



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

April 26, 2013

CERTIFIED MAIL

Tropical Foliage Plants  
5416 Foley Road  
Cincinnati, Ohio 45238

**RE: NOTICE OF VIOLATION  
SEWAGE DISPOSAL FOR 5416 FOLEY ROAD, DELHI TOWNSHIP  
HAMILTON COUNTY**

Dear Property Owner:

It is Ohio EPA's understanding that the property located at 5416 Foley Road has a sewage disposal system (semi-public sewage disposal system) that serves the building. According to the Hamilton County General Health District, public sanitary sewers owned by the Metropolitan Sewer District of Greater Cincinnati are available and accessible to this facility. Ohio Administrative Code 3745-33-08(C), states:

*"Notwithstanding the issuance or non-issuance of an NPDES permit to a semi-public disposal system, whenever the sewage of a publicly owned treatment works becomes available and accessible, the permittee operating any semi-public disposal system shall abandon the semi-public disposal system and connect it into the publicly owned treatment works."*

**Ownership of the building located at 5416 Foley Road must connect to public sewers and properly abandon the existing sewage disposal system by no later than July 26, 2013. Failure to comply will result in the advancement of an enforcement case against the ownership. Please be advised that these types of enforcement cases usually contain monetary penalties.**

If you have any questions, please feel free to contact me by phone at (937) 285-6029 or by electronic email at [joshua.jackson@epa.ohio.gov](mailto:joshua.jackson@epa.ohio.gov).

Respectfully,

Joshua Jackson  
Environmental Specialist II  
Division of Surface Water

cc: Rob Gallenstein, Hamilton County General Health District

JJ\bp

7004 1160 0000 6169 5774

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**OFFICIAL USE**  
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**TROPICAL FOLIAGE PLANTS**  
**5416 FOLEY RD**  
**CINCINNATI OH 45238**

PS Form 3800, June 2002 See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<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>		A. Signature X <i>Mary V Schleibauer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>TROPICAL FOLIAGE PLANTS</b> <b>5416 FOLEY RD</b> <b>CINCINNATI OH 45238</b>		B. Received by (Printed Name) <i>Mary V Schleibauer</i>	
		C. Date of Delivery <i>4/30/13</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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