

SIGNATURE RECEIPT

OH4243312 JOY OF LIVING MINISTRIES INC PWS

FILE COPY

22 10/23/07

11/6/07



State of C * 0 H 4 2 4 3 3 1 2 8 2 2 7 3 0 8 *

STREET ADDRESS:

Central District Office

MAILING ADDRESS:

Lazarus Government Center
50 W. Town St., Suite 700
Columbus, Ohio 43215

TELE: (614) 728-3778 FAX: (614) 728-3898
www.epa.state.oh.us

P.O. Box 1049
Columbus, OH 43216-1049

October 26, 2007

**Re: Knox County
Joy Of Living Ministries, Inc.
Transient Non-Community
PWS ID #4243312
CERTIFIED MAIL # 91 7108 2133 3932 4450 7682**

Joy Of Living Ministries, Inc.
1067 Foxhaven Drive
Ashland, OH 44805

**Subject: Notice of Violation of Monthly Maximum Contaminant Level
for Total Coliform Bacteria**

Your public water system incurred a **monthly** violation of rule 3745-81-14 of the Ohio Administrative Code (OAC) in September 2007.

A monthly violation of rule 3745-81-14 occurs when more than one or greater than five percent of your samples within the month were total coliform-positive.

Actions required as a result of the above violation	
Step 1	Immediately initiate an investigation to determine and eliminate the cause and extent of bacterial contamination.
Step 2	<p>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 to reach all persons served by the public water system:</p> <p style="text-align: center;">Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.).</p> <p>The language in italics on the attached public notice is mandatory and must be included as written.</p>
Step 3	Fill out the attached verification form and send along with a copy of the public notification issued within 10 days of the issuance of the public notice to the Central District Office of Ohio EPA.

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

Joy of Living Ministries, Inc.

Page -2-

Step 4	Because you are required to monitor with at least five (5) samples in the next month following any total coliform-positive result you must take at least five (5) total coliform samples in October 2007.
--------	---

If you have any questions, please contact me at (614) 728-3866.

Sincerely,



Susan Applegate
Environmental Specialist II
Division of Drinking and Ground Waters
Central District Office

Enclosures

c: Knox County Health Department
Toni Buchanan, DDAGW/CO
CDO File