


Southeast District Office

2195 Front Street
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490
www.epa.state.oh.us

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

November 20, 2007

Re: **TUSCARAWAS COUNTY**
ROXFORD FAMILY LIFE CENTER PWS
TRANSIENT
OH7949512

ROXFORD METHODIST CHURCH
TRUSTEES
771 ROXFORD CHURCH RD SE
DENNISON, OH 44621

**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 October 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	<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 method(s) to reach all persons served by the public water system:</p> <p>1. 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 2	Immediately initiate an investigation to determine and eliminate the cause and extent of bacterial contamination.
Step 3	Fill out the attached verification form and send along with a copy of the public notification issued within 10 days to the Southeast District Office of the Ohio EPA.
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 November 2007.

Roxford Family Life Center
November 20, 2007
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If you have any questions, please contact me at (740) 380-5201.

Sincerely,



Mike Moschell
Inspector
Division of Drinking and Ground Waters

MM/cb

Enclosures

cc: Toni Buchanan, DDAGW, CO
cc: Tuscarawas County Health Department
cc: Jamie Wilkins, SEDO

DRINKING WATER NOTICE

Tests showed coliform bacteria in ROXFORD FAMILY LIFE CENTER PWS water

We routinely monitor for the presence of drinking water contaminants. We took 10 samples for coliform bacteria during October 2007. Two of those samples showed the presence of coliform bacteria. No more than one (1) sample per month 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 systems.
- *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 _____ or _____.
name of contact phone number 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.

PWS ID# OH7949512 Date distributed: _____

Tier 2: Resolved Total Coliform Monthly MCL Notice

**PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NONCOMMUNITY
PUBLIC WATER SYSTEMS WITH TIER 2 VIOLATIONS**

The owner or operator of a 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>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>Describe actual methods used to notify public of the violation:</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>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 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

ROXFORD FAMILY LIFE CENTER PWS
NAME OF PUBLIC WATER SYSTEM

PWSID NUMBER: **OH7949512**

COUNTY NAME: **TUSCARAWAS**

For OEPA use only

Date PN Received: _____

PN acceptable:

PN not acceptable:

VIOLATION TYPE: 22
MONITORING PERIOD October 2007