



State of Ohio Environmental Protection Agency

North



www.epa.state.oh.us

TELE: (330) 9

Lee Fisher, Lieutenant Governor

Chris Korleski, Director

2110 East Aurora Rd.
Twinsburg, Ohio 44087

NOTICE OF VIOLATION – ACTION REQUIRED

June 22, 2009

RE: SUMMIT COUNTY
SEASONS REHAB AND CARE CENTER
COMMUNITY WATER SYSTEM
PWS ID # OH7704812

Meredith Flaherty
Seasons Rehab & Care Center
456 Seasons Road
Stow, OH 44224

Subject: Failure to Sample Drinking Water for Total Coliforms as Required

Seasons Rehab and Care Center is in violation of Ohio Administrative Code (OAC), Rule 3745-81-21 for failure to comply with the total coliform monitoring.

Monitoring Period: May 2009
Required Coliform Monitoring: 5 routines the month following a routine positive
Sample Results Submitted: 1

To ensure the safety of drinking water provided by your system monitoring for total coliforms is essential.

ACTION REQUIRED:

1. **Notify the people served by this water system** using one or more of the methods and the timing as required by OAC, Rule 3745-81-32 to reach all persons served.

Timing: As soon as practical, but no later than one year after learning of the violation:

- Mail or other direct delivery to each customer; OR
- Annual Consumer Confidence Report provided it's distributed within one year after learning of the violation; and
- If necessary to reach all persons regularly served, use other notification methods such as newspaper publication, public posting or Internet posting;
- Posted notices must remain in place as long as the violation or situation exists, but in no case less than seven 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 the Ohio EPA beforehand.

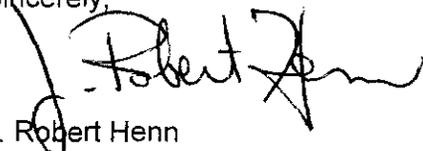
2. **Complete the enclosed Verification Form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - NEDO. Include a copy of each notice distributed, published or posted.

SEASONS REHAB AND CARE CENTER
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If total coliform samples were collected as required, submit the results as soon as possible. The monitoring violation would be rescinded and a reporting violation given for late submittal of the results.

If you have any questions, contact me at 330-963-1248.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Robert Henn". The signature is fluid and cursive, with a large initial "J" and "H".

J. Robert Henn
Environmental Specialist
Division of Drinking and Ground Waters

JRH/ams

Enclosures: Tier 3 Public Notification
Public Notice Instructions & Verification Form

cc: Summit County Health Department
Information Management Section, DDAGW, CO