



State of Ohio

OH8739112

ST JOHNS HILLTOP PRESCHOOL

5/27/2009

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TELE: (4

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



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Re: Wood County
St. John's Hilltop Preschool
NTNC Water System
PWS ID# OH8739112
STU ID# 8759957

May 27, 2009

Certified Mail 7007 2560 0000 4479 3503

Rev. Daniel Beoudoin
St. John's Lutheran Church
5520 Fremont Pike
Stony Ridge, Ohio 43463

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

This letter is notification that St. John's Hilltop Preschool has not complied with requirements issued during this Agency's last survey performed on February 18, 2009, in violation of Rule 3745-81-60 of the Ohio Administrative Code (OAC). The school was notified in correspondence dated March 26, 2009, to respond in writing no later than 45 days following the date of the letter, with timeframes for:

1. Landscape the soil around the well casing as needed. (OAC Rule 3745-9-05)
2. Prepare and forward a copy of the Total Coliform Sample Siting Plan to this office. (OAC Rule 3745-81-21)

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) 373-3089 or via email at jill.schiefer@epa.state.oh.us.

Sincerely,

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

/cs

pc: Howard Bookenberger, Operator of Responsible Charge
Melissa Lang, Preschool Administrator
Wood County Health Department
DDAGW, CO
DDAGW, NWDO File

6-6
6-11



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>Debra Haas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DEBRA HAAS</i> C. Date of Delivery <i>5-29-09</i></p>
<p>1. Article Addressed to:</p> <p><i>Rev. Daniel Beaudain St. John Lutheran Church 5520 Fremont Pike Stony Ridge, Ohio 43463</i></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>P.O. BOX 279 STONY RIDGE OH 43463</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. <i>7007 2560 0000 4479 3503</i> <i>dpdw/cs</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™ <i>dpdw/cs</i> CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<i>Rev. Daniel Beaudain</i> OFFICIAL USE	
Postage	\$ <i>44</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>5.54</i>
Sent to <i>St. John Lutheran Church</i> Street, Apt. No., or PO Box No. <i>5520 Fremont Pike</i> City, State, ZIP+4 <i>Stony Ridge, Ohio 43463</i>	
PS Form 3800, August 2006 See Reverse for Instructions	



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