

Hamilton City



John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

March 26, 2013

Broadwell Factory Group LLC Facility
8485 Broadwell Road
Cincinnati, OH 45244

CERTIFIED MAIL

**RE: Broadwell Factory Group LLC Facility – 1IS00003*DD
Notice of Violation**

Dear Permittee:

A compliance review was conducted on your Discharge Monitoring Report (DMR) submitted on March 21, 2013. As detailed in the Attachment, screening of your submitted DMR has identified compliance issues.

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 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 the actions taken or proposed actions to prevent any further violations. Your response should include the dates, either actual or proposed, for completion of the actions. Future violations must be reported as required by the NPDES Permit as detailed in Part III.12 titled "Non-compliance Notification".

If you have any questions, feel free to contact me by phone at (937) 285-6029 or by electronic mail at Joshua.jackson@epa.ohio.gov.

Respectfully,

Joshua Jackson
Environmental Specialist II
Division of Surface Water

JJ/tb

Attachment

ec: tmuto@evanslandscaping.com



John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

Notice of Violation Report

Facility: Broadwell Factory Group LLC Facility

Permit No.: 1IS00003*DD

Report Period: February 2013

Date Received: 3/21/2013

Station	Type	Date	Reporting Code	Parameter	Limit Type	Permit Limit	Reported Value
001	Limit	2/1/2013	00610	Nitrogen, Ammonia (NH3)	Monthly Conc.	2.0	10.45
001	Limit	2/1/2013	00610	Nitrogen, Ammonia (NH3)	Weekly Conc.	3.0	5.5
001	Limit	2/15/2013	00610	Nitrogen, Ammonia (NH3)	Weekly Conc.	3.0	15.4

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

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OFFICIAL USE

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Total Postage & Fees	

7010 1060 0002 4250 2688

<i>Sent To</i>	Broadwell Factory Group LLC
<i>Street, Apt. No., or PO Box No.</i>	8485 Broadwell Road
<i>City, State, ZIP+4</i>	Cincinnati, Ohio 45244

PS Form 3800, August 2006 See Reverse for Instructions

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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ken Piskun</i></p> <p>C. Date of Delivery <i>3/28/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center; font-size: 0.9em;">Broadwell Factory Group LLC 8485 Broadwell Road Cincinnati, Ohio 45244</p> </div>	<p>3. Service Type</p> <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>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p style="font-size: 1.2em; margin: 0;">7010 1060 0002 4250 2688</p>	
PS Form 3811, February 2004	Domestic Return Receipt
102595-02-M-1540	