

R-009-207.58

2122

**DOE-FERNALD HAMILTON COUNTY PUBLIC
DRINKING WATER**

09/30/91

OEPA/DOE-FSO

3

LETTER

OU5



State of Ohio Environmental Protection Agency

Southwest District Office

40 South Main Street
Dayton, Ohio 45402-2086
(513) 285-6357
FAX (513) 285-6249

2122

George V. Voinovich
Governor

September 30, 1991

Re: DOE-FERNALD
HAMILTON COUNTY
PUBLIC DRINKING WATER

Department of Energy
Fernald Environmental Management Project
P.O. Box 398705
Cincinnati, Ohio 45239-8705

ATTENTION: Jack R. Craig

Dear Applicant:

Section 3745.11(D) requires that any person applying for a plan approval for a water treatment system pursuant to Section 6109.07 of the Revised Code shall pay a fee of one hundred dollars plus two-tenths of one percent of the estimated project cost, that the total fee shall not exceed five thousand dollars and that such fee shall be paid at the time the applicant is submitted. The referenced plan is being held without action because it is incomplete in that a check or money order for the fee did not accompany the plan.

The fee for the referenced plan is calculated as follows:

Estimated Cost:	_____
Multiplied by 0.2% (0.002):	_____
Subtotal:	_____
Plus \$100.00:	_____
TOTAL FEE DUE:	_____

Please remit a check or money order in the amount shown above as **TOTAL FEE DUE** and made payable to the Treasurer of the State of Ohio. Send or bring the check to the Ohio Environmental Protection Agency, Southwest District Office, 40 South Main Street, 5th Floor, Dayton, Ohio 45402, in order that we may accept and process your plan.

1

SEP 30 1991

E-4955

Mr. Jack R. Craig
U.S. DOE-Fernald
September 30, 1991
Page Two

We have also enclosed a Water Supply Data Sheet for you to complete and submit with the requested fees.

Your cooperation and understanding is solicited.

Sincerely,



Sarah G. Brown
Authorization and Compliance Representative

SGB/acn

Enclosure

WATER SUPPLY DATA - OHIO EPA

2122

COUNTY _____ TOWNSHIP _____

MUNICIPALITY (if any) _____ SEWER DISTRICT (if any) _____

NAME OF PROJECT _____

ADDRESS AND/OR SPECIFIC LOCATION OF FACILITY _____

NAME AND ADDRESS OF ULTIMATE OWNER _____

PHONE _____

NAME AND ADDRESS OF ENGINEER _____

PHONE _____

BASIS OF DESIGN

ESTIMATED NUMBER OF PROPOSED INITIAL WATER USERS (Population) _____

ANTICIPATED ULTIMATE POPULATION TO BE SERVED _____ WHEN _____

ESTIMATED WATER CONSUMPTION - AVERAGE _____ PEAK _____

DESCRIBE SOURCE OF SUPPLY (Provide capacity figures) _____

PROVIDE BRIEF DESCRIPTION OF PROPOSED FACILITIES, INCLUDING PROCESSES TO BE USED, CAPACITY OF TREATMENT FACILITIES, AREA TO BE SERVED BY DISTRIBUTION SYSTEM, ETC. _____

ESTIMATED COST OF CONSTRUCTION _____

ENCLOSURES
(As applicable)

1. Attach one (1) copy of well site approval letter, well log, and results of 24 hour pumping test. If surface supply, supply information of flow, drainage area, etc. of source.
2. Attach one (1) copy of Ohio Department of Health laboratory chemical analysis of the water.