

REQUEST FOR REMISSION OF CIVIL PENALTY ASSESSMENT

DWR Case Number: LV-2014-0146

Region: Raleigh

County: Chatham

Assessed Entity: Piedmont Health Services, Inc., dba Moncure Community Health Center

CASE BACKGROUND AND ASSESSMENT

- December 4, 2014 Raleigh Regional Office (RRO) submitted to the Permittee a *Notice of Violation -Assessment of Civil Penalties* for effluent limit violations of NPDES permit NC0030384 occurring during **March 2014**. Civil penalties for the above case number totaled **\$672.48** (\$600.00 plus \$72.48 investigative costs) for:
- one (1) violation of Permit Daily Maximum for FECAL COLIFORM,
 - one (1) violation of the Permit Monthly Average for FLOW, and
 - one (1) violation of the Permit Monthly Geometric Mean for FECAL COLIFORM
- December 11, 2014 The green card received by NPDES indicated delivery of the assessment document.

REMISSION REQUEST

- December 30, 2014 NPDES received a *Request for Remission* signed by Randall Jarrell, Operator in Responsible Charge (ORC) dated December 30, 2014. This included a *Justification for Remission Request* and a *Waiver of Right to an Administrative Hearing and Stipulation of Facts*. [see permittee's comments dated December 30, 2014 (4 pages)]
- January 21, 2015 DWR acknowledged the remission request.
- May 12, 2015 Jeff Poupart (Section Chief, Water Quality Permitting) considered the Permittee's request/supporting documents, and granted **20%** remission (excluding costs) as: $\$600 - \$120 = \$480 + \72.48 in costs = **\$552.48 total due**.
- May 26, 2015 Green card returned to NPDES indicated delivery of the remission decision document.

ENFORCEMENT HISTORY

The Permittee received Notices of Violations (NOVs) for effluent limit violations occurring in 2011 and 2012 (8 of 12 months). The permittee was assessed a civil penalty in 2013 for effluent limit violations.

REQUEST FOR ORAL PRESENTATION

The Permittee has made no request for an oral presentation before the *Environmental Management Commission's Committee on Civil Penalty Remissions*.

DWR RECOMMENDATION

The Division of Water Resources opposes any further remission or mitigation of the penalty.



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

John E. Skvarla, III
Secretary

Certified Mail # 70101870000133243613

Return Receipt Requested

December 04, 2014

Patrick Florence
Piedmont Health Services Inc
299 Lloyd St
Carrboro, NC 27510

RECEIVED/DENR/DWR

DEC 10 2014

Water Quality
Permitting Section

SUBJECT: Notice of Violation and Assessment of Civil Penalty
for Violations of North Carolina General Statute (G.S.) 143-215.1(a)(6)
and NPDES Permit No. NC0030384
Piedmont Health Services Inc
Moncure Community Health Center
Case No. LV-2014-0146
Chatham County

Dear Permittee:

This letter transmits a Notice of Violation and assessment of civil penalty in the amount of \$672.48 (\$600.00 civil penalty + \$72.48 enforcement costs) against Piedmont Health Services Inc.

This assessment is based upon the following facts: a review has been conducted of the discharge monitoring report (DMR) submitted by Piedmont Health Services Inc for the month of March 2014. This review has shown the subject facility to be in violation of the discharge limitations and/or monitoring requirements found in NPDES Permit No. NC0030384. The violations, which occurred in March 2014, are summarized in Attachment A to this letter.

Based upon the above facts, I conclude as a matter of law that Piedmont Health Services Inc violated the terms, conditions or requirements of NPDES Permit No. NC0030384 and G.S. 143-215.1(a)(6) in the manner and extent shown in Attachment A. In accordance with the maximums established by G.S. 143-215.6A(a)(2), a civil penalty may be assessed against any person who violates the terms, conditions or requirements of a permit required by G.S. 143-215.1(a).

Based upon the above findings of fact and conclusions of law, and in accordance with authority provided by the Secretary of the Department of Environment and Natural Resources and the Director of the Division of Water Resources, I, Danny Smith, Regional Supervisor, Raleigh Regional Office hereby make the following civil penalty assessment against Piedmont Health Services Inc:

1628 Mail Service Center, Raleigh, NC 27699-1628

Phone: 919-791-4200 \ Internet: www.ncdenr.gov <<http://www.ncdenr.gov>>

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<u>\$100.00</u>	<u>1</u> of the <u>1</u> violations of 143-215.1(a)(6) and NPDES Permit No.NC0030384, by discharging waste water into the waters of the State in violation of the Permit Daily Maximum for <u>FEC COLI</u> .
<u>\$250.00</u>	<u>1</u> of the <u>1</u> violations of 143-215.1(a)(6) and NPDES Permit No.NC0030384, by discharging waste water into the waters of the State in violation of the Permit Monthly Average for <u>FLOW</u> .
<u>\$250.00</u>	<u>1</u> of the <u>1</u> violations of 143-215.1(a)(6) and NPDES Permit No.NC0030384, by discharging waste water into the waters of the State in violation of the Permit Monthly Geometric Mean for <u>FEC COLI</u> .
<u>\$600.00</u>	TOTAL CIVIL PENALTY
<u>\$72.48</u>	Enforcement Costs
<u>\$672.48</u>	TOTAL AMOUNT DUE

Pursuant to G.S. 143-215.6A(c), in determining the amount of the penalty I have taken into account the Findings of Fact and Conclusions of Law and the factors set forth at G.S. 143B-282.1(b), which are:

- (1) The degree and extent of harm to the natural resources of the State, to the public health, or to private property resulting from the violation;
- (2) The duration and gravity of the violation;
- (3) The effect on ground or surface water quantity or quality or on air quality;
- (4) The cost of rectifying the damage;
- (5) The amount of money saved by noncompliance;
- (6) Whether the violation was committed willfully or intentionally;
- (7) The prior record of the violator in complying or failing to comply with programs over which the Environmental Management Commission has regulatory authority; and
- (8) The cost to the State of the enforcement procedures.

