



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

July 17, 2008

CERTIFIED MAIL

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

OH6237812

SKYWAY RESTAURANT, LLC

7/17/2008



Dear Ms. Thwaite:

The September, October, November and December 2007 and January, February, March, April, May and June 2008 Drinking Water Operations Reports (EPA 5002) have not been received for your public water system.

Ohio Administrative Code (OAC), Rule 3745-83-01 (I) requires submittal of an operational report no later than the tenth of the month following the month being reported(i.e., July monthly operational reports should be submitted to the district office no later than August 10th).

In addition, we have not received the public notice and verification form for not collecting the required routine sample for the month of February 2008.

The items listed above must be received at this office by August 1, 2008. Continued non-compliance may result in the revocation of operational licenses in addition to other sanctions and penalties.

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

Yours truly,

Robert A. Plotts  
Division of Drinking and Ground Waters

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pc: Scott Young, R.S., Director of Environmental Health, Ottawa Co. HD  
Linda Benham, Supervisor, DDAGW, NWDO  
JoAnn Sabo, DDAGW, NWDO

DDAGW, NWDO File

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>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:          MS. SUSAN THWAITE          1248 TRIMORR DRIVE          P.O. Box 217          PUT-IN-BAY, OHIO          43456</p>	<p>B. Received by (Printed Name) <i>Don Thwaite</i> C. Date of Delivery <i>7/27/08</i></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>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>7006 0100 0003 7708 6883</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Total Postage & Fees	\$ 5.32
Sent To MS. SUSAN THWAITE Street, Apt. No., or PO Box No. 1248 TRIMORR DRIVE - P.O. Box 217 City, State, ZIP+4 PUT-IN-BAY OH 43456	
PS Form 3800, June 2002 See Reverse for Instructions	



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