



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: Wood County  
Principle Business Enterprises, Inc.  
NTNC Water System  
PWS ID# 8741612

May 27, 2009

Certified Mail 7007 2560 0000 4479 3527

OH8741612

PRINCIPLE BUSINESS ENTERPRISES

5/27/2009

Mr. Charles Stocking, CEO  
Principle Business Enterprises, Inc.  
Pine Lake Industrial Park  
P. O. Box 129  
Dunbridge, Ohio 43414



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

This letter is notification that Principle Business Enterprises, Inc., has not complied with requirements issued during this Agency's last survey performed on February 19, 2009, in violation of Rule 3745-81-60 of the Ohio Administrative Code (OAC). Principle Business Enterprises, Inc., was notified in correspondence dated March 26, 2009, to respond in writing in no later than 45 days, with timeframes for:

1. Update your Total Coliform Bacteria Sample Siting Plan. Forward a copy to this office. (OAC Rule 3745-81-21)
2. Clean the top of the chlorine day tank because it is a sanitary risk.
3. Landscape around the well casings to provide a positive slope away from the well casings. (OAC Rule 3745-9-05(Q))
4. All chemicals used in a public water system as to be NSF 60/61 approved. Make sure the chlorine used is NSF 60/61 approved. (OAC Rule 3745-83-01)

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 via email at [jill.schiefer@epa.state.oh.us](mailto:jill.schiefer@epa.state.oh.us) or at (419) 373-3089.

Sincerely,

Jill A. Schiefer  
Environmental Specialist  
Division of Drinking and Ground Waters

/cs

pc: Wood County Health Department  
DDAGW, CO  
~~DDAGW-NWDO-File~~

ec: Kelly Herr, Quality Manager



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  <i>Kenneth J Hegech</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kenneth J Hegech</i> C. Date of Delivery <i>5/29/09</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:  <i>Mr. Charles Stacking, CEO          Principle Business Enterprises          Pine Lake Industrial Park          P.O. Box 129          Deerbridge, Ohio 43414</i></p>	<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. 7007 2560 0000 4479 3527 <i>spdw/cs</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service <sup>TM</sup> <i>spdw/cs</i> <b>CERTIFIED MAIL <sup>TM</sup> RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
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<b>OFFICIAL USE</b>	
Postage \$ <i>44</i> Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ <i>5.54</i>	<b>Ohio EPA</b> 
Sent To: <i>Principle Business Enterprises</i> Street, Apt. No. or PO Box No. <i>PO Box 129</i> City, State, ZIP+4 <i>Deerbridge, Ohio 43414</i>	
PS Form 3800, August 2005 See Reverse for Instructions	