



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
The Red Canary
TNC Public Water System
PWS ID# OH0232612

September 21, 2007

OH0232612 THE STALLION

25 09/21/07

CERTIFIED MAIL



Mr. John Tilton
The Red Canary
5600 Waynesfield Road
Cridersville, Ohio 45806

Dear Mr. Tilton:

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

During September 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 September 4, 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.

Mr. John Tilton
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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) samples in the next month following any total coliform-positive result. You must take at least five (5) total coliform samples in October 2007.

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

Sincerely,



Ben Smith
Division of Drinking and Ground Waters

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Enclosures

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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 EDPT TT90 T000 054E 9001
 EDPT TT90 T000 0611 1803

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Certified Fee	
Return Receipt Fee (Endorsement Required)	2.65
Restricted Delivery Fee (Endorsement Required)	2.15
Total Postage & Fees	\$



Sent To
 MR. JOHN TILTON - THE RED CANARY
 Street, Apt. No., or PO Box No. 5600 WAYNESFIELD ROAD
 City, State, ZIP+4 CREDESVILLE OH 45806

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
 MR. JOHN TILTON
 THE RED CANARY
 5600 WAYNESFIELD ROAD
 CREDESVILLE, OH 45806

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 9-22-07

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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