Ohio EPA
40 years and moving forward

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

September 26, 2013

Certified Mail

Mr. Bill Sutherland
Belwood Country Club
P.O. Box 195
Morrow, Ohio 45152

RE: Updating National Pollutant Discharge Elimination System Application for Belwood Country Club

Dear Mr. Sutherland:

After our phone conversation on September 24, 2013, I tried to transmit the information contained in this letter via email to the address you indicated (bsutherland@humacare.net), but the delivery was unsuccessful.

As discussed when I visited your facility this spring, the application Belwood Country Club previously submitted to Ohio EPA was not acted upon. Ohio EPA now needs an updated application so that a NPDES permit may be issued for your discharging sewage treatment system. Included in this letter is a copy of your previously submitted Form 1.

I will need an updated Form 1, Forms 2E and 2S, as well as the Antidegredation Addendum. These forms can be located on our website at http://epa.ohio.gov/dsw/permits/npdesform.aspx. I have included hard copies with this letter.

Please send these forms to our office at 401 East Fifth Street, Dayton, Ohio 45402. Include a letter, along with the first page of your previous application, stating that you are updating your application. This will prevent you from being charged the $200 application fee.

When we met in the spring, you stated you could get these documents to me in a few weeks. As your facility has been discharging for decades without a permit, it is important that we get you under one soon. Please have these documents returned to our office by October 11, 2013. If we do not receive your updated application, Ohio EPA may take enforcement action to bring your facility into compliance and under permit.

e print or type in the unshaded areas only
-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F D

LABEL ITEMS

I.D. NUMBER

FACILITY NAME

FACILITY MAILING ADDRESS

FACILITY LOCATION

1PZ 00079 Ware

OH 0118915

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

NAME OF FACILITY

SKIP BELWOOD COUNTRY CLUB

FACILITY CONTACT

A. NAME & TITLE (last, first, & title): SUTHERLAND BILL

B. PHONE (area code & no.): 513 899 3565

FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: PO BOX 195

B. CITY OR TOWN: MORROW

C. STATE: OH

D. ZIP CODE: 45152

PAID

Amount 100.00 Date 1/23/95

Check # 007 Date 1/19/95

RECEIVED

EPA

JAN 23 1995

SOUTHWEST DISTRICT

Step 1

FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5875 LUDLUM RD

B. COUNTY NAME: WARREN

C. CITY OR TOWN: MORROW

D. STATE: OH

E. ZIP CODE: 45152

F. COUNTY CODE (if known): 83

NTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify)	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

III. OPERATOR INFORMATION

A. NAME: WINELCO INC.

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): C A 513 677 3227

E. STREET OR P.O. BOX: 107 COMMERCE BLVD.

F. CITY OR TOWN: LOVELAND

G. STATE: OH

H. ZIP CODE: 45140

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): C T I N	D. PSD (Air Emissions from Proposed Sources): C T I 9 P
B. UIC (Underground Injection of Fluids): C T I	E. OTHER (specify): C T I 9 (specify)
C. RCRA (Hazardous Wastes): C T I 9 R	E. OTHER (specify): C T I 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

A Country Club

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Wm. Southerland President	[signature]	1-19-95

COMMENTS FOR OFFICIAL USE ONLY

SCALE 1:24000

1 ½ 0 1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 .5 0 1 KILOMETER

CONTOUR INTERVAL 10 FEET

UTM GRID AND 1968 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

GN

1°47'
32 MILS

RECEIVED
OHIO EPA
JAN 23 1995
SOUTHWEST DISTRICT

SOUTH LEBANON QUADRANGLE
OHIO
7.5 MINUTE SERIES (TOPOGRAPHIC)

QUADRANGLE LOCATION

7010 1060 0002 4250 2992

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	

Postmark Here

Sent To Mr. Bill Sutherland
Street, Apt. No.; or PO Box No. Belwood Country Club
P.O. Box 195
City, State, ZIP+4 Morrow, Ohio 45152

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

Mr. Bill Sutherland
Belwood Country Club
P.O. Box 195
Morrow, Ohio 45152

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
Mandeep Khaira

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MORROW
OCT 03 2013
USPS - 45152

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7010 1060 0002 4250 2992

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540