Within **thirty (30) days** of receipt of this notice, you must do **one** of the following:

- (1) Submit payment of the penalty, **OR**
- (2) Submit a written request for remission, **OR**
- (3) Submit a written request for an administrative hearing

Option 1: Submit payment of the penalty:

Payment should be made directly to the order of the Department of Environment and Natural Resources (*do not include waiver form*). Payment of the penalty will not foreclose further enforcement action for any continuing or new violation(s). Please submit payment to the attention of:

NPDES Compliance/Enforcement Unit
Division of Water Resources
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

Option 2: Submit a written request for remission or mitigation including a detailed justification for such request:

Please be aware that a request for remission is limited to consideration of the five factors listed below as they may relate to the reasonableness of the amount of the civil penalty assessed. Requesting remission is not the proper procedure for contesting whether the violation(s) occurred or the accuracy of any of the factual statements contained in the civil penalty assessment document. Because a remission request forecloses the option of an administrative hearing, such a request must be accompanied by a waiver of your right to an administrative hearing and a stipulation and agreement that no factual or legal issues are in dispute. Please prepare a detailed statement that establishes why you believe the civil penalty should be remitted, and submit it to the Division of Water Resources at the address listed below. In determining whether a remission request will be approved, the following factors shall be considered:

- (1) whether one or more of the civil penalty assessment factors in NCGS 143B-282.1(b) was wrongfully applied to the detriment of the petitioner;
- (2) whether the violator promptly abated continuing environmental damage resulting from the violation;
- (3) whether the violation was inadvertent or a result of an accident;
- (4) whether the violator had been assessed civil penalties for any previous violations; or
- (5) whether payment of the civil penalty will prevent payment for the remaining necessary remedial actions.

Please note that all evidence presented in support of your request for remission must be submitted in writing. The Director of the Division of the Division of Water Resources will review your evidence and inform you of his decision in the matter of your remission request. The response will provide details regarding the case status, directions for payment, and provision for further appeal of the penalty to the Environmental Management Commission's Committee on Civil Penalty Remissions (Committee). Please be advised that the Committee cannot consider information that was not part of the original remission request considered by the Director. Therefore, it is very important that you prepare a complete and thorough statement in support of your request for remission.

In order to request remission, you must complete and submit the enclosed "Request for Remission of Civil Penalties, Waiver of Right to an Administrative Hearing, and Stipulation of Facts" form within thirty (30) days of receipt of this notice. The Division of Water Resources also requests that you complete and submit the enclosed "Justification for Remission Request."

Both forms should be submitted to the following address:

NPDES Compliance/Enforcement Unit
Division of Water Resources
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

Option 3: File a petition for an administrative hearing with the Office of Administrative Hearings:

If you wish to contest any statement in the attached assessment document you must file a petition for an administrative hearing. You may obtain the petition form from the Office of Administrative Hearings. You must file the petition with the Office of Administrative Hearings within thirty (30) days of receipt of this notice. A petition is considered filed when it is received in the Office of Administrative Hearings during normal office hours. The Office of Administrative Hearings accepts filings Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., except for official state holidays. The petition may be filed by facsimile (fax) or electronic mail by an attached file (with restrictions) - provided the signed original, one (1) copy and a filing fee (if a filing fee is required by NCGS §150B-23.2) is received in the Office of Administrative Hearings within seven (7) business days following the faxed or electronic transmission. You should contact the Office of Administrative Hearings with all questions regarding the filing fee and/or the details of the filing process.

The mailing address and telephone and fax numbers for the Office of Administrative Hearings are as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714
Tel: (919) 733-2698
Fax: (919) 733-3478

One (1) copy of the petition must also be served on DENR as follows:

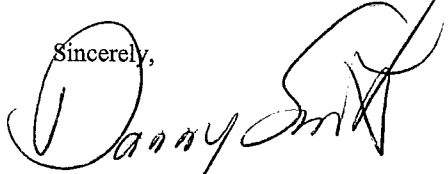
Mr. John Evans, General Counsel
Department of Environment and Natural Resources
1601 Mail Service Center
Raleigh, North Carolina 27699-1601

Please indicate the case number (as found on page one of this letter) on the petition.

Failure to exercise one of the options above within thirty (30) days of receipt of this letter, as evidenced by an internal date/time received stamp (not a postmark), will result in this matter being referred to the Attorney General's Office for collection of the penalty through a civil action. Please be advised that additional penalties may be assessed for violations that occur after the review period of this assessment.

If you have any questions, please contact Cheng Zhang with the Division of Water Resources staff of the Raleigh Regional Office at (919) 791-4200 or via email at cheng.zhang@ncdenr.gov.

