



**Environmental
Protection Agency**

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

OH4635812 OAK CREST CAMP

22 07/21/10



NOTICE OF VIOLATION – ACTION REQUIRED

July 21, 2010

**RE: Logan County
Oak Crest Camp
Non-Community, Transient
PWS ID: OH4635812**

Sam Ashford
4226 Twp Road 187
West Liberty, OH 43357

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)
During Second Quarter of 2010 (Monthly)**

Oak Crest Camp is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful bacteria may be present.

ACTION REQUIRED:

- 1. Investigate and eliminate the cause of bacterial contamination.** Special purpose samples may be collected to investigate the source of contamination or to verify elimination of the problem (these samples cannot be collected to comply with monitoring or MCL requirements; label samples as "special purpose").
- 2. Notify the people served by this water system.** Within 30 days issue the enclosed public notice in accordance with OAC, Rule 3745-81-32 by the following method(s) to reach all persons served.
 - Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas;
 - Mail or other direct delivery to each customer;
 - Send to parents or guardians of children at schools or day care facilities E-mail, newsletters or newspaper;
 - Posted notices must remain in place for as long as the violation exists, but in no case for less than seven days (even if the violation is resolved). The language in italics on the enclosed public notice is mandatory and must be included as written. Do not make changes to the public notice without consulting with Ohio EPA beforehand.

Oak Crest Camp
July 21, 2010
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3. **Complete the enclosed verification form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - SWDO. Include a copy of each notice distributed, published, or posted.
4. **Monitor with at least five (5) routine samples** in the month following a routine total coliform-positive result in accordance with OAC, Rule 3745-81-21(B)(7).

If you have any questions, please contact me at 937-285-6417 or Dave Secor at 937-285-6114.

Sincerely,



Mark J. Verbsky, R.S.
Environmental Specialist

MJV/kla

Enclosures: Tier 2 Public Notification
Public Notice Instructions and Verification Form

cc: Logan County Health Department
Information Management Section, DDAGW, CO

DRINKING WATER NOTICE

Tests showed coliform bacteria in Oak Crest Camp water

We routinely monitor for the presence of drinking water contaminants. We took _____ [number] samples for coliform bacteria during _____ [month and year]. _____ [Number/percentage] of those samples showed the presence of coliform bacteria. No more than [1 sample per month/5 percent of our samples] may show the presence of coliform bacteria during a month.

What should I do?

- You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor. People with severely compromised immune systems, infants, and some elderly people may be at increased risk. These people should seek advice about drinking water from their health care providers.
- Total coliform bacteria are generally not harmful themselves. Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system.
- Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
- Fecal coliform or *E. coli*, which are bacteria of greater concern, were not detected in the follow-up testing.

What is being done?

Further testing shows that **coliform bacteria are no longer being detected** and this problem has been resolved.

For more information, please contact _____ at _____
name of contact phone number
or at _____
mailing address

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

PWSID# OH4635812

Date Distributed:

Tier 2: Resolved Total Coliform Monthly MCL Notice

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NON COMMUNITY PUBLIC WATER SYSTEMS WITH TIER 2 VIOLATIONS

The owner or operator of a non community public water system with a Tier 2 violation or situation shall notify the persons served by the public water system as soon as practical but **no later than 30 days** after the system learns of the violation. Public notice shall be repeated every 3 months as long as the violation or situation persists.

I HEREBY CERTIFY THAT THE PUBLIC WAS NOTIFIED BY THE FOLLOWING METHOD(S) INDICATED BELOW, AS DESCRIBED IN THE OHIO ADMINISTRATIVE CODE RULE 3745-81-32:

Required Method of Public Notification	Actual Method of Public Notification
<p>Use one or more of the following methods to reach all persons served by the public water system:</p> <p>1. Public notice issued by posting in conspicuous locations throughout the distribution system (required to remain posted for as long as the violation exists, but in no case less than 7 days)</p> <p>2. Public notice issued by mail or other direct delivery to each customer and service connection (where known).</p>	<p>Describe actual methods used to notify public of the violation:</p> <p>1A. Dates of posting _____</p> <p>1B. Locations of posting _____ _____</p> <p>2. Date of mailing/delivery _____</p>
<p>Schools and Day-Care Facilities must notify parents or guardians of children being served by methods besides posting, such as a newsletter, e-mail notice, or direct mailing</p>	<p>A. Method(s) _____ _____</p> <p>B. Date(s) _____</p>
<p>If the above methods do not reach all persons served, also use any other method reasonably calculated to reach other persons served by the system (e.g. publication in a local newspaper or newsletter, use of e-mail to notify employees or students, or delivery of multiple copies to central locations).</p>	<p>A. Method(s) _____ _____</p> <p>B. Date(s) _____</p>

