



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6493  
www.epa.state.oh.us

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

July 13, 2010

**Re:** Tuscarawas County  
S & N Pallets, Inc.  
Notice of Violation  
01N00249; OH0128121  
Correspondence (IWW)

Mr. Miklos Fioretto, CEO  
S & N Pallets, Inc.  
P.O. Box 245  
Sandyville, Ohio 44671

Dear Mr. Fioretto:

We have received your self-monitoring reports covering the months of August 2008 through May 2010 for the referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance are as follows:

Outfall	Date	Parameter	Reported	Units	Permit Limitation
<b>August 2008:</b>					
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Monthly	Fecal Coliform	None	#/100ml	Reporting required 1/month
001	Week 1	Ammonia	None	mg/l	Reporting required 1/week
001	Week 1	Suspended Solids	None	mg/l	Reporting required 1/week
<b>September 2008:</b>					
001	30 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	30 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Week 3	Ammonia	None	mg/l	Reporting required 1/week
001	30 Days	Odor, Severity	None	Units	Reporting required 1/day
001	30 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Week 3	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week

Outfall	Date	Parameter	Reported	Units	Permit Limitation
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>October 2008:</b>					
001	Monthly	CBOD <sub>5</sub>	None	mg/l	Reporting required 1/month
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Week 1	Ammonia	None	mg/l	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Week 1	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>November 2008:</b>					
001	30 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	30 Days	Flow Rate	None	GPD	Reporting required 1/day
001	30 Days	Odor, Severity	None	Units	Reporting required 1/day
001	30 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>December 2008:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Week 2	Ammonia	None	mg/l	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Week 2	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
588	Yearly	Sludge Volume	None	Gallons	Reporting required in December
<b>January 2009:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week

Outfall	Date	Parameter	Reported	Units	Permit Limitation
<b>February 2009:</b>					
001	28 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	28 Days	Flow Rate	None	GPD	Reporting required 1/day
001	28 Days	Odor, Severity	None	Units	Reporting required 1/day
001	28 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>March 2009:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>April 2009:</b>					
001	30 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	30 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 2-4	Ammonia	None	mg/l	Reporting required 1/week
001	30 Days	Odor, Severity	None	Units	Reporting required 1/day
001	30 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 2-4	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>May 2009:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	Monthly	Fecal Coliform	None	#/100ml	Reporting required 1/month
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 2-4	Ammonia	None	mg/l	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 2-4	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>June 2009:</b>					
001	30 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week

Outfall	Date	Parameter	Reported	Units	Permit Limitation
001	Monthly	Fecal Coliform	None	#/100ml	Reporting required 1/month
001	30 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 2-4	Ammonia	None	mg/l	Reporting required 1/week
001	30 Days	Odor, Severity	None	Units	Reporting required 1/day
001	30 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 2-4	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
001	Average	Suspended Solids	78	mg/l	30
001	6/2	Suspended Solids	78	mg/l	45
<b>July 2009:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	Monthly	Fecal Coliform	None	#/100ml	Reporting required 1/month
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 2-4	Ammonia	None	mg/l	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 2-4	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>August 2009:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 2-4	Ammonia	None	mg/l	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 2-4	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>September 2009:</b>					
001	30 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	Monthly	Fecal Coliform	None	#/100ml	Reporting required 1/month
001	30 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 2-4	Ammonia	None	mg/l	Reporting required 1/week
001	30 Days	Odor, Severity	None	Units	Reporting required 1/day
001	30 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 2-4	Suspended Solids	None	mg/l	Reporting required 1/week

Outfall	Date	Parameter	Reported	Units	Permit Limitation
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>October 2009:</b>					
001	Monthly	CBOD <sub>5</sub>	None	mg/l	Reporting required 1/month
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 2-4	Ammonia	None	mg/l	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	31 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 2-4	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>November 2009:</b>					
001	30 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	30 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 1-2	Ammonia	None	mg/l	Reporting required 1/week
001	30 Days	Odor, Severity	None	Units	Reporting required 1/day
001	30 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-2	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>December 2009:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Week 3	Ammonia	None	mg/l	Reporting required 1/week
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	30 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Week 3	Suspended Solids	None	mg/l	Reporting required 1/week
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
588	Yearly	Sludge Volume	None	Gallons	Reporting required in December
<b>January 2010:</b>					
001	31 Days	Color, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	None	mg/l	Reporting Required 1/week
001	31 Days	Flow Rate	None	GPD	Reporting required 1/day
001	31 Days	Odor, Severity	None	Units	Reporting required 1/day
001	29 Days	Turbidity, Severity	None	Units	Reporting required 1/day

Outfall	Date	Parameter	Reported	Units	Permit Limitation
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
<b>February 2010:</b>					
001	28 Days	Flow Rate	None	GPD	Reporting required 1/day
001	Weeks 1-4	Water Temperature	None	°C	Reporting required 1/week
001	28 Days	Dissolved Oxygen	"."	mg/l	5.0 Minimum
001	28 Days	pH	"."	S.U.	6.5 Minimum
<b>March 2010:</b>					
001	26 Days	Color, Severity	None	Units	Reporting required 1/day
001	26 Days	Flow Rate	None	GPD	Reporting required 1/day
001	26 Days	Odor, Severity	None	Units	Reporting required 1/day
001	26 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	pH	None	S.U.	Reporting required 1/week
001	Weeks 1-4	Dissolved Oxygen	1-2	mg/l	5.0 Minimum
<b>April 2010:</b>					
001	26 Days	Color, Severity	None	Units	Reporting required 1/day
001	26 Days	Flow Rate	None	GPD	Reporting required 1/day
001	26 Days	Odor, Severity	None	Units	Reporting required 1/day
001	26 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	pH	11	S.U.	9.0 Maximum
001	Weeks 1-4	Dissolved Oxygen	0.15-1.0	mg/l	5.0 Minimum
<b>May 2010:</b>					
001	27 Days	Color, Severity	None	Units	Reporting required 1/day
001	27 Days	Flow Rate	None	GPD	Reporting required 1/day
001	27 Days	Odor, Severity	None	Units	Reporting required 1/day
001	27 Days	Turbidity, Severity	None	Units	Reporting required 1/day
001	Weeks 1-4	Dissolved Oxygen	1.0	mg/l	5.0 Minimum
001	Weeks 1-4	pH	12	S.U.	9.0 Maximum

In October 2008 and September and October 2009, you reported a zero for fecal coliform. If there are no colonies, you will need to report "1." Please review the attached guidance. Please review the water temperature result for April 6, 2010 and update as necessary. In addition, please review the CBOD<sub>5</sub> results for Weeks 1-4 in April 2010.

Please inform this office in writing within **ten** days of receipt of this notification as to the reasons for the above referenced violations, as well as a description of actions taken or proposed to prevent any further violations. Your response should include the dates, either actual or proposed, for completion of the actions.

Please be advised that failure to comply with the effluent limitations and/or monitoring requirements specified in your NPDES permit may be cause for enforcement action pursuant to Ohio Revised Code, Chapter 6111. If these violations continue to occur and if satisfactory progress is not made, it may be necessary to initiate enforcement action to achieve compliance.

If there are any questions, please contact me at (740) 380-5206.

Sincerely,



Jennifer M. Witte  
Chemical Engineer, Environmental Specialist II  
Division of Surface Water

JMW/dh