



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

May 6, 2013

Certified Mail

Williamsburg Property Management, Inc.  
502 Pratt Avenue North  
Schaumburg, IL 60193

**RE: Notice of Violation  
Sewage Disposal for 15130 Eastwood Road, Mt. Orab  
Brown County**

Ladies & Gentlemen:

It is Ohio EPAs understanding that the property (Shell gas station) located at 15130 Eastwood Road, Mt. Orab, Ohio, has a sewage disposal system (semi-public sewage disposal system) that serves the building. According to the Village of Mt. Orab, public sanitary sewers owned by the village 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 15130 Eastwood 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 mail at [joshua.jackson@epa.ohio.gov](mailto:joshua.jackson@epa.ohio.gov).

Respectfully,

Joshua Jackson  
Environmental Specialist II  
Division of Surface Water

JJ/kb

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>monde</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>WILLIAMSBURG PROPERTY MGMT., INC.  502 PRATT AVENUE NORTH  SCHAUMBURG, IL 60193</p>	<p>B. Received by (Printed Name)  <i>Mulcah Chilcasi</i></p> <p>C. Date of Delivery  <i>5-9</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>2. Article Number  (Transfer from service label)</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>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

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*Sent To*

..... WILLIAMSBURG PROPERTY MGMT., INC. ....  
*Street, Apt. No.;* 502 PRATT AVENUE NORTH  
or *PO Box No.* .....  
*City, State, ZIP+4* ..... SCHAUMBURG, IL 60193

PS Form 3800, August 2006 See Reverse for Instructions

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