Sincerely,



for Thomas A. Reeder, Director
Division of Water Resources, NCDENR

By DannySmith, *Regional Supervisor*
Water Quality Regional Operations Section
Raleigh Regional Office
Division of Water Resources, NCDENR

ATTACHMENTS

Cc:	WQS Raleigh Regional Office - Enforcement File	(w/attachments)
	NPDES Compliance/Enforcement Unit - Enforcement File	(w/attachments)
	Central Files, Water Quality Section	(w/attachments)

5

JUSTIFICATION FOR REMISSION REQUEST

Case Number: LV-2014-0146

County: Chatham

Assessed Party: Piedmont Health Services Inc

Permit No.: NC0030384

Amount Assessed: \$672.48

Please use this form when requesting remission of this civil penalty. You must also complete the "Request For Remission, Waiver of Right to an Administrative Hearing, and Stipulation of Facts" form to request remission of this civil penalty. You should attach any documents that you believe support your request and are necessary for the Director to consider in evaluating your request for remission. Please be aware that a request for remission is limited to consideration of the five factors listed below as they may relate to the reasonableness of the amount of the civil penalty assessed. Requesting remission is not the proper procedure for contesting whether the violation(s) occurred or the accuracy of any of the factual statements contained in the civil penalty assessment document. Pursuant to N.C.G.S. § 143B-282.1(c), remission of a civil penalty may be granted only when one or more of the following five factors apply. Please check each factor that you believe applies to your case and provide a detailed explanation, including copies of supporting documents, as to why the factor applies (attach additional pages as needed).

- ☐ (a) one or more of the civil penalty assessment factors in N.C.G.S. 143B-282.1(b) were wrongfully applied to the detriment of the petitioner *(the assessment factors are listed in the civil penalty assessment document)*;
- ☐ (b) the violator promptly abated continuing environmental damage resulting from the violation *(i.e., explain the steps that you took to correct the violation and prevent future occurrences)*;
- ☐ (c) the violation was inadvertent or a result of an accident *(i.e., explain why the violation was unavoidable or something you could not prevent or prepare for)*;
- ☐ (d) the violator had not been assessed civil penalties for any previous violations;
- ☐ (e) payment of the civil penalty will prevent payment for the remaining necessary remedial actions *(i.e., explain how payment of the civil penalty will prevent you from performing the activities necessary to achieve compliance)*.

EXPLANATION:

STATE OF NORTH CAROLINA

COUNTY OF CHATHAM

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES

IN THE MATTER OF ASSESSMENT
OF CIVIL PENALTIES AGAINST

Piedmont Health Services Inc
Moncure Community Health Center

PERMIT NO. NC0030384

) **WAIVER OF RIGHT TO AN**
) **ADMINISTRATIVE HEARING AND**
) **STIPULATION OF FACTS**

) **CASE NO. LV-2014-0146**

Having been assessed civil penalties totaling \$672.48 for violation(s) as set forth in the assessment document of the Division of Water Resources dated December 04, 2014, the undersigned, desiring to seek remission of the civil penalty, does hereby waive the right to an administrative hearing in the above-stated matter and does stipulate that the facts are as alleged in the assessment document. The undersigned further understands that all evidence presented in support of remission of this civil penalty must be submitted to the Director of the Division of Water Resources within thirty (30) days of receipt of the notice of assessment. No new evidence in support of a remission request will be allowed after (30) days from the receipt of the notice of assessment.

This the _____ day of _____, 20____

SIGNATURE

ADDRESS

TELEPHONE

ATTACHMENT A
Piedmont Health Services Inc
CASE NUMBER: LV-2014-0146

PERMIT: NC0030384

FACILITY: Moncure Community Health Center

COUNTY: Chatham

REGION: Raleigh

Limit Violations

PENALTY	MONITORING REPORT	OUTFALL / PPI	LOCATION	PARAMETER	VIOLATION DATE	FREQUENCY	UNIT OF MEASURE	LIMIT	CALCULATED VALUE	% OVER LIMIT	VIOLATION TYPE
\$100.00	3-2014	001	Effluent	FEC COLI	3/18/14	2 X month	#/100ml	400	2420	505.0	Daily Maximum Exceeded
\$250.00	3-2014	001	Effluent	FEC COLI	3/31/14	2 X month	#/100ml	200	442.70	121.4	Monthly Geometric Mean Exceeded
\$250.00	3-2014	001	Effluent	FLOW	3/31/14	Weekly	mgd	0.00	0.00	23.5	Monthly Average Exceeded

