



**Environmental
Protection Agency**

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



January 4, 2012

NOTICE OF VIOLATION – ACTION REQUIRED

Ms. Melissa Taylor
ODNR-Harrison Lake State Park
2045 Morse Road C-3
Columbus, Ohio 43229

Fulton County
ODNR-Harrison Lake State Park
Non-Community, Transient PWS
PWS ID: OH2631412

Subject: Failure to Conduct Required Repeat Total Coliform Monitoring

ODNR-Harrison Lake St Pk is in violation of monitoring requirements for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-21 for Fourth Quarter of 2011.

Ohio EPA records indicate that a total coliform-positive sample was collected from this water system on 12/13/2011 and the required repeat samples were not collected. To ensure the safety of drinking water provided by your system monitoring with all of the required repeat samples is essential.

IMMEDIATE ACTION REQUIRED:

1. **Consult with Ohio EPA within 24 hours** regarding public notice requirements. If you have not already received direction regarding this violation, contact the NWDO at 419-373-3089.
2. **Issue the enclosed public notice within 24 hours** in accordance with OAC, Rule 3745-81-32 using one or more of the following methods to reach all persons served.
 - Hand delivery to persons served by the water system;
 - Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas;
 - Send to parents or guardians of children at schools or day care facilities;
 - Another delivery method approved in writing by the director;
 - Posted notices must remain in place for as long as the violation exists, but in no case for less than seven (7) 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.

NOTE: Issuance of a Public Notice must be repeated every 30 days for as long as the violation exists, unless directed otherwise by the District Office. A verification form and a copy of the public notice, stating the corrective measures completed to date, must be submitted to the Ohio EPA.

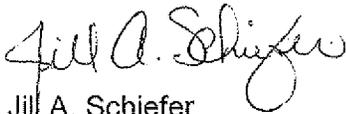
Ms. Melissa Taylor
January 4, 2012
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3. **Complete the enclosed verification form, within 10 days of issuing the Public Notice** and mail it to Ohio EPA - NWDO. Include a copy of each notice distributed, published or posted.
4. **Collect a set of four (4) repeat samples, until one set is total coliform-negative to discontinue the Water Use Advisory.** Notify the people served by the water system when the water use advisory is discontinued.
5. **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). You are required to monitor with five (5) routine samples during January 2012.

If repeat samples were collected, submit them as soon as possible.

If you have any questions, contact this office at 419-373-3089.

Sincerely,

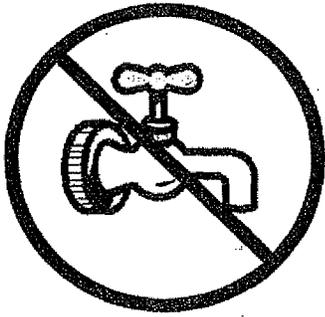


Jill A. Schiefer
Division of Drinking and Ground Waters

/lr

Enclosures: Tier 1 Public Notification (2)
Public Notice Instructions and Verification Form

pc: Fulton County Health Department
DDAGW - NWDO (w/enclosures)



PUBLIC NOTICE - DRINKING WATER WARNING

Tests show coliform bacteria in water

**BOIL YOUR WATER BEFORE USING
OR USE BOTTLED WATER**

Bottled water is available from _____.

Sampling conducted for our water system showed total coliform bacteria were found. We were required to collect four repeat samples within 24 hours of notification of any total coliform positive result to determine if *E. coli* or fecal coliform bacteria were present. These bacteria can make you sick, and are a particular concern for people with weakened immune systems. We did not collect all the required repeat samples, and therefore cannot be sure that the water does not pose an acute risk to human health.

What should I do?

- *DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for at least one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation until further notice. Boiling kills bacteria and other organisms in the water.*
- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short term effects, diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.*
- *The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.*

What happened?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It also can happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

What is being done?

We are investigating and taking the necessary steps to correct the problem as soon as possible. For more information, please contact _____ at _____

