



**Environmental  
Protection Agency**

**John R. Kasich, Governor**

**Mary Taylor, Lt. Governor**

**Scott J. Nally, Director**

October 24, 2012

RE: MEDINA COUNTY  
LITCHFIELD TOWNSHIP  
LITCHFIELD PRESCHOOL AND CHILD CARE  
(9339 BROOKER STREET)  
NPDES NO. 3PT00099

**CERTIFIED MAIL**

Ms. Renee Miller  
Litchfield Preschool & Child Care Center  
9339 Brooker Street  
Litchfield, OH 44253

Dear Ms. Miller:

On October 11, 2012, a follow-up inspection was conducted on the wastewater treatment plant (WWTP) serving the Litchfield Preschool and Child Care Center, located at 9339 Brooker Street, Litchfield Township.

At the time of the October 11<sup>th</sup> inspection, the following observations were made:

- 1) The trash trap was in use and contents were typical. The concrete riser on the south end of the trash trap is beginning to deteriorate and crumble, needing repair or replacement.
- 2) Contents of the flow equalization tank were at a low level, were being well aerated, and were light gray in color. Both pumps in the flow equalization tank were on 'AUTO', and operated when manually tested.
- 3) The aeration tank contents were almost colorless, and contained very little mixed liquor suspended solids (MLSS). The return sludge and skimmer lines were not operating.
- 4) The settling tank contents were clear, with visibility to the tank bottom. A growth of algae was observed at the bottom of the settling tank. The settling tank effluent trough was dry and free of solids deposition, but did have a mossy growth on the trough weir sides. There was no effluent being discharged from the settling tank. The skimmer was adjusted too high, elevated above the water level slightly, with algae and duckweed growth around the skimmer pipe opening and covering a portion of the contents.
- 5) The sand filter dosing station pumps were set in the AUTO mode, and were operational when manually tested. The high level alarm/light was operational when manually tested.

- 6) Both of the surface sand filter cells were free of solids, and the west cell was dosed when the pumps were manually tested. Only a slight vegetative growth was observed on the sand in the filter cells.
- 7) Both chlorination/dechlorination units are two tube units, and all tubes and caps were present. There were partially dissolved tablets in one tube in each unit.
- 8) The sludge holding tank was full of colorless water, which was being well aerated.

It is noted that operation and maintenance of the sewage system serving the Litchfield Preschool and Child Day Care has improved over the past several inspections.

However, a SWIMS computer search of the operating data for the WWTP found no data has been submitted to the Ohio EPA since June 1, 2009. A file search for the property also found the current NPDES permit expired on December 31, 2006, and a renewal application was to have been submitted to Ohio EPA by June 30, 2006. **To date, no NPDES permit renewal application has been submitted to this office.**

**Due to the fact that an effective NPDES permit is required for a discharge of wastewater to waters of the State, and because of the NPDES permit owner's failure to submit a completed NPDES permit renewal application and / or monthly operating data, the permit owner (Buckeye Local School Board) is now subject to enforcement action by the Ohio EPA.**

A certified mail copy of this correspondence is being sent to the School Board. **An enforcement referral against the owner of the NPDES permit has been prepared and sent to our legal section in Columbus. The NPDES permit owner will be contacted in the near future, by our Columbus office legal section representatives, in an effort to resolve this matter.**

If there are questions or comments regarding the contents of this letter, please contact this office.

Respectfully,



Charles E. Allen  
Environmental Engineer  
Division of Surface Water

CEA/cs

cc: **CERTIFIED MAIL:** Mr. Glen Reisner, Dir. Business Affairs, Buckeye Local School District  
Steve Mazak, Medina County Health Department  
Dean Stoll, Ohio EPA, DSW Enforcement Coordinator, NEDO

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>	A. Signature <input checked="" type="checkbox"/> <i>Renee Miller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="background-color: #e0f0ff; padding: 5px;">             Ms. Renee Miller              Litchfield Preschool &amp; Child Care Center              9339 Brooker Street              Litchfield, OH 44253           </div>	B. Received by (Printed Name)  C. Date of Delivery <u>10/26/12</u>  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <u>7010 3090 0000 3936 3251</u> <u>DSW</u> <u>10/24/12</u>	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.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004

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<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>	A. Signature <input checked="" type="checkbox"/> <i>Randy Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <div style="background-color: #e0f0ff; padding: 5px;">             MR. GLEN REISNER              DIR. BUSINESS AFFAIRS              BUCKEYE LOCAL SCHOOL DISTRICT              3024 COLUMBIA RD.              MEDINA, OHIO 44256           </div>	B. Received by (Printed Name)  C. Date of Delivery <u>10/25</u>  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <u>7010 3090 0000 3936 3268</u> <u>DSW</u> <u>10/24/12</u>	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.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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