



**Environmental
Protection Agency**

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

OH5552112 FIRST BAPTIST CHURCH OF NEW CARLISLE- 52 02/25/10



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February 25,, 2010

RE: Miami County
First Baptist Church of New Carlisle- Daycare
Non-Transient Non-Community Water System
PWS ID NO.: OH5552112

Mr. Rick Shoemaker
First Baptist Church of New Carlisle-Daycare
8870 St Rte 571
PO Box 212
New Carlisle, Ohio 45344

Dear Mr. Shoemaker:

This letter is notification that the First Baptist Church of New Carlisle- Daycare water-system is in violation of the Ohio Administrative Code (OAC) for failure to perform lead and copper routine tap monitoring as specified in OAC rules 3745-81-80 through 3745-81-89.

This lead and copper routine tap monitoring was required during the June 1 to September 30, 2008, and the June 1 to September 30, 2009 sampling periods. Ohio EPA records indicate that the First Baptist Church of New Carlisle- Daycare water system did not perform lead and copper monitoring during the required monitoring periods.

In order to avoid any further violations, you must do the following:

1. Collect and analyze the required number of lead and copper tap samples during June 1 and September 30, 2010. Based on the reported population of 30, you are required to collect a minimum of 5 (five) first draw lead and copper tap samples. Report results on the enclosed forms 5105, 5106, and 5107 by October 10, 2010.

2. **Within 30 days** issue the attached public notice of the violation in accordance with rule 3745-81-32 of the Ohio Administrative Code by the following methods:

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)

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.



First Baptist Church of New Carlisle- Daycare
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The language in italics on the attached public notice is mandatory and must be followed as written. If you have any questions, please contact me at (937) 285-6417.

Sincerely,



Mark J. Verbsky, R.S.
Environmental Specialist
Division of Drinking and Ground Waters
Southwest District Office

Enclosures: Tier 3 Public Notification
Public Notice Instructions & Verification Form

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

MJV/ca



**Monitoring requirements were not met for
First Baptist Church of New Carlisle- Daycare**

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During June 1 to September 30, 2008 and June 1 to September 30, 2009, we "did not monitor or test" for lead and copper and therefore cannot be sure of the quality of your drinking water during that time.

What Should I Do?

- *There is nothing you need to do at this time. You do not need to boil your water or take other corrective action.*
- *This notice is to inform you that First Baptist Church of New Carlisle- Daycare did not monitor and report results for the presence of lead and copper in the public drinking water system during the June 1 to September 30, 2008 and June 1 to September 30, 2009 time period, as required by the Ohio Environmental Protection Agency.*

What is being done?

Upon being notified of this violation, the water supply was required to have the drinking water analyzed for the above mentioned parameters. The water supplier will take steps to ensure that adequate monitoring will be performed in the future.

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

or at _____
mailing address

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# OH5552112	Date Distributed:
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Tier 3: Monitoring Violation Notice







Division of Drinking and Ground Waters



EPA 5105

DRINKING WATER LEAD AND COPPER MONITORING REPORT

PWS Name:	PWSID:	County:	Population:
PWS Address:	Phone:	Sampling begin date:	Sampling end date:
		Analytical laboratory Name:	Laboratory Certification No.:

Return this completed form along with EPA 5106, EPA 5107 and laboratory analysis reports to your district office, receipt being no later than 10 days after the end of the monitoring period. Retain a copy of this report in your files with supporting documentation for a minimum of 12 years.

Lead and Copper Tap Monitoring (First-Draw Samples)

a.	Number of sampling sites required:	Number of samples analyzed:
	If the number of samples analyzed is less than the standard number of sampling sites required for your water system, then explain why:	
b.	Were all sampling sites tier 1 sites? () Yes () No	If no, explain:
c.	Were 50% of your lead samples from sites with Lead Service Lines? () Yes () No	If no, explain:
d.	Have any of your sampling sites changed since the last monitoring period? () Yes () No	If yes, state which sites and explain:
e.	90 th % Lead Level (ug/L):	90 th % Copper Level (ug/L):

When the 90th % Lead Level is 15.5 ug/L (or higher) or the 90th % Copper Level is 1350 ug/L (or higher), contact your Ohio EPA district office within three business days for additional requirements.

I certify that each first-draw lead and copper sample collected for our water system was one liter in volume, was taken from a kitchen or bathroom cold-water tap or a drinking fountain, and, to the best of my knowledge, had stood motionless in the service line and in the interior plumbing of the sampling site for at least six hours. I further certify that each tap sample collected by residents was taken after the water system informed them of proper sampling procedures.

Signature of Responsible Official _____ Date _____ Printed Name _____ Title of Responsible Official _____

For Ohio EPA use only:	Received Date:	Monitoring Period:	Period Number:	Period Type:	Period Outcome:	Next Due Date:
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Division of Drinking and Ground Waters



EPA 5106

LEAD TAP MONITORING REPORT

Submit with Form EPA 5105

Page ____ of ____ pages

PWS Name:	PWSID:	Sampling begin date:	Sampling end date:
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- (1) List this monitoring period's samples in order from the lowest to the highest lead concentration.
- (2) Sequentially number the first column of each line used, starting with the number 1.
- (3) Calculate the 90th percentile line number(s) according to the instructions and circle the number(s) and concentration(s) of the appropriate sample(s).

Line Number	Date of Sample	Time Sample Taken	Laboratory Sample Number	Address of Sample Site Example: 234 S Main St Town OH 40000	Tap Type* and Location Example: B 2 nd floor	Structure Type SFR, MFR or BLDG	Interior Plumbing Material Pb, CuPb>82, CuPb<83, or other	Service Line Material Pb, Cu, or other	Tier 1, 2, 3, or other	Lead [Pb] Concentration (ug/L)

*Tap type codes: B – bathroom cold water tap; D – drinking fountain; K – kitchen sink cold water tap; R – restroom sink cold water tap; O – other (with prior Ohio EPA acceptance)



COPPER TAP MONITORING REPORT

Submit with Form EPA 5105

Page ____ of ____ pages

PWS Name:	PWSID:	Sampling begin date:	Sampling end date:
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- (1) List this monitoring period's samples in order from the lowest to the highest copper concentration.
- (2) Sequentially number the first column of each line used, starting with the number 1.
- (3) Calculate the 90th percentile line number(s) according to the instructions and circle the number(s) and concentration(s) of the appropriate sample(s).

Line Number	Date of Sample	Time Sample Taken	Laboratory Sample Number	Address of Sample Site Example: 234 S Main St Town OH 40000	Tap Type* and Location Example: B- 2 nd floor	Structure Type SFR, MFR or BLDG	Interior Plumbing Material Pb, CuPb>82, CuPb<83, or other	Service Line Material Pb, Cu, or other	Tier 1, 2, 3, or other	Copper [Cu] Concentration (ug/L)

*Tap type codes: B – bathroom cold water tap; D – drinking fountain; K – kitchen sink cold water tap; R – restroom sink cold water tap; O – other (with prior Ohio EPA acceptance)





COPPER TAP MONITORING REPORT

Submit with Form EPA 5105

Page ____ of ____ pages

PWS Name:	PWSID:	Sampling begin date:	Sampling end date:
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- (1) List this monitoring period's samples in order from the lowest to the highest copper concentration.
- (2) Sequentially number the first column of each line used, starting with the number 1.
- (3) Calculate the 90th percentile line number(s) according to the instructions and circle the number(s) and concentration(s) of the appropriate sample(s).

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