



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

February 5, 2013

Re: Ross County
Richmond Dale SD
Notice of Violation
NPDES Permit 0PA00102*BD
Correspondence (PWW)
Certified Mail 70102780000197079161

Mr. Bill Graves, Chairman
Richmond Dale Sewer District
P.O. Box 1
Richmond Dale, Ohio 45673

Dear Mr. Graves:

On July 1, 2012, the Director of Ohio EPA issued NPDES Permit Number 0PA00102*BD to you authorizing the discharge from the treatment works. The permit, which expires on March 31, 2013, requires you to submit a renewal application by October 2, 2012 in order to receive authorization to discharge beyond the expiration date.

As of the date of this letter, we have not received your renewal application. Since the application was not submitted as required, your discharge will be unauthorized if Ohio EPA does not issue the renewal permit by the expiration date. Unauthorized discharges are in violation of Ohio Revised Code Section 6111.04 and subject you to significant monetary penalties.

You should submit the attached forms along with \$200 application fee to this office as soon as possible. If we have not received a complete application before the expiration date, formal enforcement action will be initiated.

Please contact me at (740) 380-5268 with any questions.

Sincerely,

Jack Knapp
District Representative
Division of Surface Water

JK/dh

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Sent To Bill Graves, Richmond Dale Sewer Dist
 Street, Apt. No., or PO Box No. P.O. Box 1
 City, State, ZIP+4 Richmond Dale, OH 45673

PS Form 3800, August 2006

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:

Bill Graves
 Richmond Dale Sewer Dist.
 P.O. Box 1
 Richmond Dale, OH 45673

2. Article Number

(Transfer from service label)

7010 2780 0001 9707 9161

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Bill Graves* Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
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4. Restricted Delivery? (Extra Fee) Yes