Please indicate below what public notice was used. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

_____ A public notice as provided was issued without changes.

_____ A different public notice was issued.

Signature of Responsible Person Date

Printed Name and Title of Responsible Person

Oak Crest Camp
OH4635812
Logan County
Second Quarter of 2010
Total Coliform Monthly MCL (Vio. Type 22)

For Ohio EPA use only:	
Date PN received: _____	
PN acceptable: _____	PN not acceptable: _____

The Division of Drinking and Ground Waters requests that you complete the attached assessment of your water system and return a copy with your required public notice. We are trying to gather information on the applicability of the assessment questions, how easy it is to complete and the general response received from public water systems. Information we gather will assist us in commenting on the draft Federal revisions to the Total Coliform Rule. As part of the proposed revisions, assessments such as the one attached will be required of public water systems who are in violation of total coliform rule sampling requirements or the maximum contaminant level.

We strongly encourage you to complete the assessment and help us to prepare accurate comments on the proposed rule revisions. If you have any questions, please contact your Ohio EPA district Office at the number listed on the enclosed letter. We appreciate your time.

LEVEL 1 ASSESSMENT FORM

System Name:	Source Water:	PWSID:
System Type:	System Size:	
Operator in Responsible Charge (ORC):	Phone:	PWS Address:
City, State:		
County:		
Person that collected TC samples if different than ORC:	Phone:	
Address, City, State, Zip:		
Date Assessment Completed:		

Questions	Review	Applicable	Issue Identified	Issue Description	Corrective Action Taken (Including Date)
M A N A G E M E N T	1. Have any of the following occurred at relevant facilities prior to the collection of TC samples?	<input type="checkbox"/>	Y N	Y N	
	(Any interruptions in the treatment process; any reported loss of pressure events (b ds); operation and maintenance activities that could have introduced total coliform; reported vandalism and/or unauthorized access to facilities; visible indicators of unsanitary conditions reported; Has there been a fire fighting event, flushing operation, sheared invariant, etc.)				
	2. Have there been any recent changes?	<input type="checkbox"/>	Y N	Y N	
	(Sources introduced, treatment or operational changes, potential sources of contamination)				
	3. Evaluate sample site.	<input type="checkbox"/>		Y N	
	(Condition or location of tap, regular use of connection)				
	4. Sample protocol followed and reviewed.	<input type="checkbox"/>		Y N	
	(Flush tap, remove aerator, no swivel, fresh sample bottles, sample storage acceptable)				
	5. Distribution System	<input type="checkbox"/>	Y N	Y N	

TCR Triggered Assessment Form – Level 2

(System pressure, cross connection, pump station, air relief valves, fire hydrants or blow off, breaks, repairs)	<input checked="" type="checkbox"/>				
6. Storage Tank	<input checked="" type="checkbox"/>	Y	N	Y	N
(Screens, security, access opening, condition of tank, vent, drain overflow, pressure tank, O&M)					
7. Treatment Process (if applicable)	<input checked="" type="checkbox"/>	Y	N	Y	N
(Interruptions, POE/POU, softeners, O&M)					
8. Source - Well	<input checked="" type="checkbox"/>	Y	N	Y	N
(Sanitary seal, vent screened, air gap, cross connection, security, pump to waste line)					
9. Source – Surface Water Supply		Y	N	Y	N
(Heavy Rainfall, rapid snowmelt, flooding, changes in availability, power outages)					

Print name of person completing form: _____ Date: _____ Signature: _____

- Request for additional feedback:
1. How long did it take you to complete this assessment?
 2. Were the questions clear and understandable? Y N (circle one)
 3. Were the questions helpful in identifying your water system's problem? Y N (circle one)
 4. Did you contact an Ohio EPA district staff person for assistance in completing the assessment? Y N (circle one)

Reserved for State

1. Assessment has been successfully completed	<input type="checkbox"/>
2. Likely reason of total coliform positives occurred is established and the system	<input type="checkbox"/>
3. Was a Reset Requested and/or Granted – Rationale	<input type="checkbox"/>
4. Name of State Reviewer:	<input type="checkbox"/>

Note: Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and returned to the Primary Agency within XX days.

