



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: CERTIFIED 458-VIENNA
TRUMBULL COUNTY
PERMIT NO. 3PR00407

CERTIFIED MAIL

Mr. Dave Hogan
Certified 458 Vienna
949 King Avenue
Columbus, OH 43212

Dear Mr. Hogan:

On December 12, 2007, an inspection of the above referenced facility's wastewater treatment plant was conducted. No one was present during the inspection to represent the facility. 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 items were noted:

1. The aeration tank was receiving good aeration. However, the treatment system appeared to be underloaded.
2. The surface sand filter beds were free of vegetation.

No further observations were able to be made since the access gate to the wastewater treatment plant was locked.

This office has recently reviewed your self-monitoring reports covering the period February 1, 2007 thru 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	00610	Nitrogen, Ammonia (NH3)	30D Conc	3.0	22.2	3/1/2007
001	80082	CBOD 5 day	30D Conc	10	252.	3/1/2007
001	80082	CBOD 5 day	30D Qty	0.0568	1.43073	3/1/2007
001	00610	Nitrogen, Ammonia (NH3)	30D Qty	0.0171	.12604	3/1/2007
001	00610	Nitrogen, Ammonia (NH3)	7D Conc	4.5	22.2	3/8/2007
001	00610	Nitrogen, Ammonia (NH3)	7D Qty	0.0256	.12604	3/8/2007
001	80082	CBOD 5 day	7D Conc	15	252.	3/8/2007
001	80082	CBOD 5 day	7D Qty	0.0852	1.43073	3/8/2007
001	00300	Dissolved Oxygen	1D Conc	6.0	3.5	3/8/2007

MR. DAVE HOGAN
DECEMBER 13, 2007
PAGE 2

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	00610	Nitrogen, Ammonia (NH3	30D Conc	1.0	25.4	6/1/2007
001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.0056	.14421	6/1/2007
001	00610	Nitrogen, Ammonia (NH3	7D Conc	1.5	25.4	6/8/2007
001	00610	Nitrogen, Ammonia (NH3	7D Qty	0.0085	.14421	6/8/2007
001	00300	Dissolved Oxygen	1D Conc	6.0	2.	6/12/2007
001	00610	Nitrogen, Ammonia (NH3	30D Conc	1.0	48.7	8/1/2007
001	00610	Nitrogen, Ammonia (NH3	7D Conc	1.5	48.7	8/1/2007
001	00610	Nitrogen, Ammonia (NH3	30D Qty	0.0056	.27649	8/1/2007
001	00610	Nitrogen, Ammonia (NH3	7D Qty	0.0085	.27649	8/1/2007
001	31616	Fecal Coliform	30D Conc	1000	1200.	8/1/2007
001	00300	Dissolved Oxygen	1D Conc	6.0	1.4	8/2/2007

This office has sent correspondence to Mr. Art Schmitz on the following four occasions:

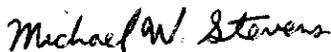
**August 3, 2005;
May 12, 2006;
January 4, 2007 (Mistakenly dated January 4, 2006); and
February 26, 2007.**

A written response has been requested in all four letters. To date, this office has no record of receiving a response to any of the letters. This office is requesting a conference call to discuss the facility's wastewater treatment systems non compliance issues. Please contact this office within 14 days receipt of this letter to coordinate a conference call. During this conference call, Certified 458-Vienna should be prepared to provide the information requested in the above referenced correspondences and also detail what actions are going to be taken to bring the wastewater treatment system onto compliance.

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:bo

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>MR. DAVE HOGAN CERTIFIED 458 VIENNA 949 KING AVE. COLUMBUS, OH 43212</p>	<p>B. Received by (Printed Name) <i>CCRAPE</i> C. Date of Delivery <i>12-17-07</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 (Transfer from service label) 7004 2510 0004 5044 8682 M.STEVENS 12/13/07</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>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

7004 2510 0004 5044 8682

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12/13/07

Sent To <i>Dave Hogan</i>	
Street, Apt. No. or PO Box No. <i>Certified 458 Vienna</i>	
City, State, ZIP+4	

PS Form 3800, 11/07 See Reverse for Instructions