



**Environmental
Protection Agency**

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

September 7, 2012

Re: Muskingum
National Trail Campground
0GS00015*AG
Correspondence (PWW)
Certified Mail 70101060000178964550

Mr. Tom Gaunder
National Trail Campground
4611 Marion Road
Newark, Ohio 43055

Dear Mr. Gaunder:

On August 10, 2012, I conducted a reconnaissance inspection at National Trail Campground located in Hopewell, Ohio. The purpose of the inspection was to determine National Trail's compliance with NPDES Permit Number 0GS00015*AG and the Ohio Water Pollution Control Act, Revised Code Chapter 6111.

As a result of the inspection and review of our files, I have the following comments:

- 1. The General Permit has expired and has not been renewed. Discharging without a valid permit is a violation of Ohio Revised Code 6111. If you plan on discharging from this facility in the future, a current permit is required. Attached is an NOI to renew your discharge permit. Also, if you will no longer be discharging from this facility, attached is a Notice of Termination to cancel your current permit. Fill out the appropriate form and return to this office.**
- 2. The sand filters at the treatment plant were overgrown with weeds. Regular maintenance should be performed to maintain proper operation of the treatment plant. This can be found in Section K. of your General Permit.**
- 3. The electrical system was inadequate to operate the treatment plant. The dosing pumps were inoperable but appeared to be fairly new.**
- 4. The dechlorination system was not properly installed and I found no record of a Permit to Install ever being issued to install the system. Also, the present system is inadequate to handle proper dechlorination of the effluent.**
- 5. The baffle in the clarification portion of the treatment system was missing. This will not allow proper settling to occur in the settling basin.**

6. **There was no flow coming into the treatment plant. It is apparent that the system is no longer in use.**

7. **Since June 1, 2005, the facility has failed to submit Discharge Monitoring Reports (DMRs). Part V - Standard Permit Conditions, Item L(3) - Reporting states "DMRs submitted using e-DMR shall be submitted to Ohio EPA by the 20th day of the month following the month-of-interest. DMRs submitted on paper must include the original signed DMR form and shall be mailed to Ohio EPA at the following address so that they are received no later than the 15th day of the month following the month-of-interest.**

**Ohio Environmental Protection Agency
Lazarus Government Center
Division of Surface Water - PCU
P.O. Box 1049
Columbus, Ohio 43216-1049**

Failure to submit these forms in a timely manner may result in an enforcement action.

Please provide a **response** to this letter within the next **30 days** of your intentions of keeping the system online and making repairs or leaving the system off and abandoning it. Also, insure that the proper form is sent to our office. As long as your permit remains active, you are required to sample and report those results to the Ohio EPA.

The Ohio EPA strongly encourages pollution prevention as the preferred approach for waste management. The first priority of pollution prevention is to eliminate the generation of wastes and pollutants at the source (source reduction). For those wastes or pollutants that are generated, the second priority is to recycle or reuse them in an environmentally sound manner. You can benefit economically, help preserve the environment, and improve your public image by implementing pollution prevention programs. For more information about pollution prevention, including fact sheets and U.S. EPA's Facility Pollution Prevention Guide, (EPA/600/R-92/088), you may contact the Ohio EPA Pollution Prevention Section at (614) 644-3469 or me at 740-380-5227 for additional information.

Sincerely,



Scott Foster

Environmental Specialist 2
Division of Surface Water

SF/dh

Enclosure



State of Ohio Environmental Protection Agency
Southeast District Office

Semi-Public NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES #	Month/Day/Year	Inspection Type	Inspector	Facility Type
OGS00015*AG	OHV000002	August 10, 2012	R	S	1

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
National Trail Campground 10998 West Pike Hopewell, Ohio 43746	12:25 pm	June 1, 2005
	Exit Time	Permit Expiration Date
	12:30 pm	December 31, 2009
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
N/A	N/A	
Name(s), Address and Title(s) of Operator of Record	Phone Number(s)	
N/A	N/A	
Name, Address, and Title of Responsible Official	Phone Number	
Tom Gaunder, Owner 4611 Marion Road Newark, Ohio 43055	740-745-1209	

Section D: Summary of Findings (attach additional sheets if necessary)	
See Attached Letter	
Inspector	Reviewer
 Scott Foster Division of Surface Water Southeast District Office	 Jennifer M. Witte Compliance & Enforcement Supervisor Division of Surface Water Southeast District Office
9/7/12 Date	9/7/12 Date



Notice of Termination (NOT) of Coverage Under Ohio Environmental Protection Agency General Permit

(Read accompanying instructions carefully before completing this form)

Submission of this NOT constitutes notice that the party identified in Section II of this form is no longer authorized to discharge into state waters under the NPDES general permit program. NOTE: All necessary information must be provided on this form. Do not use correction fluid on this form. Forms transmitted by fax will not be accepted. There is no fee associated with submitting this form.

