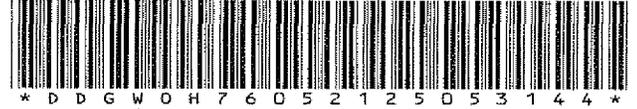




**Environmental
Protection Agency**

John E. Kasich, Governor
Andy Taylor, Lt. Governor
Steve J. Bulley, Director



September 26, 2012

NOTICE OF VIOLATION – ACTION REQUIRED

Mr. Shaul Flank
Progressive Quality Care
5553 Broadview Road
Parma, OH 44134

STARK COUNTY
GREEN MEADOWS HEALTH
AND WELLNESS
COMMUNITY WATER SYSTEM
PWS ID: OH7605212

SUBJECT: FAILURE TO SAMPLE DRINKING WATER FOR TOTAL COLIFORMS AS REQUIRED

Dear Mr. Flank:

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

Monitoring Period: August 2012
Required Coliform Monitoring: 1 routine per MN
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 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.

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 The monitoring violation would be rescinded and a reporting violation given for late submittal of the results.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 330-963-1236.

Sincerely,



David J. Bowland
Environmental Specialist
Division of Drinking and Ground Waters

DJB:dms

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

cc: Stark County Health Department
District Office File

PUBLIC NOTICE - DRINKING WATER WARNING

Monitoring requirements were not met for Green Meadows Health and Wellness Center

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 August 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 Green Meadows Health and Wellness Center did not monitor and report results for the presence of total coliform bacteria in the public drinking water system during the August 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: OH7605212

Date this public notice was distributed:

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

The owner or operator of a 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 one year** after the system learns of the violation. At a minimum, community public water systems must issue the notice by **mail or other direct delivery**. Public notice issued by methods other than posting 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
<p>Use the following method to reach all persons served by the public water system: Public notice issued by mail or other direct delivery to each customer receiving a bill and to other service connections to which water is delivered by the public water system. The consumer confidence report delivered to customers by July 1 of each year may be used as long as the public notice includes all the required content and is delivered within the required timeframe.</p>	<p>Describe actual methods used to notify public of the violation:</p> <p>A. Date of mailing/delivery _____</p>
<p>If the above method does not reach all persons served, also use any other method reasonably calculated to reach other persons regularly served by the public water system (e.g. publication in a local newspaper, delivery of multiple copies for distribution by customers that provide their drinking water to others, posting in public places served by the system or on the Internet, or delivery to community organizations). If the notice is posted, it shall remain in place as long as the violation exists, but in no case less than 7 days.</p>	<p>A. Method(s) _____</p> <p>_____</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

Green Meadows Health and Wellness Center
OH7605212
Stark County
August 2012
Total Coliform Monitoring (Vio. Type 23)
Vio Id: 5053144

<p>For Ohio EPA Use Only: Date PN received: _____ PN acceptable: _____ PN not acceptable: _____</p>
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