

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"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R KETCHUM</i></p> <p>C. Date of Delivery <i>6-28-07</i></p>
<p>1. Article Addressed to:</p> <p><i>Roger Ketchum Hockingport M.H.P. P.O. Box 551 Hockingport, OH 45739</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 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>7006 3450 0001 9054 6420</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ .58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38
<p>Sent to <i>Roger Ketchum, Hockingport M.H.P.</i></p> <p>Street, Apt. No., or PO Box No. <i>P.O. Box 551</i></p> <p>City, State, ZIP+4 <i>Hockingport, OH 45739</i></p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

7006 3450 0001 9054 6420



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490  
www.epa.state.oh.us

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korteski, Director

June 26, 2007

**Re: Athens County**  
Hockingport Mobile Home Park  
Compliance Evaluation Inspection  
Ohio EPA Permit No. OPV00014  
NPDES Permit No. OH0115134  
Correspondence (PWW)  
**Certified Mail 70063450000190546420**

Mr. Roger Ketchum  
Hockingport Mobile Home Park  
P.O. Box 551  
Hockingport, Ohio 45739

Dear Mr. Ketchum:

On Friday, May 1, 2007, I conducted a compliance evaluation inspection at the Hockingport Mobile Home Park Wastewater Treatment Plant (WWTP). Tom Pierson assisted me during the inspection. The purpose of the inspection was to determine if the treatment plant was meeting the terms and conditions set forth in its National Pollutant Discharge Elimination System (NPDES) permit.

The following were concerns that arose during the inspection.

1. According to our files, you were required, by your NPDES Permit, to submit a Permit to Install (PTI) Application for the installation of a dechlorination system by 1998, at the referenced facility. To date, this office has not received a PTI application for a dechlorination unit from you. Be advised, failure to comply with the terms and conditions set forth in the NPDES Permit will result in enforcement action by the Ohio EPA, including civil penalties.
2. The trash trap appeared to be nearly full of solids. The trash trap should be pumped out by a licensed septic hauler on a routine basis.
3. We have received your self-monitoring reports covering the period of January 2006 to present for the discharge from the referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance and/or deficiencies are as follows:

Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
June 2006:	Chlorine, Total Residual	1D Conc	0.019	.15	6/5/2006
July 2006:	Nitrogen, Ammonia (NH3)	30D Conc	1	1.655	7/1/2006
	Dissolved Oxygen	1D Conc	6	5.3	7/5/2006
	Chlorine, Total Residual	1D Conc	0.019	.19	7/5/2006
	Nitrogen, Ammonia (NH3)	7D Conc	1.5	2.26	7/15/2006
	Dissolved Oxygen	1D Conc	6	4.6	7/17/2006
August 2006:	Nitrogen, Ammonia (NH3)	7D Conc	1.5	30.13	8/1/2006
	Nitrogen, Ammonia (NH3)	7D Qty	.09	.43676	8/1/2006
	Nitrogen, Ammonia (NH3)	30D Conc	1	16.995	8/1/2006
	Nitrogen, Ammonia (NH3)	30D Qty	.06	.24636	8/1/2006
	Dissolved Oxygen	1D Conc	6	4.2	8/7/2006
	Chlorine, Total Residual	1D Conc	0.019	.06	8/7/2006
	Nitrogen, Ammonia (NH3)	7D Conc	1.5	3.86	8/15/2006
	Dissolved Oxygen	1D Conc	6	4.1	8/21/2006
	Chlorine, Total Residual	1D Conc	0.019	.06	8/21/2006
September 2006:	Chlorine, Total Residual	1D Conc	.019	.22	9/18/2006
October 2006:	Chlorine, Total Residual	1D Conc	.019	.48	10/2/2006
	Chlorine, Total Residual	1D Conc	.019	.38	10/16/2006
January 2007:	Total Suspended Solids	30D Conc	12	17.	1/1/2007
	Nitrogen, Ammonia (NH3)	30D Conc	2	24.345	1/1/2007
	Nitrogen, Ammonia (NH3)	30D Qty	0.16	.31528	1/1/2007
	CBOD 5 day	30D Conc	10	25.	1/1/2007
	Dissolved Oxygen	1D Conc	6	4.3	1/2/2007
	Nitrogen, Ammonia (NH3)	1D Conc	3	28.12	1/2/2007
	Nitrogen, Ammonia (NH3)	1D Qty	0.18	.36416	1/2/2007
	CBOD 5 day	1D Conc	15	25.	1/2/2007
	Nitrogen, Ammonia (NH3)	1D Conc	3	20.57	1/15/2007
	Nitrogen, Ammonia (NH3)	1D Qty	0.18	.26639	1/15/2007
March 2007:	Nitrogen, Ammonia (NH3)	30D Conc	2	7.335	3/1/2007
	Dissolved Oxygen	1D Conc	6	5.4	3/5/2007
	Nitrogen, Ammonia (NH3)	1D Conc	3	14.22	3/19/2007
April 2007:	Total Suspended Solids	30D Conc	12	40.	4/1/2007
	Nitrogen, Ammonia (NH3)	30D Conc	2	12.295	4/1/2007
	CBOD 5 day	30D Conc	10	26.	4/1/2007
	Dissolved Oxygen	1D Conc	6	2.4	4/2/2007
	Total Suspended Solids	1D Conc	18	40.	4/2/2007
	Nitrogen, Ammonia (NH3)	1D Conc	3	20.85	4/2/2007
	Nitrogen, Ammonia (NH3)	1D Qty	0.18	.26871	4/2/2007
	CBOD 5 day	1D Conc	15	26.	4/2/2007
	Nitrogen, Ammonia (NH3)	1D Conc	3	3.74	4/16/2007
May 2007:	Nitrogen, Ammonia (NH3)	30D Conc	1	19.5	5/1/2007
	Nitrogen, Ammonia (NH3)	30D Qty	0.06	.24309	5/1/2007

