



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 Korteski, Director

Re: Auglaize County
Lake Amanda Club - South
TNC Public Water System
PWSID: OH0634512
STUID: 652946

December 10, 2008

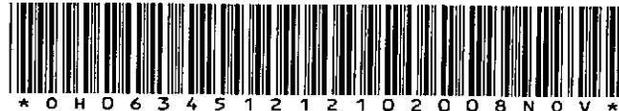
OH0634512

LAKE AMANDA CLUB -SOUTH

12/10/2008

Certified Mail

Melvin Robbins
09139 Place Rd
Wapakoneta, Ohio 45895



Dear Mr. Robbins:

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

This letter is notification that Lake Amanda Club – South public water system has not complied with requirements issued during this Agency's last survey performed on October 6, 2008, in violation of rule 3745-81-60 of the Ohio Administrative Code. In correspondence dated October 20, 2008, you were notified to respond in writing no later than 45 days, with time frames for resolving the following deficiencies:

1. Treatment equipment (filter) was replaced without plan approval (OAC rule 3745-91-02) or submitting documentation sufficient to determine the change was not substantial as defined by OAC rule 3745-91-01 C(2). Submit the make, model, and operating specifications of both the installed and replaced filter for review and a determination as to whether or not this change shall require submission of a complete plan package (guidance enclosed).
2. The drain line from all treatment equipment shall be protected by an air separation gap in accordance with the provisions of OAC chapter 3745-95.

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: Auglaize County Health Dept.
C.O. - DDAGW / OFAS
DDAGW/NWDO
7006 0100 0003 7708 6500

ec: JoAnn Sabo, District Office Compliance Coordinator, DDAGW/NWDO
Linda Benham, Supervisor, DDAGW/NWDO
Ralph Baker, District Engineer, DDAGW/NWDO

D0AGW-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"/> Agent <input type="checkbox"/> Addressee <i>John Robbins</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>12-11-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Mr. Melvin Robbins</i> <i>09139 Place Rd</i> <i>Wapakoneta Oh</i> <i>45895</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</p> <p>(Transfer from service label)</p> <p style="text-align: center;">7006 0100 0003 7708 6500</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

D0AGW-LM-LB

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OFFICIAL USE

Postage	\$ <i>42</i>	<p style="color: red; font-weight: bold;">Ohio EPA</p> 
Certified Fee	<i>2.70</i>	
Return Receipt Fee (Endorsement Required)	<i>2.00</i>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <i>5.32</i>	

Sent To *Mr. Melvin Robbins*

Street, Apt. No., or PO Box No. *09139 Place Rd*

City, State, ZIP+4 *Wapakoneta Oh 45895*

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0003 7708 6500