

**Environmental  
Protection Agency**

**Governor  
Lt. Governor  
Director**

October 24, 2011

RE: ODOT COLEBROOK REST AREA 4-42  
NPDES PERMIT NO. 3PP00016  
COLEBROOK TWP., ASHTABULA COUNTY

**NOTICE OF VIOLATION**

**CERTIFIED MAIL**

Mr. Thomas Wathen  
Head of Building Maintenance  
Ohio Department of Transportation  
2088 S. Arlington Rd.  
Akron, Ohio 44306

Dear Mr. Wathen:

During a review of Ohio EPA's electronic discharge monitoring report (eDMR) information for the above referenced facility on the east side of State Route 11 south of U.S. 6, Colebrook Township, Ashtabula County, Ohio EPA notes that the facility is in significant noncompliance (SNC) for chlorine residual. U.S. EPA defines significant noncompliance for chlorine residual if a facility exceeds the limits established by the facility's National Pollutant Discharge Elimination System (NPDES) permit by more than 20% for two or more months during the consecutive quarter review. The review period reviewed is April 2011 through August 2011.

A review of the eDMR information for chlorine residual indicated the following exceedences:

Station	Reporting Code	Parameter	Limit Type	Limit	Reported Value	Violation Date
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.2	7/1/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.4	7/5/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.2	7/9/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	1.76	7/15/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.2	7/21/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.2	7/26/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.2	7/29/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	8.07	8/1/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.2	8/8/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	2.2	8/15/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	1.75	8/19/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	1.4	8/22/2011
001	50060	Chlorine, Total Residual	1D Conc	0.019	.6	8/30/2011

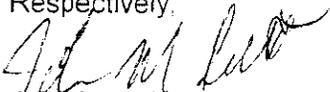
Ohio EPA understands that David Parks has been working with our technical assistance unit for a resolution to this issue. A written explanation as to why the events occurred, along with measures to ensure that they will not be repeated must be provided.

Mr. Thomas Wathen, Ohio Department of Transportation  
 ODOT Colebrook Rest Area SR 11 4-42 WWTP  
 October 24, 2011  
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Please inform this office, in writing, within 30 days of the date of this letter as to the actions that have been or will be taken to correct the above noncompliance. Your response to this letter should include the dates that the actions have been or will be completed. Please be advised that past or present issues of noncompliance can continue as subjects of future enforcement actions by Ohio EPA.

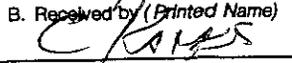
If you determine that additional treatment units are necessary in order to achieve compliance, please note that you must submit a permit-to-install (PTI) application, along with the necessary application forms, associated fees, and detailed plans and specifications to this office for review. Additional information on the permit-to-install process may be found at <http://epa.ohio.gov/dsw/pti/index.aspx>. Application forms may be found at <http://epa.ohio.gov/dsw/pti/PTIForms.aspx>.

If you have any questions or comments regarding this notification, please feel free to contact me at (330) 963-1175.

Respectively,  
  
 John M. Schmidt P.E., R.S.  
 Environmental Engineer  
 Division of Surface Water

JMS/cs

File: Semipublic/Ashtabula/Colebrook Twp./ODOT Colebrook Rest Area 4-42 (3PP00016)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent   <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery   10/25/11</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>1. Article Addressed to:</p> <p>MR. THOMAS WATHEN          HEAD OF BUILDING MAINTENANCE          OHIO DEPARTMENT OF          TRANSPORTATION          2088 S. ARLINGTON RD.          AKRON, OHIO 44306</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          (Transfer from service label) 7008 3230 0003 5419 6337 <i>schmidt</i>          PS Form 3811, February 2004 Domestic Return Receipt 10/24/11 102595-02-M-1540</p>	