



State of Ohio Environmental Protection Agency

Southwest District

401 East Fifth Street  
Dayton, Ohio 45402-2911

TELE: (937)285-6357 FAX: (937)285-6249  
www.epa.state.oh.us

Bob Taft, Governor  
Bruce Johnson, Lt. Governor  
Joseph P. Koncelik, Director

**CERTIFIED MAIL**

January 4, 2007

Re: Hamilton County  
Mapleleaf MHP  
Community Water System  
PWS ID No. 3101512  
STU ID No. 3154755

Ms. Patti Franklin  
Heritage Management Group  
1400 Fourth and Race Tower  
105 West Fourth Street  
Cincinnati, OH 45202

**Subject: Notice of Violation for Failure to Respond to a Significant Deficiency**

This letter is notification that the Mapleleaf MHP has not complied with requirements issued during this Agency's last survey performed on October 27, 2006, in violation of rule 3745-81-60 (D) of the Ohio Administrative Code (OAC). The Mapleleaf MHP was notified in correspondence dated November 8, 2006, to respond in writing no later than 45 days, as required by the OAC 3745-81-60 (D), with time frames for the following:

• **REQUIREMENTS**

Your water system is providing drinking water for human consumption from wells which do not meet state standards. Please, in order to protect human health and avoid legal enforcement action on the part of the Ohio EPA, comply with the following requirements until a solution for your drinking water system is approved by the Ohio EPA:

1. Keep a permanent boil advisory and make sure every water user in the park is aware of it,
2. Keep the chlorine residual, measure it with a digital chlorine meter, and record it in the Ohio EPA forms as described in item B1 of the November 8, 2006 sanitary survey letter,
3. In addition to the required bacteriological samples, collect an additional monthly raw water sample from the wells in use,
4. Provide a contingency plan to the Ohio,

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5. Provide to the Ohio EPA the name of a certified water operator in charge of your water system,
6. Submit to the Ohio EPA a schedule describing the dates and the solution to fix your water source problems, and
7. Rule 3745-81-60 (D) of the OAC states: public water system shall within forty-five days following receipt of a sanitary survey letter, indicating how and on what schedule the public water system will address the above significant deficiencies.

The water system must respond in writing within 15 days from the date of this letter with the required information. Failure to comply may result in further enforcement action.

If you have any questions, please contact me.

Sincerely,



Mariano Haensel, M.S.  
Division of Drinking and Ground Waters  
937-285-6113 - Phone  
937-285-6750 - FAX  
mariano.haensel@epa.state.oh.us

MH/br

cc: Chris Eddy, Hamilton County General Health District  
Ohio EPA, Engineering and Operations, DDAGW, CO

7005 0390 0004 9401 8684

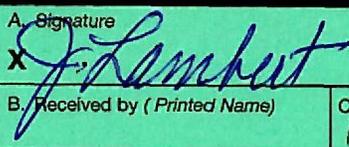
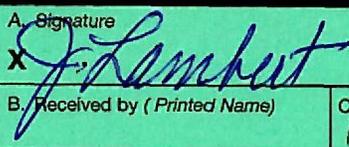
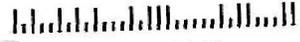
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City, State, ZIP+4	1400 FOURTH & RACE TOWER	
	105 W FOURTH ST	
	CINCINNATI OH 45202	

PS Form 3800, June 2002 See Reverse for Instructions

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 type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery   11/5/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">             MS PATTI FRANKLIN            HERITAGE MANAGEMENT GROUP            1400 FOURTH &amp; RACE TOWER            105 W FOURTH ST            CINCINNATI OH 45202         </div>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7005 0390 0004 9401 8684</p>