EFFLUENT													
NPDES PERMIT NO. NC0030384 DISCHARGE NO. 001 MONTH:										Mar-14			
FACILITY NAME: MONCURE HEALTH CENTER CLASS: I COUNTY: CHATHAM													
OPERATOR IN RESPONSIBLE CHARGE Randall Jarrell (919) 210-2500													
CERTIFIED LABORATORIES (1) ENCO LABS (2) Wastewater Management, L.L.C.													
Attn: Central Files										PERSON COLLECTING: Randall Jarrell			
N.C.Div.of Water Quality										CERTIFIED ACCURATE AND COMPLETE			
1617 Mall Service Center, RAL. NC. 27699-1617										TO THE BEST OF MY KNOWLEDGE: <i>Randall Jarrell</i>			
		O	5	0	0	5	0	0	0	3	0	0	0
		R	0	0	0	0	0	0	0	1	0	0	0
		C	0	0	4	0	3	6	5	6	3	6	6
		ON	5	1	0	6	1	1	3	1	0	0	6
D	T	S	ON	0	0	0	0	0	0	6	0	0	5
A	I	I	SITE	FLOW	TEMP	pH	RES.	BOD5	AMM	TOTAL	FECAL	D.O.	TOT
T	M	T	TIME	INF			CL2		N	SS	COL		TOT
E	E	E	HRS.	MGD	CENT	UNIT	UG/L	MG/L	MG/L	MG/L	100	MG/L	MG/L
1				0.00290									
2				0.00290									
3	7:15	Y	0.92	0.00290	9.2	7.51	16					11.91	
4				0.00330	9.4			3.9	2.5	<1.0	81		
5				0.00350	9.2								
6				0.00340	9.2								
7				0.00260	9.3								
8				0.00330									
9				0.00330									
10	8:20	Y	0.92	0.00330	9.9	7.42	<12					11.94	
11				0.00340	10.4								
12				0.00350	10.6								
13				0.00310	10.6								
14				0.00290	10.7								
15				0.00286									
16				0.00286									
17	7:15	Y	1	0.00286	10.1	7.51	<12					12.09	
18				0.00340	10.1			7.1	5	1.2	>2420		
19				0.00320	10.2								
20				0.00310	10.6								
21				0.00300	10.8								
22				0.00280									
23				0.00280									
24	18:00	Y	1.17	0.00280	11	7.56	<12					12.19	
25				0.00340	10.9								
26				0.00320	10.9								
27				0.00310	10.9								
28				0.00300	11								
29				0.00300									
30				0.00300									
31				0.00300	12								
AVERAGE				0.00309	10.3		4	5.5	3.75	0.6	443	12.0	
MAXIMUM				0.00350	12	7.56	<12	7.1	5.00	1.2	>2420	12.2	
MINIMUM				0.00260	9.2	7.42	<12	3.9	2.50	1.2	81	11.9	
TYPE SAMPLE					G	G		G	G	G	G	G	
MONTHLY LIMIT				0.00250		6-9		30		30	200	6	

RECEIVED

AUG 04 2014

CENTRAL FILES
DWQ/BOG

Facility Status: (Please check one of the following)

All monitoring data and sampling frequencies meet permit requirements



Compliant

All monitoring data and sampling frequencies do NOT meet permit requirements



Noncompliant

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time-table for improvements to be made.

"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 fines and imprisonment for knowing violations."

Randall Tarrall

Permittee (Please print or type)

Randall Tarrall

Signature of Permittee**
(Required)

7/22/14
Date

Permittee Address

Phone Number

Permit Exp. Date

PARAMETER CODES

00010 Temperature	00556 Oil & Grease	00951 Total Fluoride	01067 Nickel	50060 Total
00076 Turbidity	00600 Total Nitrogen	01002 Total Arsenic	01077 Silver	Residual
00080 Color (Pt-Co)	00610 Ammonia Nitrogen		01092 Zinc	Chlorine
00082 Color (ADMI)	00625 Total Kjeldhal Nitrogen	01027 Cadmium	01105 Aluminum	
00095 Conductivity	00630 Nitrates/Nitrites	01032 Hexavalent Chromium	01147 Total Selenium	71880 Formaldehy
00300 Dissolved Oxygen		01034 Chromium	31616 Fecal Coliform	71900 Mercury
00310 BOD ₅	00665 Total Phosphorous		32730 Total Phenolics	81551 Xylene
00340 COD	00720 Cyanide	01037 Total Cobalt	34235 Benzene	
00400 pH	00745 Total Sulfide	01042 Copper	34481 Toluene	
00530 Total Suspended Residue	00927 Total Magnesium	01045 Iron	38260 MBAS	
	00929 Total Sodium	01051 Lead	39516 PCBs	
00545 Settleable Matter	00940 Total Chloride	01062 Molybdenum	50050 Flow	

Parameter Code assistance may be obtained by calling the Point Source Compliance/Enforcement Unit at (919) 733-5083 or by visiting the Water Quality Section's web site at h2o.emr.state.nc.us/wqs and linking to the Unit's information pages.

Use only units designated in the reporting facility's permit for reporting data.

* ORC must visit facility and document visitation of facility as required per 15A NCAC 8G .0204.

