



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

March 18, 2013

Ms. Amy Childress
Edgewater Mobile Home Park
4665 East Miami River Road, Lot 30
Cleves, Ohio 45002

**RE: NPDES Permit 1PV00120*BD
Notice of Violation**

Dear Ms. Childress:

Your NPDES Permit is due to expire on August 31, 2013. A condition of your permit requires a renewal application submitted within 180 days of the expiration (page 1 of the permit). The NPDES renewal application was due on March 1, 2013. The late application is considered a violation of the conditions of your NPDES permit.

Enclosed is a renewal application with form 1, form 2E and Antidegradation Addendum, which I have completed for your signature. If any information is incorrect, just line through and correct the information. Please sign all three forms that are tabbed for your signature.

You will need to mail the signed forms back to me at this address along with a \$200 application fee made payable to Treasurer, State of Ohio. Mail to:

Ohio EPA – Southwest District Office
401 E. Fifth Street
Dayton, Ohio 45402

I request you submit the application within the next two weeks. I will call to schedule an appointment with you to inspect the wastewater treatment plant after receipt of the application. If you have any questions, please call me at (937) 285-6101.

Sincerely,

Mary Osika
Environmental Specialist
Division of Surface Water

Enclosure

MO\bp

Please type. Do not complete by hand.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY EPA GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting)</i>			I. EPA I.D. NUMBER				
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		Ohio EPA does not provide labels. Enter this information in items I, III, V and VI.			If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.				
II. POLLUTANT CHARACTERISTICS									
INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .									
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS		MARK 'X'			
		YES	NO	FORM ATTACHED			YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X	
E. Is this a facility which does not discharge process wastewater ? (FORM 2E)		X			F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)			X	
G. Do you generate sewage sludge that is ultimately regulated by Part 503? Do you generate sewage sludge that is sent to another facility for treatment or blending? Do you process or derive material from sewage sludge that is disposed in a manner subject to Part 503? (FORM 2S)			X						
III. NAME OF FACILITY									
Edgewater Mobile Home Park									
IV. FACILITY CONTACT									
A. NAME & TITLE (last, first, title)					B. PHONE (area code & no.)				
Amy & James Childress, Owners					(513) 467 - 0895				
V. FACILITY MAILING ADDRESS									
A. STREET OR P.O. BOX									
4665 East Miami River Road, Lot 30									
B. CITY OR TOWN				C. STATE		D. ZIP CODE			
Cleves				Ohio		45002			
VI. FACILITY LOCATION									
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER									
4665 East Miami River Road, Lot 30									
B. COUNTY NAME									
Hamilton									
C. CITY OR TOWN				D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
Cleves				Ohio		45002			

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST <i>(specify)</i>		B. SECOND <i>(specify)</i>	
4952			
C. THIRD <i>(specify)</i>		D. FOURTH <i>(specify)</i>	

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dennis Feichtner			
C. STATUS OF OPERATOR <i>(Enter the appropriate letter into the answer box; if "Other", specify.)</i>			D. PHONE <i>(area code & no.)</i>
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC <i>(other than federal or state)</i> O = OTHER <i>(specify)</i>	P <i>(specify)</i> Private	() -
E. STREET OR P.O. BOX			
F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
			Is this facility located on Indian lands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

X. EXISTING ENVIRONMENTAL PERMITS		
A. NPDES <i>(Discharges to surface water)</i>	D. PSD <i>(Air emissions from proposed sources)</i>	
1PV00120/OH0132365		
B. UIC <i>(Underground injection of fluids)</i>	E. OTHER <i>(specify)</i>	
	<i>(specify)</i>	
C. RCRA <i>(Hazardous waste)</i>	F. OTHER <i>(specify)</i>	
	<i>(specify)</i>	

XI. MAP

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

28 unit mobile home park

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE <i>(type or print)</i>	B. SIGNATURE	C. DATE SIGNED
Amy Childress, Owner		

COMMENTS FOR OFFICIAL USE ONLY

FORM 2E NPDES **EPA** Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
001	39.00	11.00	6.00	84.00	46.00	30.00	unnamed tributary of the Great Miami River

