



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: Ottawa County  
The Skyway/  
TNC Water System  
PWS ID # 6237812

August 22, 2008

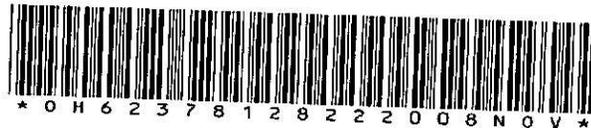
Certified Mail

OH6237812

SKYWAY RESTAURANT, LLC

8/22/2008

Ms. Susan Thwaite  
1248 Trimotor Drive  
P. O. Box 217  
Put-In-Bay, Ohio 43456



Dear Ms. Thwaite:

The plan approval dated May 18, 2005 for The Skyway requires that the daily free and total chlorine residuals from the plant tap and the distribution system be reported in accordance with Ohio Administrative Code (OAC) Rule 3745-83-01.

OAC Rule 3745-83-01 requires submittal of operational reports no later than the tenth of the month following the month being reported (i.e., May's monthly operational reports should be submitted to the district office no later than June 10<sup>th</sup>).

Review of the Northwest District Office files indicates operational reports have not been submitted since August 2007.

Failure to submit the monthly operational reports is a violation of OAC Rule 3745-83-01, a violation of the plan approval under Ohio Revised Code 6109, and a violation of Director's Findings and Orders issued to Skyway on September 14, 2004.

Submit the EPA 5002 report forms for September, October, November, December 2007, January, February, March, April, May, June, and July 2008 by September 5, 2008.

Continued non-compliance may result in the possible revocation of any or all operational licenses, civil penalties, escalated enforcement action, and/or possible referral to the Ohio Attorney General's Office for litigation.

If you have any questions regarding this letter, please contact Robert Plotts at (419) 373-3007.

Yours truly,

Ellen J. Gerber  
Manager  
Division of Drinking and Ground Waters

/lb

pc: Ottawa County Health Department  
DDAGW-NWDO File  
Emily Cushman, CAS, DDAGW, CO  
7006 0100 0003 7708 6272

DDAGW-JS-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>	A. Signature <input checked="" type="checkbox"/> <i>Don Thwait</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <i>Ms Susan Thwait</i> <i>1248 Trumeter Dr</i> <i>PO Box 217</i> <i>Put In Bay Oh</i> <i>43456</i>	B. Received by (Printed Name) <i>Don Thwait</i>	C. Date of Delivery <i>8/25/08</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7006 0100 0003 7708 6272	
	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.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

PS Form 3811, February 2004

Domestic Return Receipt

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <i>5.32</i>	

Sent To

*Ms Susan Thwait*

Street, Apt. No., or PO Box No. *PO Box 217*

City, State, ZIP+4 *Put In Bay Oh 43456*

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0003 7708 6272