



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

November 5, 2007

RE: TRUMBULL COUNTY
KINSMAN TOWNSHIP
BOYD'S KINSMAN HOME
NPDES PERMIT NO. OH0126152
OHIO EPA PERMIT NO. 3PR00208

James Smith, President
Boyd's Enterprises, Inc.
P.O. Box 315
Kinsman, Ohio 44428

Dear Mr. Smith:

An inspection was conducted by Mr. Steve Kramer of the Trumbull County Health Department and the undersigned of the sanitary wastewater treatment plant serving the above referenced elderly care facility on October 24, 2007. The facility was represented by Mr. Jim Peska, Maintenance Manager.

Inspection Findings/Compliance Status:

The wet-stream treatment components consist of preliminary treatment (trash trap), 5,700 gpd extended aeration activated sludge treatment process, final settling tank, tertiary sand filtration, and chlorination/dechlorination system.

At the time of the inspection, the following observations, findings, and/or comments were noted:

- The final effluent being discharged to the receiving stream appeared to be of satisfactory visual quality.
- There was evidence of solids carryover from the clarifier and deposition on the sand filter. Please ensure that this situation is brought under control.
- There were no tablets in the dechlorination unit. Please note that chlorination/dechlorination must be performed from May 1 – October 31.
- It was noted that the kitchen facilities do not have a separate grease trap/interceptor. Such an interceptor must be installed prior to any future connection to the county's planned sanitary sewer system.
- Ohio Administrative Code (OAC) 3745-7-02 requires that you have a contract with your certified operator. At a minimum, the contract shall specify that the certified operator be available to respond to emergencies and provide the services (i.e. **inspection, monitoring, maintenance, and supervision**) necessary to maintain the reliable operation of the wastewater works. Signatory authority required pursuant to 40 CFR 122.22 (b) may be addressed under the terms of the contract for submission of Monthly Operating Reports.

JAMES SMITH, PRESIDENT
NOVEMBER 5, 2007
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A review of the facility's monthly operating reports received by Ohio EPA for the period January 2006 - September 2007 indicate violations of the final effluent limitations contained in the NPDES permit. The specific instances of noncompliance are as follows:

Reporting Period	Station	Parameter	Limit Type	Limit	Reported Value	Violation Date
June 2007	001	Fecal Coliform	30D Conc	1000	7400.	6/1/2007
June 2007	001	Fecal Coliform	7D Conc	2000	7400.	6/8/2007

Please be advised that failure to comply with the terms and conditions of your NPDES permit may be subject to enforcement actions pursuant to Chapter 6111 of the Ohio Revised Code. Such actions can result in fines of up to \$10,000 per day of violation.

Please note that Ohio EPA will be converting from the existing **SWIMware** software to a web-based reporting system, **e-DMR**, by January 1, 2008. The new reporting system will be entirely web based and accessible via any internet connection. Ohio EPA Form 4500, commonly known as MORs, will now be called Discharge Monitoring Reports (DMRs or e-DMRs). User training is tentatively scheduled for late December at this office. Please consult the following website for updates regarding the specific date:

<http://www.epa.state.oh.us/dsw/swims/swtraining.html>

Summary/Conclusion:

Please inform this office, in writing, within 10 days of receipt of this notification as to the actions taken or proposed to address the above referenced violations and/or deficiencies. Please be advised that past or current acts of noncompliance can continue as subjects of future enforcement actions.

Should you have any questions or comments regarding this letter, please contact me at (330) 963-1196.

Respectfully,



Ermelindo Gomes
Environmental Engineer
Division of Surface Water

EG:bo

cc: Brian Mosko, Valley Environmental Lab

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Sent To **BEVERLY HOAGLAND**
 Street, Apt. No., or PO Box No. **MAPLEWOOD HIGH SCHOOL**
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

81210028200071218

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 x <i>Darlene Marzetta</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>BEVERLY HOAGLAND MAPLEWOOD LOCAL SCHOOLS 2414 GREENVILLE ROAD NE CORTLAND OH 44410</p>	<p>3. Service Type</p> <p><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>2. Article Number 7004 1160 0001 5934 9374 (ALLEN 12/18/07) (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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Sent To: *Meadowbrook Manor*
 Street, Apt. No. or P.O. Box: *Nursing Home*
 City, State, ZIP+4: *5/20/09*

PS Form 3800, August 2006 See Reverse for Instructions

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1. Article Addressed to:
**MEADOWBROOK MANOR NURSING HOME
 ATTN; MS. DEBORAH IFFT
 3090 FIVE POINTS HARTFORD RD.
 FOWLER, OH 44418**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
James Redenbach Addressee

B. Received by (Printed Name) *Janis Pedon RN*

C. Date of Delivery *5-22-09*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7008 3230 0003 5419 6559 C.ALLEN 05/20 /09**
(Transfer from service label)

3PP000 25 20080911

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<p>1. Article Addressed to:</p> <p>PAUL OBERDORFER OHIO DEPT OF TRANSPORTATION DISTRICT 4 2088 SOUTH ARLINGTON RD AKRON 44306</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 7008 0150 0001 7111 0282 (ALLEN 4/24/08) (Transfer from service label)</p>	