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

Sanitary Wastes Restaurant or Cafeteria Wastes Noncontact Cooling Water Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
	Biochemical Oxygen Demand (BOD)	0.37 lb/d	8.0 mg/l	0.11 lb/d	5.0 mg/l	12.00
Total Suspended Solids (TSS)	0.43 lb/d	7.0 mg/l	0.11 lb/d	5.0 mg/l	12.00	
Fecal Coliform (if believed present or if sanitary waste is discharged)		44 counts		25 counts	6.00	
Total Residual Chlorine (if chlorine is used)						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia (as N)	0.04 lb/d	1.2 mg/l	0.03 lb/d	0.8 mg/l	12.00	
Discharge Flow	Value 2,600 gpd		2,000 gpd		244.00	
pH (give range)	Value 7.2 S.U.		7.0 S.U.		31.00	
Temperature (Winter)		18.00 °C		15.00 °C	25.00	
Temperature (Summer)		20.00 °C		18.00 °C	25.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.		<input type="checkbox"/> Yes <input type="checkbox"/> No
VI. TREATMENT SYSTEM <i>(Describe briefly any treatment system(s) used or to be used)</i>		
The treatment system consists of a collection system, trash trap, aeration tank, clarifier, sludge holding tank, sand filters, post aeration, chlorine/dechlor.		
VII. OTHER INFORMATION <i>(Optional)</i>		
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
VIII. CERTIFICATION		
<i>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.</i>		
A. Name & Official Title Amy Childress, Owner		B. Phone No. (area code & no.) (513) 467-0895
C. Signature		D. Date Signed



DIVISION OF SURFACE WATER

Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI) or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the application and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.

A. Applicant: Edgewater Mobile Home Park
Facility Owner: Amy & James Childress, Owners
Facility Location (city and county): Cleves, Hamilton
Application or Plans Prepared By: _____
Project Name: Edgewater Mobile Home Park
NPDES Permit Number (if applicable): 1PV00120/OH0132365

B. Antidegradation Applicability

Is the application for? (check as many as apply):

- Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharger to POTW, etc.). (Complete Section E)
- Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).
- PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)
- An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES): (Complete Sections C and E)
 - ▶ addition of any pollutant not currently in the discharge, or
 - ▶ an increase in mass or concentration of any pollutant currently in the discharge, or
 - ▶ an increase in any current pollutant limitation in terms of mass or concentration.

- _____ PTI that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.) within 150 feet of a stream bed. Please provide information requested on the stream evaluation addendum (i.e., number of stream crossings, fill placement, etc.) and complete Section E.
- _____ Initial NPDES permit for an existing treatment works with a wastewater discharge prior to October 1, 1996. (Complete Sections D and E)
- _____ Renewal NPDES permit or modification to an effective NPDES permit that will result in any of the following: (Complete Sections C and E)
- ▶ a new permit limitation for a pollutant that previously had no limitation, or
 - ▶ an increase in any mass or concentration limitation of any pollutant that currently has a limitation.

C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D) (1) of the Antidegradation rule?

_____ Yes (Complete Question C.2)

_____ No (Complete Questions C.3 and C.4)

2. For projects that would be eligible for exclusions provide the following information:

a. Provide justification for the exclusion.

b. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

c. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D) (2-7) of the Antidegradation rule?

_____ No

_____ Yes

If you wish to pursue one of the waivers, please identify the waiver and submit the necessary information to support the request. Depending on the waiver requested, the information required under question C.4 may be required to complete the application.

4. For all projects that do not qualify for an exclusion a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required.

a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for

sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

- b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.
- c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

Preferred design alternative:

Non-degradation alternative(s):

Minimal degradation alternative(s):

Mitigative technique/measure(s):

At a minimum, the following information must be included in the report for each alternative evaluated.

- d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.
- e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
- f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.
- g. Describe any impacts to human health and the overall quality and value of the water resource.
- h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.
- i. Describe environmental benefits to be realized through this proposed project.
- j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

- k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.
- l. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.
- m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information

- 1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:

PTI Number _____
PTI Issuance Date _____
Initial Date of Discharge _____

- 2. Has the appropriate NPDES permit application form been submitted including representative effluent data?

_____ Yes (go to E)

_____ No (see below)

If no, submit the information as applicable under a OR b as follows:

- a. For entities discharging process wastewater attach a completed 2C form.
- b. For entities discharging wastewater of domestic origin attach the results of at least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.

- E. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete.

This section must be signed by the same responsible person who signed the accompanying permit application or certification as per 40 CFR 122.22.

Signature _____

Date _____