

**Environmental  
Protection Agency**

Ted Strickland, Governor  
Lee Fisher, Lt. Governor  
Chris Kottreis, Director

June 3, 2010

**CERTIFIED LETTER**

Mr. Joeseph Czyzyk  
Chateau Lake Homeowners Association  
5246 Lakefront Drive  
Cincinnati, OH 45247

Re: Hamilton County, Chateau Lake Homeowners Association, Compliance Evaluation Inspection, and Notice of Violation

Dear Mr. Czyzyk:

On May 12, 2010, I conducted a Compliance Evaluation Inspection at the Chateau Lake Homeowners Association WWTP located at 5158 Clearlake Drive, Cincinnati, in Hamilton County.

I have included with this letter a copy of my inspection report. The following items were discussed during the inspection and will require a written response:

- During the inspection it was noted that the splash pad located in the surface sand filter does not meet the Ohio EPA design requirements. I have included the following link for your use: <http://www.epa.ohio.gov/portals/35/documents/greenbook.pdf>. This link is for the Ohio EPA design requirements for WWTP that are designed to process <100,000 gallons per day.
- It was discovered during the inspection that the facility is currently estimating daily flow through the use of elapsed time meters. Permit 1PW00007\*ED requires that the flow be continuously monitored. As discussed during the inspection the facility will need to install continuous monitoring at the facility to comply with this requirement. The installation of this new monitoring equipment will require the submittal of a Permit to Install application.

The following items were noted during the inspection but will not require a written response at this time.

- It was noted during the inspection that the solids routinely removed from the surface sand filters are being stored adjacent to the surface sand filters. During the inspection we discussed the proper handling and disposal of this material. Please be advised that I did receive an email from you on May 16, 2010 regarding this matter. In the email you stated that the material in question had been removed from the facility on May 15, 2010.
- As part of the inspection process a compliance review was performed on the facility for the time period of May 1, 2009 through April 30, 2010. This letter serves as a Notice of Violation for the violation listed in Appendix A of the inspection report included with this

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letter. Please be advised that I did receive an email from you on May 16, 2010 regarding this matter. The explanation given in the email satisfies the response requirement for this Notice of Violation.

- In performing the compliance review it was discovered that a non-compliance notification for the Final Effluent violation listed in Appendix A had not been received by the Ohio EPA. This letter serves as a Notice of Violation for the failure to provide a non-compliance notification as required in Part III Item 12 of permit 1PW00007\*ED. Please be advised that I did receive an email from you on May 16, 2010 regarding this matter. The email included a completed notification form for the violation listed in Appendix A of the inspection report. Please be advised that the notification of future violations will need to take place within 24 hours of gaining knowledge of the violation.

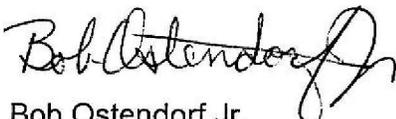
Pursuant to Part II Item A of permit 1PW00007\*ED, the wastewater treatment works is required to be under the supervision of a Class 1 certified operator. I have included with this letter an Operator of Record Notification form for your use. Please complete the form for the current certified operator supervising the wastewater treatment works. Please submit the completed form to this office with your written response.

During the inspection it was discussed that you have a Wastewater Operator Certification issued by the Ohio EPA. The Ohio EPA has rules which address a certified operators responsibilities. You may want to review the rules so that you have a better understanding of your responsibilities. I have included the following link for your use:  
<http://www.epa.ohio.gov/ddagw/rules.aspx#ch7>.

Please be advised that failure to comply with the effluent limitations, monitoring, or reporting requirements of your NPDES Permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

If you have any questions regarding this matter please feel free to contact me at (937) 285-6107 or via email at: [Robert.Ostendorf@epa.state.oh.us](mailto:Robert.Ostendorf@epa.state.oh.us).

Sincerely,



Bob Ostendorf Jr.  
Division of Surface Water  
Permits Section

Enclosure

Cc: Mr. Steve West, Winelco, Inc.

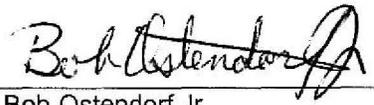
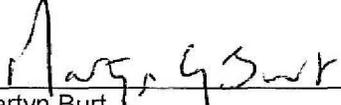


State of Ohio Environmental Protection Agency  
Southwest District Office

NPDES Compliance Inspection Report  
Semi-Public Sewage Disposal Inspection Form

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
1PW00007*ED	OH0040959	5/12/10	C	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Chateau Lake Homeowners Association 5158 Clear Lake Drive Cincinnati, OH 45247	1:15	April 1, 2007
	Exit Time	Permit Expiration Date
	2:10	March 31, 2012
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
Mr. Joseph Czyzyk, Member Mr. Steve West, Winelco Inc.	513-574-5500 513-755-8050	
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
Mr. Steve West, Winelco, Inc.	513-755-8050	
Name, Address and Title of Responsible Official	Phone Number	
Mr. Gary Horn, President Chateau Lake Homeowners Association 5158 Clearlake Drive Cincinnati, OH 45247	513-574-1432	

Ohio EPA Inspector	Ohio EPA Reviewer
 Bob Ostendorf Jr. Division of Surface Water Southwest District Office	 Martyn Burt Compliance & Enforcement Supervisor Division of Surface Water Southwest District Office
Date 6-3-10	Date 6/4/10

Average Daily Design Flow:	<b>70,000 Gallons/Day</b>
Plant Serves:	Residential Housing
Average Daily Flow: (Period of Review):	<b>18,377 Gallons/Day (01/01/09 – 05/01/10)</b>
Method of flow monitoring:	<b>Elapsed Time Meter</b>
Type of alarms for plant:	<b>None</b>

**Pretreatment**

Type of Pretreatment: **Comminutor**  
 Does the Trash Trap need pumped: **N/A**  
 Maintenance of pretreatment components is: **Good**

**Comments/Status:**

The comminutor is operational but the facility is in the process of designing a trash trap to replace the comminutor.

