



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Rd.  
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/South Shore  
TNC Water System  
PWS ID# 6237812/6259712

February 23, 2007

CERTIFIED MAIL

OH6237812

SKYWAY RESTAURANT, LLC

2/23/2007

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



Dear Ms. Thwaite:

The plan approvals dated May 18, 2005, for The Skyway, and June 22, 2005, for South Shore Beach Resort, require that the daily free and total chlorine residuals from the plant taps and the distribution systems be reported in accordance with Ohio Administrative Code (OAC) Rule 3745-83-01.

OAC Rule 3745-83-01 (E) 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 Ohio EPA Northwest District Office files indicates operational reports have not been submitted since July 2006, for these two systems.

Failure to submit the monthly operational reports is a violation of OAC Rule 3745-83-01 and is a violation of the plan approval under Ohio Revised Code 6109.

You are required to submit the EPA 5002 report forms for August, September, October, November, and December 2006, as well as January and February 2007 by March 10, 2007.

Continued non-compliance may result in the possible revocation of operational licenses in addition to other sanctions and penalties.

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

Sincerely,

  
Ellen J. Gerber  
Manager  
Division of Drinking and Ground Waters

llr

pc: Ottawa County Health Department  
CDDAGW;NWDO File

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p><i>MS. SUSAN THWAITE  1248 TRIMODA DRIVE  P.O. Box 217  PUT-IN-BAY, OH 43456</i></p>	<p>B. Received by (Printed Name)  <i>SUSAN M. THWAITE</i></p> <p>C. Date of Delivery  <i>2/26</i></p> <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 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>
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<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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PS Form 3800, June 2002 See Reverse for Instructions	



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