



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 Korfeski, Director

Re: Mercer County
Duckfoot-Arnold Landing PWS
Transient Non-Community Water System
PWS ID# 5437312
STU ID# 5456457

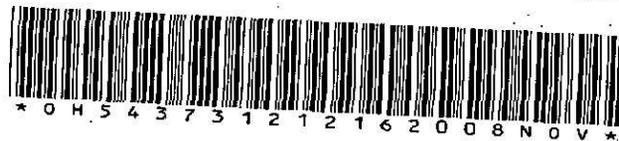
December 16, 2008

CERTIFIED MAIL
7002 2410 0003 1155 8744

OH5437312

DUCKFOOT-ARNOLD LANDING PWS

12/16/2008



Mr. John Arnold, Owner
Duckfoot-Arnold Landing
P.O. Box 234
Celina, Ohio 45822

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

This letter is notification that the Duckfoot-Arnold Landing public water system (PWS) **has not fully complied** with requirements issued during this Agency's last survey performed on September 18, 2008, in violation of rule 3745-81-60 of the Ohio Administrative Code (OAC). The Duckfoot-Arnold Landing PWS was notified in correspondence dated October 22, 2008, to respond in writing no later than 45 days, with time frames for:

1. Submit to NWDO an acceptable set of detail plans for approval from the Director of the Ohio EPA regarding the installation of the chlorination facilities according to OAC rule 3745-91.

*Your written response states that "emergency chlorination facilities will be removed..." Although I would recommend that an acceptable set of detail plans for approval be submitted, your desire to remove the chemical injection point in lieu of plans will be an acceptable response to this survey requirement. You must notify this office **in writing** when this action has been completed to fully comply with this issued survey requirement.*

2. Prepare your written Total Coliform Sample Siting Plan and then send a completed copy to NWDO...in accordance with OAC Rule 3745-81-21.

A completed copy of your Total Coliform Sample Siting Plan was received as required at NWDO on December 8, 2008.

3. Replace/Retrofit the five frost-free flush hydrants located in the recreational vehicle (RV) park/campground section because they reportedly have weep holes which are strictly prohibited according to OAC rule 3745-95-09 (A).

*Your written response **does not refer to this requirement. Please submit to this office a written response indicating how and on what schedule (time frame) you will address this requirement.***

Mr. John Arnold
December 16, 2008
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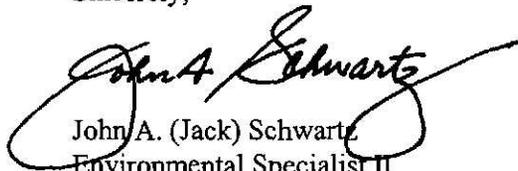
4. Document system maintenance activities/events in a contiguous journal or log book according to OAC rule 3745-7-09.

Your written response states that "starting Jan 1-09 a log will be kept at the well site...of all well activities". This statement is a satisfactory reply to this requirement. The maintenance log must be made available for inspection during the next sanitary survey scheduled to be conducted five years hence (circa 2013).

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, then please contact me by telephone at (419) 373-3088 or via the internet at [<jack.schwartz@epa.state.oh.us>](mailto:jack.schwartz@epa.state.oh.us).

Sincerely,



John A. (Jack) Schwartz
Environmental Specialist II
Public Drinking Water Unit
Division of Drinking and Ground Waters

JAS/csl

pc: Mary Kuzman, Program Specialist I, ODH
Mercer County Health Department
David Evans, DDAGW, E&OS, CO
DDAGW, NWDO Correspondence File

ec: Linda Benham, Supervisor, DDAGW, NWDO
Ralph Baker, Environmental Engineer, DDAGW, NWDO
JoAnn Sabo, DOCC, DDAGW, NWDO

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MR JOHN ARNOLD

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.49

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DEC 18 2008
 OH 45822
 RECEIVED

Sent To
 DUCKFOOT-ARNOLD LANDING
 Street, Apt. No., or PO Box No. PO BOX 234
 City, State, ZIP+4 CELINA OH 45822

PS Form 3800, June 2002 See Reverse for Instructions

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) JOHN ARNOLD</p> <p>C. Date of Delivery 12-22-08</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>MR JOHN ARNOLD OWNER DUCKFOOT-ARNOLD LANDING PO BOX 234 CELINA OH 45822</p> <p>DDAGW/John Schwartz/csl</p>	<p>3. Service Type</p> <p><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. Article Number (Transfer from service label)</p>	<p>7002 2410 0003 1155 8744</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540