



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

Re: **Notice of Violation**  
Huron County  
Huron Valley Trailer Park  
NPDES Permit 2PY00077\*AD

January 4, 2013

**CERTIFIED MAIL 7009 1410 0001 1834 5192**

Mr. Arthur and Mrs. Judith Frank, Owners  
Huron Valley Trailer Park  
3066 South Prior Road  
Akron, Ohio 44319

Dear Mr. and Mrs. Frank:

On October 29, 2012, I conducted a brief inspection of the wastewater treatment plant (WWTP) serving the Huron Valley Trailer Park. At the time of my inspection, the plant was operating. No samples were taken to verify proper operation. Our observations and recommendations are as follows:

1. The water in the aeration tank was light brown in color with light foam. The aeration rate appeared adequate.
2. There was a significant amount of sludge floating on the surface of the clarifier. Effluent from the clarifier was murky with light solids.
3. Since our last inspection, repairs were made to the broken concrete on the tanks and the metal grating was replaced. These repairs should address the safety hazard that existed previously due to the broken concrete and very rusty grating. However, these repairs will not improve the treatment abilities of the WWTP. The upgrades required by the compliance schedule contained in Part I, C of your National Pollutant Discharge Elimination System (NPDES) permit will be needed in order for the plant to be able to meet NPDES permit discharge limits.
4. There were no records or log book available at the plant in order to verify compliance with the Operator of Record and minimum staffing requirements of Part II, Items A & B of your NPDES permit and Ohio Administrative Code (OAC) 3745-7. On August 22, 2012, we sent you a letter that outlined the operator of records requirements of your NPDES permit and provided a list of contract operators who are available to perform the services of the "operator of record" at wastewater treatment works within Ohio. To date, we have not received notification that you have contracted with someone to serve as the "operator of record" for your facility.

Mr. and Mrs. Fran  
January 4, 2013  
Page Two

5. Ohio EPA has not received the Discharge Monitoring Reports (DMRs) from Huron Valley Mobile Home Park (MHP) since the NPDES permit became effective in March, 2009. Submission of the DMR data is a requirement of your NPDES permit (Part III, Item 4, Reporting).

Overall, the facility remains in significant non-compliance with the monitoring requirements and schedule of compliance contained in its NPDES permit.

Please inform this office in writing, within 30 days, as to the reasons for the above referenced violations, as well as a description of the actions taken or proposed to prevent further violations. Your response should include the dates, either actual or proposed, for completion of the actions.

If you have any questions regarding this letter, please contact me at (419) 373-3003 or via email at [andrew.gall@epa.ohio.gov](mailto:andrew.gall@epa.ohio.gov).

Sincerely,



Andrew Y. Gall  
Division of Surface Water

/jlm

Enclosures

pc: Janean R. Weber, Assistant Attorney General, Ohio Attorney General's Office  
Huron County Health Department

ec: Rachel DeMuth, OEPA-CO-DSW  
Michael Shapiro, OEPA-CO-Legal  
Tracking



State of Ohio Environmental Protection Agency  
Northwest District Office

NPDES Compliance Inspection Report

Section A: National Data System Coding					
Permit #	NPDES#	Month/Day/Year	Inspection Type	Inspector	Facility Type
OH0141909	2PY00077*AD	10/29/2012	R	S	2

Section B: Facility Data		
Name and Location of Facility Inspected	Entry Time	Permit Effective Date
Huron Valley MHP 4265 State Route 61 Plymouth, Ohio	11:00 AM	3/1/2009
	Exit Time	Permit Expiration Date
	11:15 AM	02/28/2014
Name(s) and Title(s) of On-Site Representatives	Phone Number(s)	
None	None	
Name, Address and Title of Responsible Official	Phone Number	
Arthur and Judith Frank, Owners Huron Valley Trailer Park 3066 South Prior Road Akron, Ohio 44319		

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	N	Flow Measurement	N	Pretreatment
U	Records/Reports	N	Laboratory	U	Compliance Schedule
U	Operations & Maintenance	U	Effluent/Receiving Waters	U	Self-Monitoring Program
N	Facility Site Review	N	Sludge Storage/Disposal	S	Other
N	Collection System				

Section D: Summary of Findings (Attach additional sheets if necessary)	
<p>Plant was in operation. Water in aeration tank was light brown. Sludge was floating on top of clarifier.</p> <p>Repairs have been made to concrete and grating was replaced.</p>	
Inspector	Reviewer
 Andrew Gall Division of Surface Water Northwest District Office	 Thomas Poffenbarger, P.E. Water Quality Engineer II/Unit Supervisor Division of Surface Water Northwest District Office
Date 12/28/12	Date 1/2/13



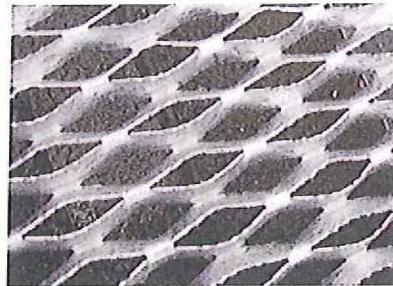
Huron Valley MHP Wastewater Treatment Plant  
October 29, 2012  
Photo By: Andrew Gall, Ohio EPA, NWDO-DSW



Huron Valley MHP Wastewater Treatment Plant  
October 29, 2012  
Photo By: Andrew Gall, Ohio EPA, NWDO-DSW  
Aeration Tank, Repairs made to concrete and grating replaced



Huron Valley MHP Wastewater Treatment Plant  
October 29, 2012  
Photo By: Andrew Gall, Ohio EPA, NWDO-DSW  
New Grating Installed



Huron Valley MHP Wastewater Treatment Plant  
October 29, 2012  
Photo By: Andrew Gall, Ohio EPA, NWDO-DSW  
Sludge blanket floating in clarifier

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Postmark: 2/11 Here

Sent To: MIM FRANK OWNERS, NUXON VALLEY TP  
 Street, Apt. No.; or PO Box No. 3066 S PRIOR RD  
 City, State, ZIP+4 Akron OH 44319

PS Form 3811, February 2004 See Reverse for Instructions

7009 1410 0001 1834 5192

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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>MIM FRANK OWNERS          NUXON VALLEY TP          3066 S PRIOR RD          AKRON OH 44319</p>	<p>3. Service Type</p> <p><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)</p>	<p>7009 1410 0001 1834 5192</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <i>Methona</i> 102595-02-M-1540</p>