



September 13, 2007

RE: **LOGAN COUNTY**
WELCOME WOODS-EAST WELL
TRANSIENT WATER SYSTEM
PWS ID# OH4637812

CERTIFIED MAIL

Welcome Woods
7547 State Route 366
Russells Point, Ohio 43348

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

During July and August 2007, your public water system incurred an **acute** violation of rule 3745-81-14 (D) of the Ohio Administrative Code (OAC) and a **monitoring** violation of rule 3745-81-21 (B)(1) of the OAC for failure to collect four (4) repeat samples within the required time period.

Total coliform bacteria were found in a sample collected July 26, 2007 and August 13, 2007. Four repeat samples were required to be collected within 24 hours of notification of each of these total coliform positive results.

Actions required as a result of the above violation	
Step 1	<p>Within 24 hours, 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> <ol style="list-style-type: none"> 1. hand delivery of notice to each campsite; 2. delivery to each new visitor; 3. posting in conspicuous locations (restrooms, drinking fountains, vending areas, bulletin boards, etc.);and 4. PA announcements (if Applicable) <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.

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Step 3	Fill out the attached verification form and send along with a copy of the public notification issued, 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 and September 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

Enclosures

cc: Toni Buchanan, DDAGW, CO
LOGAN County Health Department

DRS\bp

DRINKING WATER WARNING

Tests show coliform bacteria in WELCOME WOODS-EAST WELL 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 **July and August 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# OH4637812

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>Use one or more of the following methods to reach all persons served by the public water system:</p> <p>1. Public notice issued by appropriate broadcast media (such as radio and television)</p> <p>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)</p> <p>3. Public notice issued by hand delivery to persons served by the water system</p> <p>4. Public notice issued by another delivery method approved in writing</p>	<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>3A. 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 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

WELCOME WOODS-EAST WELL
 NAME OF PUBLIC WATER SYSTEM

PWSID NUMBER: **OH4637812**

COUNTY NAME: **LOGAN**

<p>For OEPA use only</p> <p>Date PN Received: _____</p> <p>PN acceptable: PN not acceptable:</p>	<p>VIOLATION TYPE: <u>21 & 25</u></p> <p>MONITORING PERIOD <u>July 2007</u></p>
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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 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</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>WELCOME WOODS 7547 STATE ROUTE 366 RUSSELLS POINT OH 43348</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 2760 0003 0780 8004</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage provided)	
For delivery information visit our website at www.usps.com	
MAILED SEP 17 2007 OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	FROM: David R. SECOR DD46W Postmark Here
Total Postage	
Sent To Street, Apt. No or PO Box No City, State, Zi	<p>WELCOME WOODS 7547 STATE ROUTE 366 RUSSELLS POINT OH 43348</p>
PS Form 3800, August 2006 See Reverse for Instructions	