



State of Ohio Environmental Protection Agency

**Northwest District Office**

347 North Dunbridge Road  
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: Auglaize County  
Easy Campground  
TNC Water System  
PWSID: OH0634712  
STUID: 652947

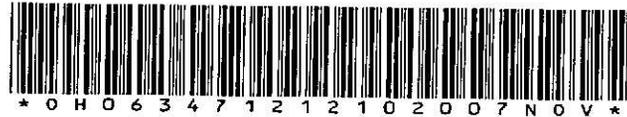
Certified Mail

OH0634712

EASY CAMPGROUND AND RESTAURANT

12/10/2007

Mr. Mark Jones, Owner  
Easy Campground  
14338 Townline-Kossuth Road  
St. Marys, Ohio 45885-8214



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

This letter is notification that the Easy Campground has not complied with requirements issued during this Agency's last survey performed on September 11, 2007, in violation of rule 3745-81-60 of the Ohio Administrative Code. The village was notified in correspondence dated September 28, 2007 to respond in writing no later than 45 days, with time frames for:

- 1) OAC Rule 3745-95-01 (I) defines a cross connection as any arrangement whereby backflow can occur. A potential cross connection exists with the ion-exchange softeners being located in the pit. At the time the ion-exchange softeners are replaced or the media is replaced, the ion-exchange units are to be brought above grade. The brine tank is also to be brought above normal ground level to prevent the entrance of contamination.
- 2) OAC Rule 3745-83-01 (D) requires all chemicals, substances and materials added to or brought in contact with drinking water shall conform to ANSI/NSF 60 standards. The salt currently being used is not ANSI/NSF 60 approved. Replace it with an ANSI/NSF 60 approved product.
- 3) Ten States Standards (TSS) 4.4.2.19 requires bagged salt to be stored in a clean and dry area. The salt bags stored outside of the water treatment building need to be housed inside a building.
- 4) OAC Rule 3745-95-02 (A) states no person shall install or maintain a water service connection to any premises where actual or potential cross connections may exist. Provide an approved backflow preventor before the frost-free hydrant located at the dumping station.

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.

Mr. Mark Jones  
December 7, 2007  
Page Two

If you have any questions, please contact me at (419) 373-3042.

Sincerely,



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

/lb

cc: Auglaize County Health Dept.  
Central Office, DDAGW  
~~DDAGW/NWDO~~  
7006 3450 0001 0661 2201

ec: Jill Schiefer, DDAGW/NWDO

DDAGW-LM-LB

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 checked="" type="checkbox"/> <i>Mark Jones</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
	B. Received by (Printed Name) <i>MARK JONES</i>	C. Date of Delivery <i>12-10-07</i>
1. Article Addressed to:  <i>Mr Mark Jones Owner Easy Campground 14338 Sunline - Kossuth Rd St Marys Oh 45885-8214</i>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>	
	<p>3. Service Type  <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>	
2. Article Number (Transfer from service label)	7006 3450 0001 0661 2201	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>		

DDAGW-LM-LB

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<b>Total Postage &amp; Fees</b>	<b>\$5.21</b>	

Sent To: *Mr Mark Jones Owner*  
 Street, Apt. No., or PO Box No.: *14338 Sunline - Kossuth Rd*  
 City, State, ZIP+4: *St Marys Oh 45885-8214*

PS Form 3800, August 2006      See Reverse for Instructions

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