



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: Fulton County  
White City Restaurant  
TNC Public Water System  
PWS ID# OH2631212

September 13, 2007

OH2631212 WHITE CITY RESTAURANT

25 09/13/07

Certified Mail



Mr. Jad Sweidan  
White City Restaurant  
10938 U.S. Route 20  
Lyons, Ohio 43533

Dear Mr. Sweidan:

**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 28, 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. Jad Sweidan  
September 13, 2007  
Page Two

- 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."
- 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) 373-3007.

Sincerely,

Robert A. Plotts  
Division of Drinking and Ground Waters

JKS/lb

Enclosures

pc: Toni Buchanan, DDAGW, CO  
Fulton County Health Department  
DDAGW, NWDO File  
7006 3450 0001 0661 2485

DDAGW - JS - LB

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>	A. Signature <input type="checkbox"/> Agent
1. Article Addressed to:  Mr. Jad Sweidan White City Restaurant 10938 US Route 20 Syona Oh 43533	B. Received by (Printed Name) _____ C. Date Received <u>9-14-07</u> <input type="checkbox"/> Agent
2. Article Number (Transfer from service label)  7006 3450 0001 0661 2485	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

PS Form 3811, February 2004 Domestic Return Receipt 2595-02-M-1540