** If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).

Compliance History Jan2011- Mar2015

NC0030384 -

PERMIT	FACILITY	MONTH	YEAR	PARAMETER	UNITS	LIMIT	VALUE	% OVER	VIOLATION TYPE	VIOLATION ACTION	ID
NC0030384	Piedmont	7	2014	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	2420	505	Daily Maximum Exceeded	Proceed to NOV	cheng.zhang
NC0030384	Piedmont	6	2014	Flow, in conduit or thru treatment plant	mgd	0	0	77	Monthly Average Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	6	2014	BOD, 5-Day (20 Deg. C) - Concentration	mg/l	30	33	11	Monthly Average Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	6	2014	BOD, 5-Day (20 Deg. C) - Concentration	mg/l	45	57	27	Daily Maximum Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	5	2014	Flow, in conduit or thru treatment plant	mgd	0	0	58	Monthly Average Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	4	2014	Flow, in conduit or thru treatment plant	mgd	0	0	35	Monthly Average Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	4	2014	BOD, 5-Day (20 Deg. C) - Concentration	mg/l	45	55	22	Daily Maximum Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	4	2014	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	2420	505	Daily Maximum Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	3	2014	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	200	443	121	Monthly Geometric Mean E	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	3	2014	Flow, in conduit or thru treatment plant	mgd	0	0	23	Monthly Average Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	3	2014	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	2420	505	Daily Maximum Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	2	2014	Flow, in conduit or thru treatment plant	mgd	0	0	18	Monthly Average Exceeded	Proceed to Enforcement	cheng.zhang
NC0030384	Piedmont	6	2013						Late/Missing DMR	None	bimsprod.cron
NC0030384	Piedmont	3	2013						Late/Missing DMR	None	bimsprod.cron
NC0030384	Piedmont	1	2013	DO, Oxygen, Dissolved	mg/l				Frequency Violation	Proceed to NOD	tom.ascenzo
NC0030384	Piedmont	1	2013	DO, Oxygen, Dissolved	mg/l				Frequency Violation	Proceed to NOD	tom.ascenzo
NC0030384	Piedmont	12	2012	BOD, 5-Day (20 Deg. C) - Concentration	mg/l	30	41	37	Monthly Average Exceeded	Proceed to Enforcement	tom.ascenzo
NC0030384	Piedmont	12	2012	BOD, 5-Day (20 Deg. C) - Concentration	mg/l	45	61	36	Daily Maximum Exceeded	Proceed to Enforcement	tom.ascenzo
NC0030384	Piedmont	12	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	650	63	Daily Maximum Exceeded	Proceed to Enforcement	tom.ascenzo
NC0030384	Piedmont	11	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	200	295	48	Monthly Geometric Mean E	Proceed to NOV	tom.ascenzo
NC0030384	Piedmont	11	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	2420	505	Daily Maximum Exceeded	Proceed to NOV	tom.ascenzo
NC0030384	Piedmont	10	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	2420	505	Daily Maximum Exceeded	Proceed to NOD	tom.ascenzo
NC0030384	Piedmont	7	2012						Late/Missing DMR	None	bimsprod.cron
NC0030384	Piedmont	6	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	1700	325	Daily Maximum Exceeded	Proceed to NOV	tom.ascenzo
NC0030384	Piedmont	3	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	200	633	216	Monthly Geometric Mean E	Proceed to NOV	tom.ascenzo
NC0030384	Piedmont	3	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	460	15	Daily Maximum Exceeded	Proceed to NOV	tom.ascenzo
NC0030384	Piedmont	3	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	870	117	Daily Maximum Exceeded	Proceed to NOV	tom.ascenzo
NC0030384	Piedmont	2	2012	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	2420	505	Daily Maximum Exceeded	Proceed to NOV	tom.ascenzo
NC0030384	Piedmont	1	2012	DO, Oxygen, Dissolved	mg/l				Frequency Violation	No Action, BPJ	tom.ascenzo
NC0030384	Piedmont	7	2011	Coliform, Fecal MF, M-FC Broth,44.5C	#/100ml	400	2420	505	Daily Maximum Exceeded	Proceed to NOV	tom.ascenzo

Compliance/Hennessy
REQUEST FOR REMISSION

WASTEWATER MANAGEMENT, L.L.C.

P.O. Box 578 Pittsboro, N.C. 27312

(919) 210-2500

Biowater@aol.com

December 30, 2014

Danny Smith
Surface Water Protection Supervisor
Raleigh Regional Office
3800 Barrett Drive
Raleigh, N.C. 27609

RECEIVED/DENR/DWR

JAN - 5 2015

Water Quality
Permitting Section

Dear Mr. Smith,

As per our conversation on 11-5-14 this letter requests reconsideration to rescind the following civil penalties for Piedmont Health Services, NPDES Permit No. NC0030384.

Case No. LV-2014-0146	\$672.48
LV-2014-0147	\$522.48
LV-2014-0148	\$322.48
LV-2014-0149	<u>\$422.48</u>
	\$1,939.92

During the past two years there have been four general managers which created gaps where NOV's etc. was not forwarded for appropriate action. Since our meeting on 11-5-14, PHS has hired an area director as another layer of management to prevent such issues.

Attached are equipment quotes that have been approved by PHS to repair the treatment system components totaling \$3521.55. Replacement of the faulty toilets amounts to \$2375.00. The toilets have already been replaced and the attached quotes for \$3521.55 to repair the treatment system has been approved and ordered. Parts from AQWA has already arrived as of 12/18/14. When the new Plc Logic arrives the parts will be scheduled for installation. Total monies already spent comes to \$5896.55. ✓

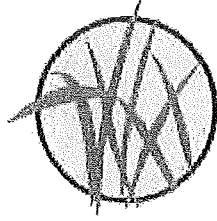
It should be noted that PHS is a non-profit organization. We request that the civil penalties be waived to allow the monies to be applied to the repairs on the system.

It is important to Wastewater Management and Piedmont Health Services to keep a clean environmental record. We appreciate your consideration in this matter. Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Randall Jarrell".

Randall Jarrell, ORC



R.L. Haire Electric & Controls LLC

R.L. Haire Electric & Controls LLC

Quote 120114

Moncure WWTP Controls Upgrade

I am pleased to provide the following quote. This quote is good for 30 days unless otherwise noted. Thank you for the opportunity to quote. All warranty based upon 1 year of commissioning.

The Plc logic will be based on user adjustable set-points for batching logic. Once PO is issued a Sequence of operations will be developed and once approved by both parties system would be built.

1. Provide New Plc with 6 DI and 4DO.
2. Provide New Hmi for Data Changing and Status.
3. Provide all new Plc Programming and Hmi Logic.
4. Provide all labor for changeover.
5. Provide Plc documentation and wiring schematic for above.