name of contact

phone number

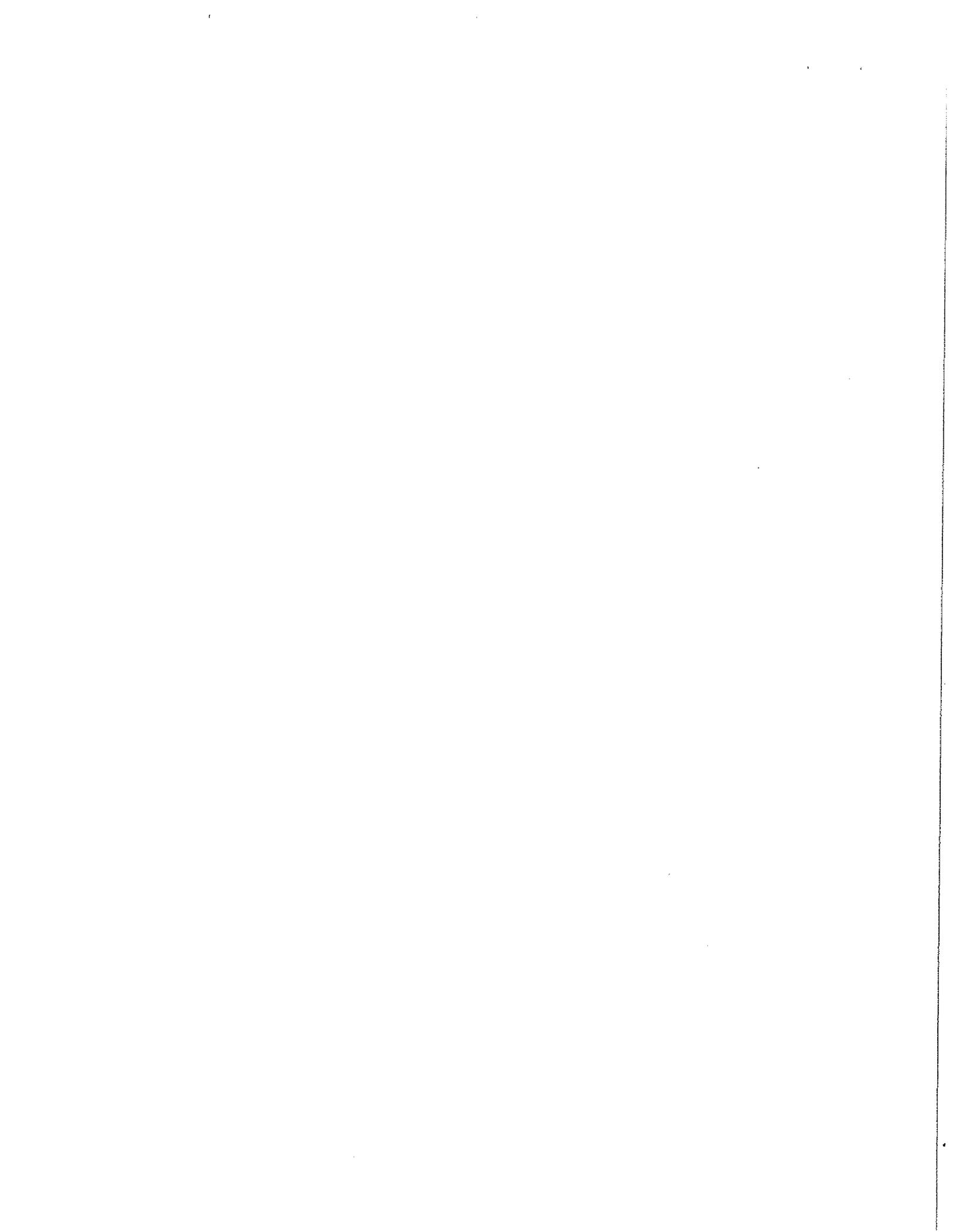
or at _____
mailing address

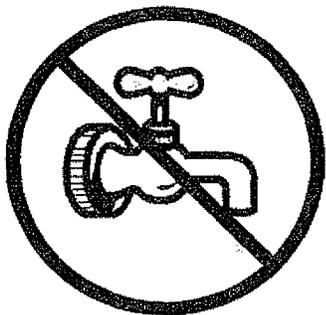
General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice. You can do this by posting this notice in a public place or distributing copies by hand or mail.

PWS ID: OH2631412

Date this public notice was distributed:





