



OH7942212

Zoar Village Golf Course

10/1/2009

2195 Front Street  
Logan, Ohio 43138



Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

**NOTICE OF VIOLATION – ACTION REQUIRED**

October 1, 2009

RE: Tuscarawas County  
Zoar Village Golf Course Inc.  
Non-Community, Transient  
PWS ID: OH7942212

Zoar Village Golf Course, Inc.  
Jim Murphy  
PO Box 647 Co. Rd. 82  
Zoar, OH 44697

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)  
During Third Quarter of 2009 (Monthly)**

Zoar Village Golf Course Inc. is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful bacteria may be present.

**ACTION REQUIRED:**

- 1. 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”).
- 2. Notify the people served by this water system.** Within 30 days issue the enclosed public notice in accordance with OAC, Rule 3745-81-32 by the following method(s) to reach all persons served.
  - Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas;
  - Posted notices must remain in place for as long as the violation exists, but in no case for 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 Ohio EPA beforehand.
- 3. 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.

Zoar Village Golf Course Inc.  
October 1, 2009  
Page 2

**4. 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 this office at 740-380-5229.

Sincerely,



Russell, Flagg, REHS  
Environmental Specialist

RF/cb

Enclosures: Tier 2 Public Notification  
Public Notice Instructions and Verification Form

cc: Tuscarawas County Health Department  
Information Management Section, DDAGW, CO  
District File Copy

# DRINKING WATER NOTICE

## Tests showed coliform bacteria in Zoar Village Golf Course Inc. water.

We routinely monitor for the presence of drinking water contaminants. We took five (5) samples for coliform bacteria during August 2009. Four (4) of those samples showed the presence of coliform bacteria. No more than 1 sample per month may show the presence of coliform bacteria during a month.

### What should I do?

- *You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor. People with severely compromised immune systems, infants, and some elderly people may be at increased risk. These people should seek advice about drinking water from their health care providers.*
- *Total coliform bacteria are generally not harmful themselves. Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system.*
- *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- *Fecal coliform or E. coli, which are bacteria of greater concern, were not detected in the follow-up testing.*

### What is being done?

Further testing shows that **coliform bacteria are no longer being detected** and this problem has been resolved.

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.*

PWSID# OH7942212

Date Distributed:

Tier 2: Resolved Total Coliform Monthly MCL Notice

**PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR  
NON COMMUNITY PUBLIC WATER SYSTEMS WITH TIER 2 VIOLATIONS**

The owner or operator of a non community public water system with a Tier 2 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 shall be repeated every 3 months 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
<p><b>Use one or more of the following methods to reach all persons served by the public water system:</b></p> <p>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)</p>	<p><b>Describe actual methods used to notify public of the violation:</b></p> <p>1A. Dates of posting _____</p> <p>1B. Locations of posting _____ _____ _____</p>
<p><b>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. delivery of multiple copies to central locations).</b></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

Zoar Village Golf Course Inc.  
OH7942212  
Tuscarawas County  
Third Quarter of 2009  
Total Coliform Monthly MCL (Vio. Type 22)

<p><b>For Ohio EPA use only:</b>  Date PN received: _____  PN acceptable: _____ PN not acceptable: _____</p>
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