Total Cost for above: \$ 1,550.00

I would also suggest moving plc controls to the building outside and the additional cost to run conduit to building would be the following:

Total Cost for new conduit: \$ 870.00

Regards:
Randy Haire
R.L. Haire Electric & Controls LLC
December 1st, 2014



2604 Willis Court
Wilson, NC 27896

Quote

Date	Quote No.
02/12/2014	140212-2
Exp. Date	

Address
Randall Jarrell

Service	Activity	Quantity	Rate
PG-25-CM	• Geoflow Pressure Gauge - Back Mount - Replacement	1	52.00
PG-LEAD	• 18" gauge hose wiht 1/4" FPT, self clamping air chuck	1	27.00
AP4E-1.5F	• 1.5" screen filter, Plastic body. MIPT. Up to 45 gpm	1	339.00
APSCR 1.5/2F	• Replacement screen for 1.5" or 2" filter. 7" long x 3" diameter.	1	189.55
FM-DDS-150	• 1.5" Digital Flow Meter with Local Display, 10-100GPM	1	494.00
Notes non AX	1. Freight: prepay and add.	1	0.00
	2. Installation not included.		
	3. The screen filter shown on your photos is not the same as the one I have listed. So, if you get this one you will likely need to do some plumbing changes.		
	4. Let me know which of these items and quantities by fax or email, then I'll send you a final quote.		
	5. Quotation expiration 45 days.		

Please contact us with any questions/concerns at (888) 552-2792 or info@aqwa.net.

Total	\$1,101.55
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Accepted By

Accepted Date

Voice: 252 243 7693, FAX 252 243 7694, info@AQWA.net

PAGE 16 of 24

STATE OF NORTH CAROLINA

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES

COUNTY OF CHATHAM

IN THE MATTER OF ASSESSMENT
OF CIVIL PENALTIES AGAINST

Piedmont Health Services Inc
Moncure Community Health Center

PERMIT NO. NC0030384

) WAIVER OF RIGHT TO AN
) ADMINISTRATIVE HEARING AND
) STIPULATION OF FACTS

) CASE NO. LV-2014-0146

Having been assessed civil penalties totaling \$672.48 for violation(s) as set forth in the assessment document of the Division of Water Resources dated December 04, 2014, the undersigned, desiring to seek remission of the civil penalty, does hereby waive the right to an administrative hearing in the above-stated matter and does stipulate that the facts are as alleged in the assessment document. The undersigned further understands that all evidence presented in support of remission of this civil penalty must be submitted to the Director of the Division of Water Resources within thirty (30) days of receipt of the notice of assessment. No new evidence in support of a remission request will be allowed after (30) days from the receipt of the notice of assessment.

This the 30th day of December, 2014


SIGNATURE

ADDRESS

299 Lloyd Street

Carrboro NC 27510

TELEPHONE 919-428-8764 Patrick Florence
919-210-2500 Randall Jurell

RECEIVED/DENR/DWR

JAN - 5 2015

Water Quality
Permitting Section
Page 17 of 24

1052

JUSTIFICATION FOR REMISSION REQUEST

Case Number: LV-2014-0146

County: Chatham

Assessed Party: Piedmont Health Services Inc

Permit No.: NC0030384

Amount Assessed: \$672.48

Please use this form when requesting remission of this civil penalty. You must also complete the "Request For Remission, Waiver of Right to an Administrative Hearing, and Stipulation of Facts" form to request remission of this civil penalty. You should attach any documents that you believe support your request and are necessary for the Director to consider in evaluating your request for remission. Please be aware that a request for remission is limited to consideration of the five factors listed below as they may relate to the reasonableness of the amount of the civil penalty assessed. Requesting remission is not the proper procedure for contesting whether the violation(s) occurred or the accuracy of any of the factual statements contained in the civil penalty assessment document. Pursuant to N.C.G.S. § 143B-282.1(c), remission of a civil penalty may be granted only when one or more of the following five factors apply. Please check each factor that you believe applies to your case and provide a detailed explanation, including copies of supporting documents, as to why the factor applies (attach additional pages as needed).

- ☐ (a) one or more of the civil penalty assessment factors in N.C.G.S. 143B-282.1(b) were wrongfully applied to the detriment of the petitioner *(the assessment factors are listed in the civil penalty assessment document)*;
- ☐ (b) the violator promptly abated continuing environmental damage resulting from the violation *(i.e., explain the steps that you took to correct the violation and prevent future occurrences)*;
- ☐ (c) the violation was inadvertent or a result of an accident *(i.e., explain why the violation was unavoidable or something you could not prevent or prepare for)*;
- ☒ (d) the violator had not been assessed civil penalties for any previous violations;
- ☐ (e) payment of the civil penalty will prevent payment for the remaining necessary remedial actions *(i.e., explain how payment of the civil penalty will prevent you from performing the activities necessary to achieve compliance)*.

EXPLANATION:

2 of 2



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

Donald R. van der Vaart
Secretary

January 21, 2015

Randal Jarrell, Operator in Responsible Charge (ORC)
Wastewater Management, L.L.C.
P.O. Box 578
Pittsboro, North Carolina ~~27609~~ *27312*

Subject: **Acknowledging Your Request to Remit
Civil Penalties for Case Numbers: LV-2014-0146,
LV-2014-0147, LV-2014-0148 and LV-2014-0149**
For Piedmont Health Services, Inc. WWTP
Under NPDES Permit NC0030384
Chatham County

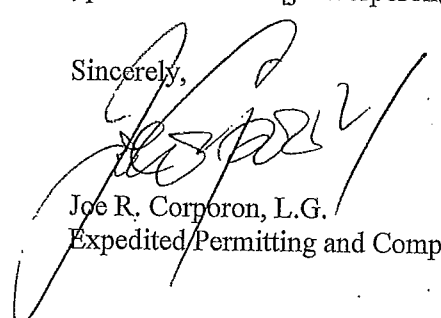
Dear Mr. Jarrell:

The Division of Water Resources (the Division) hereby acknowledges receipt of your written request to remit civil penalties levied in the subject cases in the amounts of \$672.48, \$522.48, and \$322.48 totaling **\$1,939.92**. While your time-sensitive requests were submitted to the wrong address (Raleigh Regional Office), the Central Office has officially accepted them as received during the required time period.

