



State of Ohio Environ

Southw

TELE: (937)285-6301  
www.epa



401 East Fifth Street  
Dayton, Ohio 45402-2911

Chris Korteski, Director

**CERTIFIED MAIL**

July 17, 2007

**RE: UPPER DECK TAVERN  
TRANSIENT NON-COMMUNITY  
MONTGOMERY COUNTY  
PWS ID# 5749512**

Upper Deck Tavern  
2651 Blanchard St.  
Moraine, Ohio 45439

**Subject: Notice of Violation of Maximum Contaminant Level for Total Coliform Bacteria (ACUTE, MONTHLY & Failure to Monitor with four repeat samples)**

During June 2007, your public water system incurred **acute** and **monthly** violations of Rule 3745-81-14 of the Ohio Administrative Code (OAC) and a **monitoring** violation of Rule 3745-81-21 (B)(1) of the OAC.

**Acute and monitoring violations** occur when four (4) total coliform bacteria repeat samples are not collected as required.

**A monthly violation** occurs when more than one or greater than five percent of your samples within the month are total coliform-positive.

<b>Actions required as a result of the above violation</b>	
Step 1	<p><b>Within 24 hours</b>, consult with Ohio EPA and issue the attached public notice in accordance with Rule 3745-81-32 of the Ohio Administrative Code using the following methods to reach all persons served by the public water system:</p> <p>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.

Upper Deck Tavern  
July 17, 2007  
Page 2

Step 3	Fill out the attached verification form and send along with a copy of the public notification issued within 10 days to the Southwest District Office of the Ohio EPA.
Step 4	Lifting the Advisory - The public notice water use advisory shall remain in effect until you obtain one complete set of four (4) total coliform-negative (contain no coliforms) repeat samples. Clearly mark each repeat sample slip as "repeat sample". It is advisable to notify your customers when the problem is corrected.
Step 5	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 August 2007.

If you have any questions, please contact me at (937) 285-6114.

Sincerely,



~~David R. Secor~~

Compliance Coordinator  
Division of Drinking and Ground Waters

cc: Toni Buchanan, DDAGW/CO  
Montgomery County Health Department

Enclosures

DRS/rif

7004 1160 0000 6269 5170

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

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7/17/07

Sent To: Upper Deck Tavern

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

### Certified Mail Provides:

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- Certified Mail may **ONLY** be combined with First-Class Mail® or Priority Mail®.
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- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.**

**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:

UPPER DECK TAVERN  
2651 BLANCHARD ST  
MORAIN OH 45439

2. Article Number  
(Transfer from service label)

7004 1160 0000 6169 5170

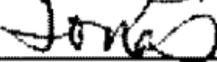
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

 Agent Addressee

B. Received by (Printed Name)



C. Date of Delivery

7-18

D. Is delivery address different from item 1?  Yes  
If 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

UNITED STATES POSTAL SERVICE



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

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

OHIO EPA/ *D. Seier*  
SOUTHWEST DISTRICT OFFICE  
401 E FIFTH ST  
DAYTON OH 45402-2911



# DRINKING WATER WARNING

Tests show coliform bacteria in Upper Deck Tavern water

## BOIL YOUR WATER BEFORE USING OR USE BOTTLED WATER

Sampling conducted for our water system showed total coliform bacteria were found in samples collected in **June 2007**. 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 of the required repeat samples, and therefore cannot be sure that the drinking 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, such as 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 \_\_\_\_\_ 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.*

PWSID# 5749512

Date Distributed: \_\_\_\_\_

Tier 1: Total Coliform (no repeats taken)

## 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><b>Use one or more of the following methods to reach all persons served by the public water system:</b></p> <ol style="list-style-type: none"> <li>1. Public notice issued by appropriate broadcast media (such as radio and television)</li> <li>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)</li> <li>3. Public notice issued by hand delivery to persons served by the water system</li> <li>4. Public notice issued by another delivery method approved in writing</li> </ol>	<p><b>Describe actual methods used to notify public of the violation:</b></p> <p>1A. Name of station(s) _____            1B. Date provided to station(s) _____</p> <p>2A. Dates of posting _____            2B. Locations of posting _____            _____            _____</p> <p>3A. Date of delivery _____</p> <p>4A. Method _____            4B. Date _____</p>
<p><b>Additional methods established in consultation with Ohio EPA</b></p>	<p>A. Method(s) _____            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

**Upper Deck Tavern PWS**  
 NAME OF PUBLIC WATER SYSTEM  
 PWSID NUMBER: **5749512**  
 COUNTY NAME: **Montgomery**

<p><b>For OEPA use only</b>          Date PN Received: _____          PN acceptable:              PN not acceptable:</p>	<p>VIOLATION TYPE: <u>21, 22 &amp; 25</u>          MONITORING PERIOD <u>June 2007</u></p>
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