



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: Ashland County
Quaker Springs Restaurant
TNC Public Water System
PWS ID# 0340712

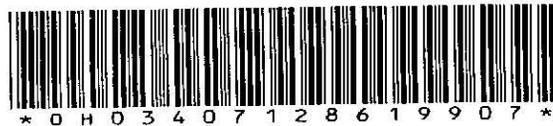
August 10, 2007

OH0340712 QUAKER SPRINGS RESTAURANT

25 08/10/07

CERTIFIED MAIL

7006 0100 0003 7708 5237



Mr. Roger Gaines
Quaker Springs Restaurant
1060 State Route 95
Perrysville, Ohio 44864

Dear Mr. Gaines:

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

During July 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 July 24, 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. Roger Gaines
 August 10, 2007
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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 August 2007.

If you have any questions, please contact me at (419) 373-3102.

Sincerely,

Dean A. Twining

Dean A. Twining
 Division of Drinking and Ground Waters

/csl

Enclosures

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
MR ROGER GAINES	
Postage	\$ 1.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38
Ohio EPA 43402 Postmark Here AUG 10 2007 PERRYVILLE OH 43402 DDAGW/Dean T. csl	
Sent To QUAKER SPRINGS RESTAURANT Street, Apt. No., or PO Box No. 1060 STATE ROUTE 95 City, State, ZIP+4 PERRYVILLE OH 44864	
PS Form 3800, June 2002 See Reverse for Instructions	

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) ROGER C GAINES</p> <p>C. Date of Delivery 8/14/07</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:</p> <p>MR ROGER GAINES QUAKER SPRINGS RESTAURANT 1060 STATE ROUTE 95 PERRYVILLE OH 44864</p> <p>DDAGW/D. Twining/csl</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 0100 0003 7708 5237</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	