We also note your attached *Justification for Remission Request* and your *Waver of Rights to an Administrative Hearing and Stipulation of Facts*, one for each violation, signed by you on December 14, 2014. Please be reminded that any future request for remission must be submitted to the Central Office, 1617 Mail Service Center, attention NPDES Compliance and Enforcement - not the Raleigh Regional Office - within the statute-specified time frame of 30 days [§GS.143.215.6A].

The Division will consider your request, and the Director will notify you when he has reached a decision. This evaluation is in progress. If you have questions, please email me [joe.corporon@ncdenr.gov] or call my direct line (919-807-6394).

Sincerely,


Joe R. Corporon, L.G.
Expedited/Permitting and Compliance Unit

hc: NPDES Enforcement File LV-2014-0146, -0147 & -0148, and -0149 [DWR cover letter only]
Raleigh Regional Office, Attn. Danny Smith/ Cheng Zhang [DWR cover letter only]
Central Files [DWR cover letter + 12-page attachment]



North Carolina Department of Environment and Natural Resources
Division of Water Resources

Pat McCrory
Governor

Donald R. Van der Vaart
Secretary

May 8, 2015

CERTIFIED MAIL 7003 0500 0002 6819 3392
RETURN RECEIPT REQUESTED

Patrick Florence
Piedmont Health Services, LLC
Moncure Community Health Center
299 Loyd street
Carrboro, North Carolina 27510

Subject: **Request to Remit Civil Penalties - Partial Remission**
Case Numbers: LV-2014-0146, -0147, -0148, -0149
for Piedmont Health Services WWTP
NPDES Permit NC0030384
Chatham County

Dear Permittee:

In accordance with North Carolina General Statute 143-215.6A(f), the Director of the North Carolina Division of Water Resources (the Division) considered the information you submitted in support of your request for remission, and has remitted \$330.00 of the \$1,939.72 civil-penalty assessment. The revised civil penalty therefore totals \$1,609.92 including \$289.92 in investigative costs. A copy of the decision is attached.

Therefore, your outstanding balance \$1,609.92 is due and payable. At this stage of the remission process, you may avail yourself of one of the following two options:

1) You may pay this balance.

If you decide to pay the penalty, please make your check payable to the Department of Environment and Natural Resources (DENR). Send the payment, within thirty (30) calendar days of receiving this letter, to the attention of:

Attn: Wren Thedford
NC DENR/DWR/Point Source Branch
NPDES Unit
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

OR

- 2) You may request the Environmental Management Commission's (EMC's) Committee on Civil Penalty Remissions (the Committee) to make the final decision on your remission request considering your additional oral input, as warranted.**

1617 Mail Service Center, Raleigh, North Carolina 27699-1617
Location: 512 N. Salisbury St. Raleigh, North Carolina 27604
Phone: 919-807-6300 \ FAX: 919-807-6492 \ Customer Service: 1-877-623-6748
Internet: www.ncwaterquality.org

If payment is not received within 30 calendar days from your receipt of this letter, your current request for remission and this letter of denial will be delivered to the Committee on Civil Penalty Remissions for final agency decision.

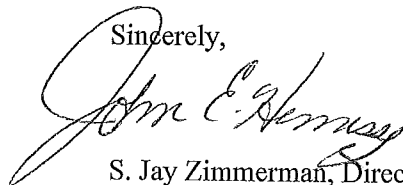
If you or your representative would like to speak before the Committee, you must complete and return the attached *Request for Oral Presentation Form* within thirty (30) calendar days of receiving this letter. Send completed form(s) to:

Wren Thedford
NC DENR/DWR/Point Source Branch
NPDES/Compliance and Expedited Permitting Unit
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

If you make such a request, the EMC Chairman will review the supporting documents and your request for an oral presentation. If, in his/her judgment, the Chairman determines that there is compelling reason to require a presentation, you will be notified as to when and where you should appear. If your presentation is not required, the final decision will be based upon the written record.

Please be advised that the EMC's Committee on Civil Penalty Remissions will make its remission decision based on the **original** assessment amount. Therefore, the EMC may choose to uphold the original penalty and offer no remission, they may agree with the DWQ Director's remission recommendation detailed above, or the penalty amount may be further remitted.

Thank you for your cooperation in this matter. If you have any questions, please contact Joe R. Corporon via email at joe.corporon@ncdenr.gov or call 919-807-6394.

