

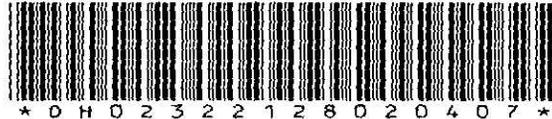


State of Ohio Environment

OH0232212 LAKE CODY

25 09/07/07

Northwest District Office



347 North Dunbridge Road  
Bowling Green, OH 43402-9398

TELE: (419) 352-8461  
www.epa.ohio.gov

Re: Allen County  
Lake Cody  
TNC Public Water System  
PWS ID# OH0233212

September 7, 2007.

CERTIFIED MAIL

Ms. Beth Miller-Spradlin  
Lake Cody  
5775 Ottawa Road  
Elida, Ohio 45807

Dear Ms. Miller-Spradlin:

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

During 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 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 August 22, 2007, and that either no repeat samples were collected or only some repeat samples were collected.

**Actions required as a result of the above violations:**

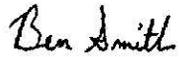
1. **Within 24 hours**, consult with Ohio EPA and use the following methods to reach all persons served by the public water system, in accordance with Rule 3745-81-32 of the OAC:
  - A. Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.).
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.
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."

Ms. Beth Miller-Spradlin  
September 7, 2007  
Page 2

5. 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 September 2007.

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

Sincerely,



Ben Smith  
Division of Drinking and Ground Waters

/llr

Enclosures

pc: Toni Buchanan, DDAGW, CO  
Allen County Health Department  
CDDAGW; NWDO File >

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Tim Spradlin</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>TIM SPRADLIN 9-15-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:  <i>MS. BETN MILLER-SPRADLIN  LAKE CODY  5775 OTTAWA ROAD  ELIDA, OHIO 45807</i></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>7006 3450 0001 0611 3104</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	<i>2.65</i>
Return Receipt Fee (Endorsement Required)	<i>2.15</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<b>Ohio EPA</b>	
Postmark Here	
<p>Sent To  <i>Beth Miller-Spradlin - Lake Cody</i>  Street, Apt. No.,  or PO Box No. <i>5775 OTTAWA ROAD</i>  City, State, ZIP+4  <i>Elida, Ohio 45807</i></p>	
PS Form 3800, August 2006 See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



7006 3450 0001 0611 3104  
7006 3450 0001 0611 3104