**Secondary Treatment  
(Aeration)**

Color of sludge: **Light Brown**  
 Quality of Sludge: **Medium**  
 Foam: **Light (white)**  
 Odor: **No objectionable odor present**

	Yes	No		Yes	No
Aeration is taking place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blowers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blowers are on a timer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skimmers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant is flooded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diffusers are operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grating is present	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sludge return is operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Maintenance of aerating equipment is...**Good**

**Comments/Status:**

The facility does not have grating but does have handrails around all of the open tanks.

**Secondary Treatment  
 (Settling)**

Clarity: **Clear**  
 Condition of Weir: **Clean**  
 Weir is level: **Yes**  
 Effluent in weir: **Clear**  
 Clarifier walls need scraped: **No**

Overall maintenance of settling components is: **Good**

**Comments/Status:**

**Tertiary Treatment**

	Yes	No		Yes	No
Surface sand Filters: <b>Slow</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Subsurface</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution box operating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beds alternated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are filters ponding/flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beds raked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sand filters overgrown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chlorination present	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UV present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dechlorination present	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Overall maintenance of components is: **Good**

**Comments/Status:**

**Sludge Handling/Storage Disposal**

Hauler name: Winelco, Inc.  
 Disposal Site: Nearest MSD Facility  
 Sludge wasted from: Sludge Holding Tank  
 How often is sludge wasted: Monthly  
 Sludge drying beds: **No**                      Sludge holding tank: **Yes**

Overall maintenance of components is: **Good**

**Comments/Status:**

**Plant Discharge**

Discharge point is a: **Ditch**

Permit # : 1PW00007\*ED  
NPDES #: OH0040959

Name of discharge point: **Unnamed tributary of Taylor Creek**  
Discharge is visible: **Yes** Quality of Effluent: **Clear**

**Comments/Status:**

It was noted during the inspection that the facility has an active I&I reduction program. In reviewing the historical daily average flows it appears that the facilities annual daily flow average has decreased approximately 6,000 gallons per day. The I&I reduction efforts have been very successful and has positively impacted the operation of the facility and its compliance status.

**Operator Logbook:**

**Kept in a secure location:** Yes

**Bound with numbered pages:** Bound without numbered pages

**Entries include:** Date Yes Entry Time Yes Exit Time Yes Monitoring

Results Yes Operational Changes Yes Maintenance Performed Yes

Samples Collected Yes

**APPENDIX A  
EFFLUENT LIMIT VIOLATIONS  
(Period of Review: May 1, 2009 – May 1, 2010)**

Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
March 2010	Total Suspended Solids	Daily	18	34	3/17/10



**Operator of Record (ORC) Notification Form**

Ohio Environmental Protection Agency  
 Division of Drinking and Ground Waters  
 Operator Certification Unit  
 50 West Town St, Suite 700  
 P.O. Box 1049  
 Columbus, OH 43216-1049

Phone: (614) 644-2752  
 1- 866 - 411-OPCT (6728)  
 Fax: (614) 644-2909  
 email: opcert@epa.state.oh.us  
 website: www.epa.state.oh.us/ddagw/opcert.html

**I. SYSTEM INFORMATION**

Name of System: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PWS ID/NPDES Permit #: \_\_\_\_\_ STU # \_\_\_\_\_ Classification: \_\_\_\_\_

\_\_\_\_\_  
 Name of Facility Owner or Permittee, Title (Print)      Facility Owner or Permittee (Signature)

**II. SYSTEM TYPE (Check only one of the following. Use additional sheets if necessary.)**

Public Water System (PWS)	Distribution System	Treatment Works	Collection System

**III. OPERATOR OF RECORD INFORMATION**

Add Additional(A), New (N) or Remove(R)	Name of Operator of Record	Certification Number & Expiration Date	I verify that I am the onsite certified operator responsible for the technical operation of the above referenced facility. (Signature of certified operator)*

\* A signature by an operator of record who is being removed is not required.  
 (Attach additional sheets if necessary.)

Amount of time an ORC spends onsite at the Facility: \_\_\_\_\_

For Internal Use Only	
Reviewed by:	Date of SDWIS update:
Date of Compliance Status Letter:	

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>6-5</i></p>
<p>1. Article Addressed to:</p> <p><i>Mr. Joseph Czyzyk Chateau Lake Homeowners Assoc. 5246 Lakefront Drive Cincinnati OH 45247</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>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" 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)</p>	<p><b>7005 1820 0006 2219 5990</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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GROESBECK BRANCH  
CINCINNATI, OH  
JUN 05 2010

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STATE OF OHIO EPA  
SOUTHWEST DISTRICT OFFICE  
ATTN: BOB OSTENDORF  
401 EAST FIFTH ST  
DAYTON OH 45402

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Sent To *Mr. Joseph Czyzyk - Chateau Lake Homeowners Assoc.*

Street, Apt. No., or PO Box No. *5246 Lakefront Drive*

City, State, ZIP+4 *Cincinnati, OH 45247*

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0006 2219 5990