



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

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

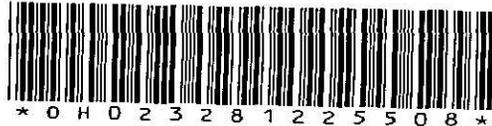
Re: Allen County
Carter Lumber Store 65-8
TNC Public Water System
PWS ID# OH0232812

January 31, 2008

OH0232812 CARTER LUMBER STORE 65-8

25 01/31/08

Certified Mail



Mr. Brad Lemos
Carter Lumber Store 65-8
9300 Ottawa Road
Columbus Grove, Ohio 45830-9412

Dear Mr. Lemos:

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

During January 2008, 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 a total of four (4) repeat samples within the required time period.

Our records indicate that a total coliform-positive sample was collected from this water system on January 14, 2008, and that either no repeat samples were collected or only some repeat samples were collected.

Actions required as a result of the above violations:

1. **Within 24 hours**, consult with Ohio EPA and use the following methods to reach all persons served by the public water system, in accordance with Rule 3745-81-32 of the OAC:
 - A. Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.).
2. Immediately initiate an investigation to determine and eliminate the cause and extent of bacterial contamination.
3. Fill out the enclosed verification form and send it along with a copy of the public notification issued to the Northwest District Office of Ohio EPA.

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4. 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."
5. You are required to monitor with at least five (5) routine samples in the next month following any total coliform-positive result. You must take at least five (5) total coliform routine samples in February 2008.

If you have any questions, please contact me at (419) 373-3101.

Sincerely,

Ben Smith

Ben Smith
Division of Drinking and Ground Waters

/lb

Enclosures

pc: Toni Buchanan, DDAGW, CO
Allen County Health Department
DDAGW, NWDO File
7006 0100 0004 1318 3583

DDAGW-15-LB

| 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. | | A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: <i>Mr. Brad Lemos Center Senior Store 65-8 9300 Ottawa Rd Columbus Grove Oh 45830-9412</i> | | B. Received by (Printed Name) <i>RANDY GIBSON</i> | C. Date of Delivery <i>2-1-08</i> |
| 2. Article Number (Transfer from service label) | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | | 3. Service Type <input 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. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| | | 7006 0100 0004 1318 3583 | |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540