



State of Ohio, Ei



Southwest District Office

401 E. Fifth St.  
Dayton, Ohio 45402TELE: (937) 285-6357 FAX: (937) 285-6249  
www.epa.state.oh.usTed Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

April 30, 2007

Re: Miami County  
Skyview Wesleyan Church  
Transient Noncommunity Water System  
PWS ID No. 5540512Skyview Wesleyan Church  
6995 South Peters Road  
Tipp City, Ohio 45371**Subject: Notice of Violation - Failure to Sample Drinking Water as Required for Total Coliforms**

Your public water system is in violation of Rule 3745-81-21 of the Ohio Administrative Code for failure to comply with the coliform monitoring requirements.

<b>Monitoring Period:</b>	January - March 2007
<b>Required Coliform Sampling:</b>	One
<b>Sample Results Submitted:</b>	None

<b>Actions Required As A Result of the Above Violation</b>	
<b>Step 1</b>	<p><b>Within 30 days</b> issue the attached public notice of the violation in accordance with rule 3745-81-32 of the Ohio Administrative Code by the following methods</p> <ol style="list-style-type: none"> <li>1. continuous posting, mail, or other direct delivery; and</li> <li>2. if necessary, the system must also use any other method reasonably calculated to reach all persons served by the water system.</li> </ol> <p>The language in italics on the attached public notice is mandatory and must be included as written.</p>
<b>Step 2</b>	<p><b>Within ten (10) days</b> of completing <b>Step 1</b> above, fill out the attached verification form and send along with a copy of the public notification issued to the Southwest District Office of the Ohio EPA.</p>

If samples were taken, we have not received the results. Please forward a copy of the results to my office. Late reporting is a reporting violation, but if the sample was taken you will not need to post the attached public notice.

Skyview Wesleyan Church  
April 30, 2007  
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If you have any questions, please contact me at (937) 285-6114.

Sincerely,



David R. Secor  
Compliance Coordinator  
Division of Drinking and Ground Waters

DRS/br

Enclosures

cc: Toni Buchanan, DDAGW, CO  
Miami County Health Department

## PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NONCOMMUNITY PUBLIC WATER SYSTEMS WITH TIER 3 VIOLATIONS

The owner or operator of a noncommunity public water system with a Tier 3 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, unless the notice is included with the next bill to customers, then the notice shall be distributed no later than 90 days from the date of the violation. Public notice issued by posting shall remain in place as long as the violation or situation persists. Public notice issued by other methods shall be repeated annually 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><b>Use one or more of the following methods to reach all persons served by the public water system:</b></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). Schools should also send a copy of the notice to the parents of all students.</p> <p>2. Public notice issued by mail or other direct delivery to each customer and service connection (where known).</p>	<p><b>Describe actual methods used to notify public of the violation:</b></p> <p>1A. Dates of posting _____</p> <p>1B. Locations of posting _____</p> <p>1C. Date of notice to parents _____</p> <p>2A. Date of mailing/delivery _____</p>
<p><b>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).</b></p>	<p>A. Method(s) _____</p> <p>_____</p> <p>B. Date(s) _____</p>

**Please check if the public notice used was provided by Ohio EPA (other side of this form) or another acceptable notice was used:**

\_\_\_\_\_ A public notice as shown on the other side of this sheet was issued without changes.  
 \_\_\_\_\_ A different public notice was issued. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

\_\_\_\_\_  
 Signature of Responsible Official      Date

\_\_\_\_\_  
 Printed Name and Title of Responsible Official

Skyview Wesleyan Church  
 NAME OF PUBLIC WATER SYSTEM  
 PWS ID NUMBER: 5540512  
 COUNTY NAME: Miami

**For OEPA use only**

Date PN Received: \_\_\_\_\_

PN acceptable:      PN not acceptable:

VIOLATION TYPE: 23  
 MONITORING PERIOD January - March 2007

# DRINKING WATER NOTICE

## Monitoring requirements not met for the Skyview Wesleyan Church

*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 January - March 2007, we did not monitor or test for total coliform bacteria, 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 the Skyview Wesleyan Church did not monitor and report results for the presence of total coliform bacteria in the public drinking water system during the January - March 2007 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 \_\_\_\_\_ or \_\_\_\_\_.  
name of contact phone number 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.*

PWS ID No. 5540512	Date Distributed:
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**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:

SKYVIEW WESLEYAN CHURCH  
 PASTOR JOHN HUGHES  
 6995 S PETERS RD  
 TIPP CITY OH 45371

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*Sharon P. Allery* 1

C. Signature

*Sharon P. Allery*  Agent  
 Addressee

D. Is delivery address different from item 1?  YesIf 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

2. Article Number (Copy from service label)

7099 3400 0003 3864 1562

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OHIO EPA  
DAVID R SECOR  
401 E FIFTH ST  
DAYTON OH 45402 2911

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