



**Environmental
Protection Agency**

John R. Kasich, Governor

Mary Taylor, Lt. Governor

Scott J. Nally, Director

June 20, 2012

RE: SUMMIT COUNTY
FRANKLIN TOWNSHIP
MANCHESTER ADMINISTRATION OFFICE
6075 MANCHESTER ROAD
OHIO EPA PERMIT NO. 3PT00129

NOTICE OF VIOLATION

CERTIFIED MAIL

Mr. Michael E. Stafford, Director of Services
Manchester School Administration Office
6075 Manchester Road
Akron, OH 44319

Dear Mr. Bevington:

According to our files, your National Pollutant Discharge Elimination System (NPDES) permit expired on May 31, 2012. 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 years.

In order to avoid enforcement action, it is directed you complete and submit two copies of the enclosed General Form 1 and 2E applications and the Antidegradation Addendum to this office by July 1, 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". Your wastewater treatment plant operator should be familiar with completing the NPDES application forms. However, 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: Brent Paulus, Summit County Health Dept.

Enclosures

7010 1670 0001 8461 2033

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	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2005 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. Michael E. Stafford
 Manchester School Administration Office
 6075 Manchester Road
 Akron, OH 44319

2. Article Number
 (Transfer from service label) 7010 1670 0001 8461 2033 DSW 6/22/12

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Barbara Betz Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Barbara Betz 6-21

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

JUN 22 2012
 OHIO EPA NEDO

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

4. Restricted Delivery? (Extra Fee) Yes