



**Environmental
Protection Agency**

John R. Kasich, Governor

Mary Taylor, Lt. Governor

Scott J. Nally, Director

February 3, 2012

RE: SUMMIT COUNTY
BOSTON HEIGHTS
FODOR'S COUNTRY INN –
TEQUILA PONCHOS
5893 AKRON-CLEVELAND ROAD
CEI INSPECTION/NOTICE OF VIOLATION
OHIO EPA NO. 3PR00086*DD

Mr. Dale Perez
3371 Board Drive
Cuyahoga Falls, OH 44223

CERTIFIED MAIL

Dear Mr. Perez:

On January 31, 2012, this office conducted a routine Compliance Evaluation Inspection at the wastewater treatment plant (WWTP) serving Fodor's Country Inn – Tequila Ponchos. According to our files, the existing 2500 gpd plant consists of two trash traps, extended aeration, clarifier, surface sand filters, and chlorination.

During the inspection, the plant was running. The aeration tank appeared to be receiving sufficient air, the mixed liquor was the appropriate color, and sludge return was operating.

Partially treated effluent was overflowing the surface sand filter walls. The surface sand filter does not have a proper distribution box, and one area of the filter wall is extremely low, allowing the effluent to overflow it. The partially treated effluent was discharging onto the ground, and most of it appeared to be flowing over the ground surface into the disinfection tank.

Please be advised that a discharge of inadequately treated wastewater onto the ground surface and/or Waters of the State is a violation of Chapter 6111 of the Ohio Revised Code. In addition, an inadequately treated discharge could pose health concerns.

Review of the electronic Discharge Monitoring Reports (e-DMRs) from January 2012 to January 2012 revealed no effluent violations.

Our files indicate that your WWTP has an expired National Pollutant Discharge Elimination System (NPDES) permit. The permit has been expired since May 31, 2006. Pursuant to state and federal laws, facilities that discharge pollutants to "Waters of the State" must obtain an NPDES permit from Ohio EPA for such discharges. NPDES permits must be renewed every five (5) years.

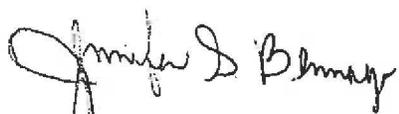
In order to avoid enforcement action, it is directed you complete and submit two (2) copies of the enclosed General Form 1 and 2E applications and the Antidegradation Addendum to this office by February 27, 2012. Ohio Revised Code 3745.11 requires that a non-refundable application fee of \$200 accompany the application. The check should be made payable to "Treasurer, State of Ohio". Failure to submit the paid application will result in this office

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escalating enforcement, and we may recommend that the Summit County Health Department re-evaluate the issuance of your food service license.

Your technical operator should be familiar with completing the NPDES application forms. But, if you have any questions, please contact this office at (330) 963-1151.

Sincerely,



Jennifer S. Bennage
Environmental Engineer
Division of Surface Water

JSB/cs

cc: Paul Header, Technical Operator
Tom LaPlante, Summit County Health Dept.
Dale Perez, Tequila Ponchos

Enclosures

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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>2/6</u></p>
<p>1. Article Addressed to:</p> <p>Mr. Dale Perez 3371 Board Drive Cuyahoga Falls, OH 44223</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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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>2. Article Number (Transfer from: service label) <u>7008 3730000354195880</u></p>	<p><u>DSW</u> <u>2/3/12</u></p>
PS Form 3811, February 2004	Domestic Return Receipt 102589-02-M-1540