



2195 Front Street
Logan, Ohio 43138

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

NOTICE OF VIOLATION – ACTION REQUIRED

July 16, 2010

RE: Tuscarawas County
USACE-Atwood Dam
Non-Community, Transient
PWS ID: OH7944812

Thomas Bell
3434 SR 212 NE
Mineral City, OH 44656

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)
During July 2010 (Monthly)**

Usace-Atwood Dam 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.

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July 16, 2010
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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 me at 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 show coliform bacteria in USACE-Atwood Dam water

We routinely monitor for the presence of drinking water contaminants. We took 5 samples for coliform bacteria during July 2010. All 5 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 water.*

What is being done?

We are still detecting coliform bacteria. We are investigating and taking the necessary steps to correct the problem as soon as possible.

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# OH7944812	Date Distributed:
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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>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 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>Describe actual methods used to notify public of the violation:</p> <p>1A. Dates of posting _____</p> <p>1B. Locations of posting _____ _____ _____</p>
<p>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).</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

USACE-Atwood Dam
 OH7944812
 Tuscarawas County
 July 2010
 Total Coliform Monthly MCL (Vio. Type 22)

<p>For Ohio EPA use only: Date PN received: _____ PN acceptable: _____ PN not acceptable: _____</p>
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The Division of Drinking and Ground Waters requests that you complete the attached assessment of your water system and return a copy with your required public notice. We are trying to gather information on the applicability of the assessment questions, how easy it is to complete and the general response received from public water systems. Information we gather will assist us in commenting on the draft Federal revisions to the Total Coliform Rule. As part of the proposed revisions, assessments such as the one attached will be required of public water systems who are in violation of total coliform rule sampling requirements or the maximum contaminant level.

We strongly encourage you to complete the assessment and help us to prepare accurate comments on the proposed rule revisions. If you have any questions, please contact your Ohio EPA district Office at the number listed on the enclosed letter. We appreciate your time.

LEVEL 1 ASSESSMENT FORM

System Name: USACE -- Atwood Lake Dam	Source Water: Ground Water	PWSID: OH7944812
System Type: TNC	System Size: 25 (Transient)	
Operator in Responsible Charge (ORC): US ARMY CORPS OF ENGINEERS	Phone: 330-343-2580	PWS Address: 3434 SR 212 NE Mineral City, Ohio 44656
City, State: 3434 SR 212 NE, Mineral City, Ohio 44656		
County: Tuscarawas		
Person that collected TC samples if different than ORC:	Phone:	
Address, City, State, Zip:		
Date Assessment Completed:		

	Questions	Review	Applicable	Issue Identified	Issue Description	Corrective Action Taken (Including Date)
M A N A G E M E N T	1. Have any of the following occurred at relevant facilities prior to the collection of TC samples?	<input type="checkbox"/>	Y N	Y N		
	(Any interruptions in the treatment process; any reported loss of pressure events (5 psi); operation and maintenance activities that could have introduced total coliform; reported vandalism and/or unauthorized access to facilities; visible indicators of unsanitary conditions reported; Has there been a fire fighting event, flushing operation, sheared hydrant, etc.)					
	2. Have there been any recent changes?	<input type="checkbox"/>	Y N	Y N		
	(Sources introduced, treatment or operational changes, potential sources of contamination)					
	3. Evaluate sample site.	<input type="checkbox"/>		Y N		
	(Condition or location of tap, regular use of connection)					
	4. Sample protocol followed and reviewed.	<input type="checkbox"/>		Y N		
	(Flush tap, remove aerator, no swivel, fresh sample bottles, sample storage acceptable)					
	5. Distribution System	<input type="checkbox"/>	Y N	Y N		
	(System pressure, cross connection, pump station, air relief valves, fire hydrants or blow off, breaks, repairs)					

Questions		Review	Applicable	Issue Identified	Issue Description	Corrective Action Taken (Including Date)
6. Storage Tank		<input type="checkbox"/>	Y N	Y N		
	(Screens, security, access opening, condition of tank, vent, drain overflow, pressure tank, O&M)					
7. Treatment Process (if applicable)		<input type="checkbox"/>	Y N	Y N		
	(Interruptions, POE/POU, softeners, O&M)					
8. Source - Well		<input type="checkbox"/>	Y N	Y N		
	(Sanitary seal, vent screened, air gap, cross connection, security, pump to waste line)					
9. Source – Surface Water Supply			Y N	Y N		
	(Heavy Rainfall, rapid snowmelt, flooding, changes in availability, power outages)					

Print name of person completing form: _____ Date: _____ Signature: _____

Request for additional feedback:

1. How long did it take you to complete this assessment?
2. Were the questions clear and understandable? Y N (circle one)
3. Were the questions helpful in identifying your water system's problem? Y N (circle one)
4. Did you contact an Ohio EPA district staff person for assistance in completing the assessment? Y N (circle one)

Reserved for State

1. Assessment has been successfully completed.
2. Likely reason of total coliform positives occurred is established and the system
3. Was a Reset Requested and/or Granted – Rationale
4. Name of State Reviewer: _____

Note: Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and returned to the Primacy Agency within XX days.