



John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

November 30, 2012

CERTIFIED MAIL

Mr. John Bruns
3475 Canal Road #1
Minster, Ohio 45865

**RE: SHELBY COUNTY WATER AND SEWER, SHELBY COUNTY, COMMUNITY
PUBLIC WATER SUPPLY, PWS ID #7500112, CHLORINE RESIDUAL
VIOLATION**

Dear Mr. Bruns:

The Shelby County Water and Sewer public water system violated Chapter 3745-83-01(C)(1) of the Ohio Administrative Code (OAC) when the following operational requirements were not met during the month of October 2012:

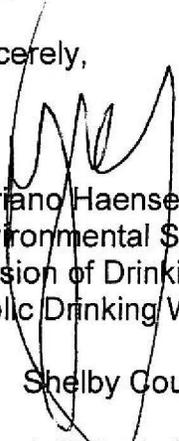
The water system failed to provide sufficient disinfection treatment of its drinking water for nine (9) days during the month. The system failed to meet minimum disinfection level when the residual disinfectant concentration of the drinking water, at representative points throughout the distribution systems, was less than at least two-tenths milligram per liter free chlorine, or one milligram per liter combined chlorine, measured at representative points throughout the distribution system.

This is a violation of the rule. The Shelby County Water and Sewer public water system shall provide an explanation in writing to Ohio EPA concerning this matter within 45 days of the date of this letter, and explain what steps will be taken to correct the violation.

Mr. John Bruns
November 30, 2012
Page 2

If you have any questions regarding this letter, or any other matter involving your water system, please feel free to contact me at (937) 285-6113, fax number (937) 285-6750, or by email at mariano.haensel@epa.ohio.gov.

Sincerely,



Mariano Haensel, M.S.
Environmental Specialist 2
Division of Drinking and Ground Waters
Public Drinking Water Unit

ec: Shelby County Health Department

cc: Jeff Stark, District Office Compliance Coordinator

MH/bp

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Mailed **OFFICIAL USE** 11-30-2012

7007 0220 0001 2491 4386

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

FROM:
 ATTN: MARY M'GONNO
 MARIANO HAENSEL
 CERT LTR 11-30-12
 Postmark Here

Total Postage &

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

MR JOHN BRUNS
 3475 CANAL ROAD #1
 MINSTER OH 45865

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

MR JOHN BRUNS
 3475 CANAL ROAD #1
 MINSTER OH 45865

2. Article Number

(Transfer from service label)

7007 0220 0001 2491 4386

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Julie Holscher* Agent
 Addressee

B. Received by (Printed Name) *Julie Holscher*
 C. Date of Delivery *12-3-12*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes