



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: Auglaize County
New Hampshire Nazarene
TNC Public Water System
PWS ID# OH0635312
STU ID# 652951

OH0635312

NEW HAMPSHIRE NAZARENE

9/22/2009

September 22, 2009

CERTIFIED MAIL



Mr. Greg Stevens
PO Box 6
New Hampshire, Ohio 45870

Dear Mr. Stevens:

Subject: Notice of Violation for Failure to Respond to a Significant Deficiency

This letter is notification that the New Hampshire Nazarene Public Water System has not complied with requirements issued during this Agency's last survey performed on July 24, 2009, in violation of Ohio Administrative Code (OAC) rule 3745-81-60. Correspondence dated August 7, 2009, required a written response within 45 days, with a time frame for resolving the following issues:

1. Prepare the written total coliform sample siting plan in accordance with OAC Rule 3745-81-21. Guidance was provided during the survey.
2. In violation of OAC rule 3745-91-02, cation exchange units (softeners) were installed without plan approval. Compliance may be achieved by either removal of the treatment units or the successful submission of plans in accordance with the provisions of OAC Chapter 3745-91 (guidance enclosed). Ralph Baker, engineer, may be contacted at 419-373-3048, with questions pertaining to the preparation of and submission of plans.
3. The well has not been demonstrated to be sited in conformance with OAC Rule 3745-9-04 which establishes, based upon the estimated average daily water demand, a sanitary isolation radius from potential sources of contamination. The required isolation radius has been established as 50 feet based upon an average daily water demand of 700 gallons per day. Submit a plan for establishing an alternate well site or source of water in the event the existing source should fail.
4. Install a vented well cap constructed in conformance with "Water System Council Pitless Adapter Standard PAS-97, Performance Standards for Sanitary Well Pitless Adapters, Pitless Units, and Watertight Well Caps" (OAC Rule 3745-9-05(P) guidance enclosed).
5. The drain line from the softener units shall be maintained at least 1" above the flood rim level of the floor drain (OAC chapter 3745-95).

The water system must respond in writing within 15 days from the date of this letter with the required information. Failure to comply may result in further enforcement action.



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If you have any questions regarding this letter, or any other matter involving your water system, please feel free to contact me at 419.373.3042 or Larry.Moritz@epa.state.oh.us .

Sincerely,



Larry W. Moritz, R.S., M.S.I.H.
Division of Drinking and Ground Waters

/lb

cc: Auglaize County Health Dept.
C.O. - DDAGW / OFAS
DDAGW/NWDO
7007 2560 0000 4485 7410

ec: Larry Gamble, Engineering Supervisor, DDAGW/NWDO
Ralph Baker, Engineer, DDAGW/NWDO
JoAnn Sabo, DOCC, DDAGW/NWDO

DDAGW-LM-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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Daniel Stevens</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>Mr. Greg Stevens</u> <u>P.O. Box 6</u> <u>New Hampshire Oh</u> <u>45870</u></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>7007 2560 0000 4485 7410</p>	
PS Form 3811, February 2004	Domestic Return Receipt

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Total Postage & Fees	\$ 5.54	

Sent To Mr. Greg Stevens
 Street, Apt. No.; or PO Box No. PO Box 6
 City, State, ZIP+4 New Hampshire Oh 45870

PS Form 3800, August 2006 See Reverse for Instructions