



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

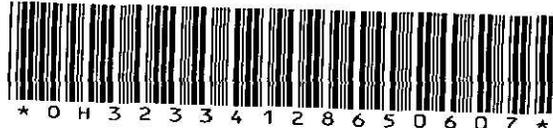
Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

Re: Hancock County  
Good Shepherd United Methodist  
TNC Public Water System  
PWS ID# 3233412

July 12, 2007

OH3233412 GOOD SHEPHERD U M CH -BENTON RIDGE 22 07/12/07

Certified Mail



Trustees  
Good Shepherd United Methodist Church  
119 West Main Street  
P.O. Box 182  
Benton Ridge, Ohio 45816

Dear Trustees:

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

During June 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 June 25, 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:**

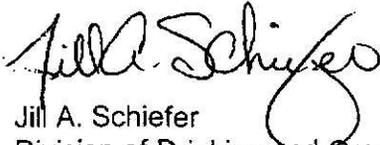
1. **Within 24 hours**, consult with Ohio EPA and use the following methods to reach all persons served by the public water system, in accordance with Rule 3745-81-32 of the OAC:
  - A. Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.).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

Trustees  
July 12, 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 July 2007.

If you have any questions, please contact me at (419) 373-3089.

Sincerely,



Jill A. Schiefer  
Division of Drinking and Ground Waters

JKS/lb

Enclosures

pc: William C. Jones, Financial Chairman  
Toni Buchanan, DDAGW, CO  
Hancock County Health Department  
~~DDAGW, NWDO, File~~  
7006 3450 0001 0661 4106

DDASW-JS-LR

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>Phyllis Gawn</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  <b>7/16/07</b></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><i>Trustees</i>  <i>Good Shepherd U.M. Church</i>  <i>119 W Main St</i>  <i>PO Box 182</i>  <i>Benton Ridge Oh 45816</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>2. Article Number          (Transfer from service label)</p>	<p>7006 3450 0001 0661 4106</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

DDASW-JS-LR

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OFFICIAL USE

Postage	\$ <u>0.58</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.41</u>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>5.64</u></b>

**Ohio EPA**

Postmark Here

**JUL 13 2007**

43402

Sent To Trustees  
Good Shepherd United Methodist Church  
 Street, Apt. No.,  
 or PO Box No. 119 West Main St  
 City, State, ZIP+4 Benton Ridge OH 45816

PS Form 3800, August 2006 See Reverse for Instructions