I. Permit Information:

NPDES general permit number: OH _____ Facility General Permit Number: _____

II. Owner/Applicant Information/Mailing Address:

Company Name: _____
 Contact Person: _____ Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

III. Facility/Site Location Information:

Facility Name: _____
 Facility Contact Person: _____ Phone: _____
 Facility Address/Location: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Township: _____ Section: _____

IV. Reason for Termination:

_____ Transfer of Ownership _____ Cease to Discharge _____ Facility Closed _____ Project Completed
 _____ Obtained Individual Permit

Standard Certification:

I certify under penalty of law that all discharges authorized by the NPDES general permit have been eliminated or that I am no longer the operator of the facility. I understand that by submitting this NOT, I am no longer authorized to discharge under this general permit and that discharging pollutants to waters of the state without a NPDES permit is unlawful under ORC 6111.

Name (typed): _____
 Signature: _____ Date: _____

Industrial Storm Water and Coal Mining Activity Certification Only:

I certify under penalty of law that all discharges associated with the identified facility that are authorized by the above referenced NPDES general permit have been eliminated, that I am no longer the operator of the facility, or in the case of a coal mine that the SMCRA bond has been released by ODNR-Division of Reclamation. I understand that, by submitting this NOT, I am no longer authorized to discharge storm water associated with industrial activity under this general permit, and that all discharging pollutants in storm water associated with industrial activity to waters of the state is unlawful under ORC 6111 where the discharge is not authorized by a NPDES permit.

Name (typed): _____
 Signature: _____ Date: _____

Storm Water Construction Activity Certification Only:

I certify under penalty of law that all elements of the storm water pollution prevention plan have been completed, the disturbed soil at the identified facility have been finally stabilized and temporary erosion and sediment control measures have been removed or will be removed at an appropriate time, or that all storm water discharges associated with construction activity from the identified facility that are authorized by the above referenced NPDES general permit have otherwise been eliminated. I understand that, by submitting this NOT, I am no longer authorized to discharge storm water associated with construction activity by the general permit, and that discharging pollutants in storm water associated with construction activity to waters of the state is unlawful under ORC 6111 where the discharge is not authorized by a NPDES permit.

Name (typed): _____
 Signature: _____ Date: _____

Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency General Permit

(Read accompanying instructions carefully before completing this form)

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Forms transmitted by fax will not be accepted. A check for the proper amount must accompany this form and be made payable to "Treasurer, State of Ohio." (See the fee table in Attachment C of the NOI instructions for the appropriate processing fee)

I. Applicant Information/Mailing Address

Company (Applicant) Name: _____
 Mailing (Applicant) Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Phone: _____ Fax: _____
 Contact E-Mail Address: _____

II. Facility/Site Location Information

Facility Name: _____
 Facility Address/Location: _____
 City: _____ State: Ohio Zip Code: _____
 County(ies): _____ Township(s): _____
 Facility Contact Person: _____ Phone: _____ Fax: _____
 Facility Contact E-Mail Address: _____
 Latitude: _____ Longitude: - _____ (For Construction & Coal, must complete lat/long & attach map)
 Receiving Stream or MS4: _____

III. General Permit Information

General Permit Number: OH Initial Coverage: Renewal Coverage:
 Type of Activity: _____ SIC Code(s): - _____ - _____ - _____
 Existing NPDES Permit Number: _____ ODNR Coal Mining Application Number: _____

Outfall:	Design Flow (MGD)	Associated Permit Effluent Table	Latitude	Longitude

Are These Permits Required? PTI _____ 401 Water Quality Certification _____
 Isolated Wetland _____ US Army Corps of Engineers _____ Individual NPDES _____
 Proposed Project Start Date (MO DY YR): _____ Estimated Completion Date (MO DY YR): _____
 Total Land Disturbance (Acres): _____ MS4 Drainage Area (Square Miles): _____

IV. Payment Information

Check #: _____
 Check Amount: _____
 Date of Check (MO DY YR): _____

For Ohio EPA Use Only

Check ID (OFA): _____ ORG #: _____
 Rev ID: _____ DOC #: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Name: _____ Title: _____
 Applicant Signature: _____ Date: _____

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"/> <i>Karen Thompson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Karen Thompson</i> C. Date of Delivery <i>9/10/12</i></p>
<p>1. Article Addressed to:</p> <p><i>Tom Gaunder National Trail Campground 4611 Marion Rd. Newark, OH 43055</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 1060 0001 7896 4550</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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SEP 08 2012

Sent To *Tom Gaunder, National Trail Campg.*

Street, Apt. No., or PO Box No. *4611 Marion Rd.*

City, State, ZIP+4 *Newark, OH 43055*

PS Form 3800, August 2006 See Reverse for Instructions

7010 1060 0001 7896 4550