Sincerely,

S. Jay Zimmerman, Director

Attachments: Director's Decision; Request for Oral Presentation form

hc: Central Files
RRO, Attn: Danny Smith, Supervisor SWPS
NPDES Enforcement File

DWR SIGNATURE PAGE
SUMMARY OF REMISSION FACTORS FOR ASSESSING CIVIL PENALTIES

Case Numbers: LV-2014-0146, -0147, -0148, -0149 Region: Raleigh (RRO) County: Wake
Assessed Entity: Piedmont Healthcare Services, Inc.
Moncure Community Health Center WWTP Permit No.: NC0030384

Assessment Factors

- ☐ (a) Whether one or more of the civil penalty assessment factors were wrongly applied to the detriment of the petitioner:
NOT ASSERTED – Not Applicable.
- ☐ (b) Whether the violator promptly abated continuing environmental damage resulting from the violation:
NOT ASSERTED – Not Applicable.

- ☐ (c) Whether the violation was inadvertent or a result of an accident:
NOT ASSERTED – Not Applicable.

- ☒ (d) Whether the violator had been assessed civil penalties for any previous violations:

Although asserted by the Permittee, the Division disagrees. The Permittee has received NOV's for Fecal Coliform during 2011 and during 8 of 12 months in 2012; also Enforcements for BOD Dec2013. The Division feels that current violations stem from WWTP adverse conditions insufficiently addressed, prompting four (4) consecutive months of permit-limit violations. The Division offers partial remission in acknowledgement of the Permittee's diligence in addressing multiple changes in management during this time period, and for subsequent compliance-related expenditures and applied remedial activities.

- ☐ (e) Whether payment of the civil penalty will prevent payment for the remaining necessary remedial actions:
NOT ASSERTED – Not Applicable.

DECISION (Check One)

Rev. 08/2014

Request Denied ☐
Full Remission ☐ Retain Enforcement Cost? Yes ☐ No ☐
Partial Remission ☒ \$ 330.00 (Enter Amount)

S. Jay Zimmerman, Director
Date 5/12/15

STATE OF NORTH CAROLINA

ENVIRONMENTAL MANAGEMENT
COMMISSION

COUNTY OF CHATHAM
IN THE MATTER OF ASSESSMENT)
OF CIVIL PENALTIES AGAINST:)
Piedmont Health Services, LLC
Moncure Community Health Center WWTP)

DWR Case Numbers LV-2014-0146, -0147, -0148, -0149

REQUEST FOR ORAL PRESENTATION

NPDES Permit NC0030384

*NOT
SUBMITTED*

I hereby request to make an oral presentation before the Environmental Management Commission's Committee On Civil Penalty Remissions in the matter of the case noted above. In making this request, I assert that I understand all of the following statements:

- This request will be reviewed by the Chairman of the Environmental Management Commission and may be either granted or denied.
- Making a presentation will require the presence of myself and/or my representative during a Committee meeting held in Raleigh, North Carolina.
- My presentation will be limited to discussion of issues and information submitted in my original remission request, and because no factual issues are in dispute, my presentation will be limited to five (5) minutes in length.

The North Carolina State Bar's Authorized Practice of Law Committee has ruled that the appearance in a representative capacity at quasi-judicial hearings or proceedings is limited to lawyers who are active members of the bar. Proceedings before the Committee on Remissions are quasi-judicial. You should consider how you intend to present your case to the Committee in light of the State Bar's opinion and whether anyone will be speaking in a representative capacity for you or a business or governmental entity. If you or your representative would like to speak before the Committee, you must complete and return this form within thirty (30) days of receipt of this letter.

Depending on your status as an individual, corporation, partnership or municipality, the State Bar's Opinion affects how you may proceed with your oral presentation. See www.ncbar.com/ethics, Authorized Practice Advisory Opinion 2006-1 and 2007 Formal Ethics Opinion 3.

- If you are an individual or business owner and are granted an opportunity to make an oral presentation before the Committee, then you do not need legal representation before the Committee; however, if you intend on having another individual speak on your behalf regarding the factual situations, such as an expert, engineer or consultant, then you must also be present at the meeting in order to avoid violating the State Bar's Opinion on the unauthorized practice of law.
- If you are a corporation, partnership or municipality and are granted an opportunity to make an oral presentation before the Committee, then your representative must consider the recent State Bar's Opinion and could be considered practicing law without a license if he or she is not a licensed attorney. Presentation of facts by non-lawyers is permissible.

If you choose to request an oral presentation, please make sure that signatures on the previously submitted Remission Request form and this Oral Presentation Request form are: 1) for individuals and business owners, your own signature and 2) for corporations, partnerships and municipalities, signed by individuals who would not violate the State Bar's Opinion on the unauthorized practice of law.

Also, be advised that the Committee on Civil Penalty Remissions may choose not to proceed with hearing your case if the Committee is informed that a potential violation of the statute concerning the authorized practice of law has occurred.

This the _____ day of _____, 20_____.

SIGNATURE _____

TITLE (President, Owner, etc.) _____

ADDRESS _____

TELEPHONE (_____) _____

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.

PATRICK FLORENCE
 PIEDMONT HEALTH SERVICES, LLC
 MONCURE COMMUNITY HEALTH CENTER
 299 LOYD STREET
 CARRBORO NC 27510

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent
☐ Addressee

B. Received by (Printed Name) *[Signature]*

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
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7003 0500 0002 6819 3392

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7003 0500 0002 6819 3392

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

PATRICK FLORENCE
 PIEDMONT HEALTH SERVICES, LLC
 MONCURE COMMUNITY HEALTH CENTER
 299 LOYD STREET
 CARRBORO NC 27510

PS Form 3800, June 2002

See Reverse for Instructions

ACKNOWLEDGEMENT OF RECEIPT
 REMISSORY DECISION LETTER
 OF 08 MAY 2015.