



**Environmental
Protection Agency**

Ted Strickland, Governor
Lee Fisher, Lt. Governor
Chris Korteski, Director

OH7248812

YEAGLE FARMS AMLC

12/14/2010



Re: Sandusky County
Transient Non-Community
Water System
Yeagle/Jones AMLC
PWS ID# OH7248812
STU ID# 7257993

December 14, 2010

CERTIFIED MAIL

Mr. Charles Jones
Yeagle/Jones AMLC
P. O. Box 45
Oak Harbor, Ohio 43449

Dear Mr. Jones:

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

This letter is notification that the Yeagle/Jones AMLC has not complied with requirements issued during this Agency's last survey performed on September 23, 2010, in violation of rule 3745-81-60 of the Ohio Administrative Code. The AMLC was notified in correspondence dated October 22, 2010, to respond in writing no later than 45 days, with time frames for:

1. Steel well casing shall be structurally sound, watertight throughout its length, and shall have threaded and coupled, or welded joints. The AMLC well casing is corroded and severed at the ground surface. The casing must be repaired immediately. The well casing will need to be cut and an additional section of casing will need to be properly attached. The well casing height must be at least twelve inches above finished grade per OAC Rule 3745-9-05(O).

Following repair, the well is to be properly disinfected by chlorination before being returned to service. After disinfection, the well must not supply water for human consumption until it has been found to be total coliform negative. The procedure for disinfection is enclosed with this letter. [OAC Rule 3745-9-05(B)(2)(i)]

2. The electrical conduit connection on the well cap is not sealed. Electrical conduit connections on the well cap must be threaded and sealed to prevent the entrance of insects and water. Replace the well cap with one that has a watertight connection with the electrical conduit. [OAC Rule 3745-9-05(P)]

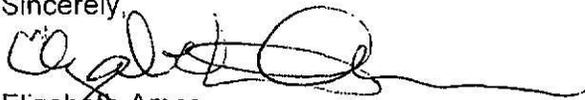
Mr. Charles Jones
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3. A vent shall be provided on all well caps and seals. Install a cap with a vent that is self-draining, screened with a non-corroding mesh screen of fifteen to thirty mesh, and pointed downward at or above the top of the casing or pitless unit. The vent shall terminate not less than twelve inches above ground surface. [OAC 3745-9-05 (T)]
4. Regrade the soil around the well. The finished grade around the well must be sloped for surface water to runoff away from the well. [OAC Rule 3745-9-05 (O)]
5. Public water systems shall collect total coliform routine samples at sites which are representative of water throughout the distribution system according to a written sample siting plan. A written total coliform sample siting plan was not available, but was prepared during the survey. No further action is required; however, the plan should be maintained and updated as required. [OAC Rule 3745-81-21(A)]
6. Ensure that an approved backflow prevention device is installed on each service line where a pollutional, system, health or severe health hazard to the public water system exists. Such a device should be installed on the external hose bib or a new bib should be installed with an integrated vacuum breaker. [OAC Rule 3745-95]
7. A public water system which has failed to comply with a coliform monitoring requirement shall notify the public. Public notice has not been provided for three past violations. Two copies of each and verification forms have been included with this package. Complete the notice forms and verification forms. Post one copy of each notice and return the verification forms and a copy of each notice to my attention.

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 regarding this letter, or any other matter involving your water system, please contact me at 419-373-3107 or via email at Elizabeth.Ames@epa.state.oh.us.

Sincerely,



Elizabeth Ames
Environmental Specialist 2
Division of Drinking and Ground Waters

/l/r

pc: Willard Stamper, M.S., R.S. Ohio Department of Health
Dave Bornino, DDAGW, Operations CO
DDAGW, NWDO File 7
Certified Receipt Number 7009 1680 0002 4297 3916

ec: Linda Benham, DDAGW, NWDO
Chris Riddle, DDAGW, NWDO
Justin Bowerman, DDAGW, NWDO

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Donna Leow</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Donna Leow</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 style="text-align: center;">DEC 22 2010</p>
<p>1. Article Addressed to:</p> <p><i>MR. CHARLES JONES YEALIE JONES AMLC P.O. BOX 45 OAK HARBOR, OH 43449</i></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>7009 1680 0002 4297 3916</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com®	
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54
<p>Ohio EPA</p> <p>Postmark Here</p> <p>DEC 14 2010</p> <p>OAK HARBOR OH 43402</p>	
<p>Sent To</p> <p><i>CHARLES JONES - YEALIE JONES AMLC</i></p> <p>Street, Apt. No., or PO Box No. <i>P.O. Box 45</i></p> <p>City, State, ZIP+4 <i>OAK HARBOR OH 43449</i></p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

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