



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

Re: Hardin County
Childrens Laugh N Learn LLC
NTNC Public Water System
PWSID: OH3335412
STUID: 3361497

April 17, 2009

OH3335412

CHILDRENS LAUGH N LEARN LLC

4/17/2009

CERTIFIED MAIL

Todd and Monica Smith, Owners
Childrens Laugh N Learn LLC
10702 U.S. Route 68 North
Kenton, Ohio 43326



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

This letter is notification that the Childrens Laugh N Learn LLC has not complied with requirements issued during this Agency's last survey performed on February 3, 2009, in violation of Ohio Administrative Code (OAC) rule 3745-81-60. Correspondence dated February 25, 2009, required a written response within 45 days, with time frames for resolving the following issues:

1. Provide documentation that the salt used in the production of brine conforms to ANSI/NSF Std 60 (OAC rule 3745-83-01 (D)).
2. The certified operator shall maintain records in accordance with OAC rule 3745-7-09 (copy enclosed)

The following is an unresolved requirement noted during the previous inspection report dated August 28, 2003. A written response summarizing action taken to resolve this deficiency is hereby required.

1. Provide documentation that the backwash from the softening tank is discharged into the leach field curtain drain and that appropriate separation is maintained between the discharge and drain line via an air gap. **Issue unresolved.** *Written response dated October 17, 2003, stated: "The backwash from the softening tank is discharged into the leach field curtain drain. There is appropriate separation between the discharge line and the drain line. Observation on February 3, 2009, noted the air separation gap was compromised by a vertical extension on the drain tile. Reestablish the air separation gap."*



Mr. Todd & Monica Smith
April 17, 2009
Page Two

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 at (419) 373-3042.

Sincerely,



Larry W. Moritz, R.S, M.S.I.H.
Division of Drinking and Ground Waters

/lb

cc: Hardin County Health Dept.
Central Office, DDAGW
~~DDAGW, NWBO~~
7007 2560 0000 4485 5126

ec: JoAnn Sabo, District Office Compliance Coordinator

DDAGW-LM-LB

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Tiffany Sparks</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tiffany Sparks</i></p> <p>C. Date of Delivery <i>4-22-09</i></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> <p><i>Todd + Monica Smith-Dunnes</i> <i>Childrensough N. Seom LLC</i> <i>10702 US Route 68 North</i> <i>Kenton Oh 43326</i></p>	<p>3. Service Type</p> <p><input 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>7007 2560 0000 4485 5126</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

DDAGW-LM-LB

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.32	

7007 2560 0000 4485 5126

Sent To	<i>Todd + Monica Smith-Dunnes</i>
Street, Apt. No., or PO Box No.	<i>Childrensough N. Seom LLC</i>
City, State, ZIP+4	<i>Kenton Oh 43326</i>

PS Form 3800, August 2006 See Reverse for Instructions