



**Environmental
Protection Agency**

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



January 19, 2012

NOTICE OF VIOLATION – ACTION REQUIRED

Certified Mail 70101060000178961191

Ronald L Aldrich
City of Jackson
145 Broadway Street
Jackson, OH 45640

Jackson County
Jackson, City Of
Community PWS
PWS ID: OH4000111

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)
During January 2012 (ACUTE)**

The City of Jackson is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Water samples have confirmed the presence of *E. coli*/fecal coliform in the drinking water. *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes.* This is an Acute MCL violation requiring immediate action.

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 SEDO at (740) 380-5446.
- 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.
 - Fax notice to broadcast media (radio and television);
 - Fax notice to newspaper (to editor, not legal notice section);
 - Hand delivery;
 - Contact sensitive populations (hospitals, day care, schools, nursing homes);
 - Direct telecommunication (if applicable);
 - If applicable, provide copy to owner/operator of any consecutive water system for distribution to their customers;
 - 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.

3. **Investigate and eliminate the cause of bacterial contamination.** Special purpose samples may be collected to investigate the source of contamination or to verify elimination of the problem (these samples cannot be collected to comply with monitoring or MCL requirements; label samples as "special purpose").
4. **Complete the enclosed verification form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - SEDO. Include a copy of each notice distributed, published or posted.
5. **Discontinue the Water Use Advisory** – The water use advisory shall remain in effect until one set of four (4) repeat samples is total coliform-negative. Notify the people served by the water system when the water use advisory is discontinued.
6. **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).

If you have any questions, contact me at this office at (740) 380-5436.

Sincerely,

Janet Barth for

Rex Haggy
Environmental Specialist II
Division of Drinking and Ground Waters

RH/dh

Enclosures: Tier 1 Public Notification
Public Notice Instructions and Verification Form

cc: Jackson County Health Department
District File Copy

PUBLIC NOTICE - DRINKING WATER WARNING

The Jackson, City Of water is contaminated with fecal coliform or *E. coli* bacteria

BOIL YOUR WATER BEFORE USING OR USE BOTTLED WATER

Fecal coliform or *E. coli* bacteria were found in the water supply. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.

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? What is being done?

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. 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 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: <WATER_SYSTEM_NUMBER>>

Date this public notice was distributed:

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>

Please indicate below what public notice was used. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

_____ A public notice as provided was issued without changes.

_____ A different public notice was issued.

Signature of Responsible Person Date

Printed Name and Title of Responsible Person

Jackson, City Of
 OH4000111
 Jackson County
 January 2012
 Total Coliform Acute MCL (Vio. Type 21)
 Vio Id: 8560730

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

7010 1060 0001 7896 1191

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee: \$ 2.80

Return Receipt Fee: 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 43.138

Postmark
 JAN 4 2012
 43138

Sent To
 Ronald Aldrich, City of Jackson
 Street, Apt. No., or PO Box No. 145 Broadway St.
 City, State, ZIP+4 Jackson, OH 45640

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 1-25-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Ronald Aldrich City of Jackson 145 Broadway St. Jackson, OH 45640</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7010 1060 0001 7896 1191</p>	