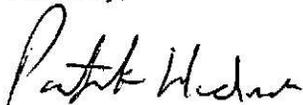
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
	Dissolved Oxygen	1D Conc	6	5.6	5/7/2007
	Nitrogen, Ammonia (NH3)	1D Conc	1.5	23.76	5/7/2007
	Nitrogen, Ammonia (NH3)	1D Qty	0.09	.2962	5/7/2007
	Chlorine, Total Residual	1D Conc	.019	.21	5/7/2007
	Dissolved Oxygen	1D Conc	6	4.4	5/21/2007
	Nitrogen, Ammonia (NH3)	1D Conc	1.5	15.24	5/21/2007
	Nitrogen, Ammonia (NH3)	1D Qty	0.09	.18999	5/21/2007
	Chlorine, Total Residual	1D Conc	.019	.08	5/21/2007

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

Please contact me within ten (10) days of receipt of this letter to schedule a meeting to discuss the above referenced issues. If no response is received within the allotted time, we will initiate formal enforcement action with a recommendation for civil penalties.

A copy of our inspection form is enclosed with this letter. If you have any questions or comments, please contact me at (740) 380-5226.

Sincerely,



Patrick Hudnall  
District Representative  
Division of Surface Water

PH/dh

Enclosure

c: Jerry Smith, Buckeye Environmental Services

**NPDES**  
Compliance Inspection Report

**A. NATIONAL DATA SYSTEM CODING**

Permit No.	NPDES No.	Date	Inspection Type	Inspector	Facility Type
OPV00014	OH0115134	May 1, 2007	C	S	1

**B. FACILITY DATA**

Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Hockingport MHP WWTP	10:00 a.m.	September 1, 2006
	Exit Time	Permit Expiration Date
	10:45 a.m.	August 31, 2011

Name(s) and Title(s) of On-Site Representative(s)	Phone Number(s)
Tom Pierson, Maintenance Supervisor	(740) 667-3630
Name, Address and Title of Responsible Official	Phone Number
Roger Ketchum, Owner	(740) 667-3630

**C. AREAS EVALUATED DURING INSPECTION**

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment
<u>N</u> Records/Reports	<u>N</u> Laboratory	<u>U</u> Compliance Schedules
<u>M</u> Operations & Maintenance	<u>U</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program
<u>S</u> Facility Site Review	<u>M</u> Sludge Storage/Disposal	<u>   </u> Other
<u>S</u> Collection System		

(S = Satisfactory; M = Marginal; U = Unsatisfactory; N = Not Evaluated)

**D. SUMMARY OF FINDINGS/COMMENTS (attach additional sheets if necessary)**

See attached inspection letter

  
Patrick Hudnall, Inspector, Ohio EPA, Southeast District Office

6/26/07  
Date

  
Timothy M. Campbell, Reviewer, Ohio EPA, Southeast District Office

6/26/07  
Date