammonia (NH3	7D Conc	3.0	9.52	8/8/2007
001	00610	Nitrogen, Ammonia (NH3	7D Qty	0.015	.01903	8/8/2007
001	31616	Fecal Coliform	7D Conc	2000	1100000	8/8/2007
001	80082	CBOD 5 day	7D Conc	15	80.	8/8/2007
001	80082	CBOD 5 day	7D Qty	0.06	.15988	8/8/2007

Frequency Violations

Violation Date	Station	Reporting Code	Parameter	Sample Frequency	Expected	Reported
4/1/2007	001	00010	Water Temperature	1/Week	1	0
4/1/2007	001	00083	Color, Severity	1/Week	1	0
4/1/2007	001	01330	Odor, Severity	1/Week	1	0
4/1/2007	001	01350	Turbidity, Severity	1/Week	1	0
6/1/2007	001	50060	Chlorine, Total Residue	1/Quarter	1	0
8/1/2007	001	50060	Chlorine, Total Residue	1/Quarter	1	0

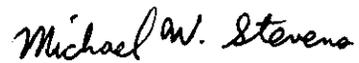
Please be advised that such instances of noncompliance may be cause for enforcement actions pursuant to the Ohio Revised Code, Chapter 6111.

A response in writing shall be submitted to this office within 15 day receipt of this letter. The response shall detail the status of the wastewater treatment system upgrade along with dates either actual or proposed.

MR. JOHN BLAEMIRE, OWNER
DECEMBER 13, 2007
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Should you have any comments or questions concerning this letter, please feel free to call me at 330-963-1143.

Respectfully,

A handwritten signature in black ink that reads "Michael W. Stevens". The signature is written in a cursive style with a large initial "M".

Michael W. Stevens
Environmental Engineer
Division of surface Water

MWS:bo

pc: Mr. Jimmy Fortuna, Manager

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"/> <i>Daniel R White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: MR. JOHN BLAEMIRE, OWNER 8078 MAIN STREET NE KINSMAN, OH 44428</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>DANIEL R WHITE</i> <i>12-21-07</i></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>2. Article Number 7004 2510 0004 5044 8699 M.STEVENS (Transfer from service label)</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>

7004 2510 0004 5044 8699

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Send To: *Mr. Blaemire, Owner*
Street, Apt. No. or PO Box No.: *8078 Main St NE*
City/State, ZIP+4: *Kinsman OH 44428*

PS Form 3800, June 2002 See Reverse for Instructions