



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/South Shore
TNC Water Systems
PWS ID # 6237812 / 6259712

April 24, 2007

OH6259712

SOUTH SHORE BEACH RESORT PWS

4/24/2007

Certified Mail 7006 0100 0003 7708 2663

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



Dear Ms. Thwaite:

The April 2007 Drinking Water Operation Reports (EPA 5002) have not been received for your water systems.

Ohio Administrative Code (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 10th).

In addition to OAC, Rule 3745-83-01, failure to submit the operational reports violates a conditional requirement of the 2005 plan approval issued to The Skyway/South Shore water systems.

A review of the files indicates the last operational reports submitted for The Sky Way/South Shore were for the month of July 2006.

Continued non-compliance may result in a referral against The Skyway/South Shore resulting in the possible revocation of any or all operational licenses in addition to any other sanctions and or 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

/cs

pc: Ottawa County Health Department
~~DDACW-NWDO File.~~

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1. Article Addressed to: <i>Ms. Susan Shwartz</i> <i>South Shore / Skyway</i> <i>1248 Trinitar Dr.</i> <i>PO Box 217</i> <i>Put-in-Bay, Ohio 43456</i>	B. Received by (Printed Name) <i>Don Thwaite</i> C. Date of Delivery <i>4/30/07</i>
2. <i>7006 0100 0003 7708 2663</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
PS Form 3811, February 2004	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <i>[Signature]</i> Domestic Return Receipt 102595-02-M-1540

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PS Form 3800, June 2002 See Reverse for Instructions	

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