Ohio Environmental Protection Agency

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

*DDGWOH4242012764016*

May 2, 2012

# NOTICE OF VIOLATION – ACTION REQUIRED

Louann Davidson
Complete Care Animal Hospital PWS
999 Harcourt Road,
Mt. Vernon, OH 43050

Knox County
Complete Care Animal Hospital PWS
Non-Community, Transient PWS
PWS ID: OH4242012

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

Complete Care Animal Hospital PWS is in violation of Ohio Administrative Code (OAC), Rule 3745-81-21 for failure to comply with the total coliform monitoring.

| | |
|---|---|
| **Monitoring Period**: | First Quarter of 2012 |
| **Required Coliform Monitoring**: | 1 routine per QT |
| **Sample Results Submitted**: | Zero |

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 30 days after learning of the violation:

   - Posting in conspicuous location, such as bulletin boards, restrooms, drinking fountains, vending areas;
   - Mail or other direct delivery to each customer;
   - Newsletters or newspaper;
   - E-mail to employees or students;
   - Send to parents or guardians of children at schools or day care facilities;
   - 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 - CDO. Include a copy of each notice distributed, published or posted.

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 The monitoring violation would be rescinded and a reporting violation given for late submittal of the results.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 this office at 614-728-3778.

Sincerely,

Mark Boden
Environmental Specialist

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

cc: Knox County Health Department
District Office File

# PUBLIC NOTICE - DRINKING WATER WARNING

## Monitoring requirements were not met for Complete Care Animal Hospital PWS

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During First Quarter of 2012, we "did not monitor or test" or "did not complete all monitoring or testing" for total coliform bacteria, and therefore cannot be sure of the quality of your drinking water during that time.

## What Should I Do?

- *There is nothing you need to do at this time. You do not need to boil your water or take other corrective action.*
- *This notice is to inform you that Complete Care Animal Hospital PWS did not monitor and report results for the presence of total coliform bacteria in the public drinking water system during the First Quarter of 2012 time period, as required by the Ohio Environmental Protection Agency.*

## What is being done?

Upon being notified of this violation, the water supply was required to have the drinking water analyzed for the above mentioned parameters. The water supplier will take steps to ensure that adequate monitoring will be performed in the future.

For more information, please contact _____ at _____
name of contact phone number

or at _____.
mailing address

*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: OH4242012 | Date this public notice was distributed: |

Tier 3: Monitoring Violation Notice

# PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NON COMMUNITY PUBLIC WATER SYSTEMS WITH TIER 3 VIOLATIONS

The owner or operator of a non community public water system with a Tier 3 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 issued by posting shall remain in place as long as the violation or situation persists. Public notice issued by other methods shall be repeated annually 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 |
|---|---|
| **Use one or more of the following methods to reach all persons served by the public water system:**<br>1. 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<br><br>2. Public notice issued by mail or other direct delivery to each customer and service connection (where known). | **Describe actual methods used to notify public of the violation:**<br>1A. Dates of posting _____<br>1B. Locations of posting _____<br>_____<br>_____<br><br>2. Date of mailing/delivery _____ |
| **Schools and Day-Care Facilities** must notify parents or guardians of children being served by methods besides posting, such as a newsletter, e-mail notice, or direct mailing | A. Method(s) _____<br>_____<br><br>B. Date(s) _____ |
| **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). | A. Method(s) _____<br>_____<br>_____<br><br>B. Date(s) _____ |

**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

Complete Care Animal Hospital PWS
OH4242012
Knox County
First Quarter of 2012
Total Coliform Monitoring (Vio. Type 23/24)
Vio Id: 7646016

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