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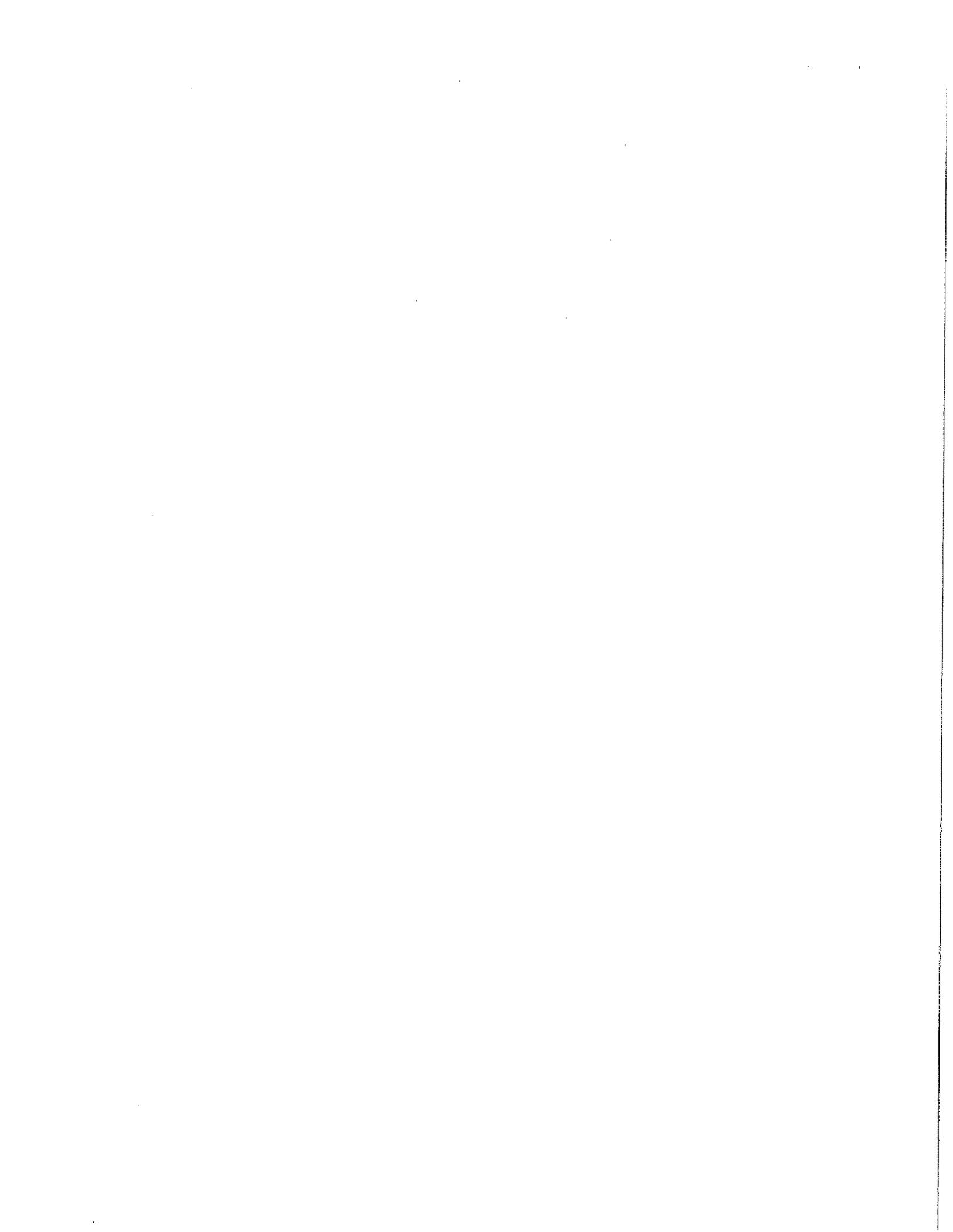
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name of contact phone number
or at _____
mailing address

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**PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM
FOR TIER 1 VIOLATIONS**

The owner or operator of a public water system with a Tier 1 violation or situation that may pose an acute risk to human health is required to notify the persons served by the public water system. Notice shall be issued as soon as practical but **no later than 24 hours** after the system learns of the violation. Public notice shall be repeated as established during consultation with Ohio EPA.

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> <ol style="list-style-type: none"> 1. Public notice issued by appropriate broadcast media (such as radio and television stations) 2. Public notice issued by continuous posting in conspicuous places throughout the area served by the water system (required to remain posted for as long as the violation exists) 3. Public notice issued by hand delivery to persons served by the water system 4. Public notice issued by another delivery method approved in writing | <p>Describe actual methods used to notify public of the violation:</p> <p>1A. Name of station(s) _____</p> <p>1B. Date provided to station(s) _____</p> <p>2A. Dates of posting _____</p> <p>2B. Locations of posting _____ _____</p> <p>3. Date of delivery _____</p> <p>4A. Method _____</p> <p>4B. Date _____</p> |
| <p>Additional methods established in consultation with Ohio EPA</p> | <p>A. Method(s) _____ _____</p> <p>B. Date(s) _____</p> |

Complete the enclosed verification form and mail it to Ohio EPA – NWDO. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

Signature of Responsible Person Date

Printed Name and Title of Responsible Person

ODNR-Harrison Lake St Pk
OH2631412
Fulton County
Fourth Quarter of 2011
Total Coliform Repeat Monitoring (Vio. Type 25)
Vio Id: 8169904

| | |
|-------------------------------|--------------------------------|
| For Ohio EPA Use Only: | |
| Date PN received: | _____ |
| PN acceptable: | _____ PN not acceptable: _____ |

