



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: Marion County
Village Tavern
TNC Public Water System
PWS ID: OH5136012
STU ID: 5156201

May 16, 2008

OH5136012

VILLAGE TAVERN

5/16/2008

CERTIFIED MAIL

Mr. George Taylor
Village Tavern
104 S. Marion Street
P. O. Box 74
Waldo, Ohio 43356-0074



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

This letter is notification that the Village Tavern Public Water System has not complied with requirements issued during this Agency's last survey performed on January 29, 2008, and conveyed in correspondence dated March 21, 2008, in violation of rule 3745-81-60 of the Ohio Administrative Code. Specifically, the Village Tavern Public Water System has failed to respond in writing within 45 days, indicating how and on what schedule the system would address the following requirements:

1. Prepare the written Total Coliform Sample Siting Plan in conformance with OAC Rule 3745-81-21. Guidance was provided during the survey and is available on the internet at: <http://www.epa.state.oh.us/ddagw/Documents/TCRGuide.pdf>.
2. OAC Rule 3745-9-05 P states: "A well shall have a well cap or seal to prevent the entrance of water, dirt, animals, insects, or other foreign matter. The top of the casing at its finished height shall be cut so that the surface will fit flush with the well cap and provide a tight seal. The well cap or seal shall fit securely to the top of the well casing, be secured with screws or other appropriate connections, and **vent to the atmosphere**. A point well that is not a public water system well may have a watertight well cap that does not vent to the atmosphere. Electrical conduit connections on the well cap or seal shall be threaded and sealed to prevent the entrance of insects and water. A well cap for a public water system well shall conform with "Water System Council Pitless Adapter Standard PAS-97, Performance Standards for Sanitary Water Well Pitless Adapters, Pitless Units, and Watertight Well Caps" (1997), or with an alternative standard acceptable to the director.

The well cap is not vented and shall be replaced.

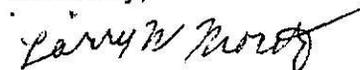
3. The well has not been demonstrated to be sited in conformance with OAC Rule 3745-9-04 which establishes, based upon the estimated average daily water demand, a sanitary isolation radius from potential sources of contamination. The required isolation radius has been established at 50' based upon an estimated average daily water demand of 1,785 gallons per day. Submit either a site map which documents a well isolation radius in compliance with the requirements of OAC Rule 3745-9-04 or a plan of action for establishing an alternate well site in the event the existing source should fail.
4. The treatment equipment, cation exchange unit, is not in service and, as I understand from our discussion during the survey, has not been in operation for many years. OAC Rule 3745-91-02 requires the approval of plans prior to a public water system making a substantial change, including the removal of treatment equipment. Therefore, a decision is required as to whether to remove the treatment equipment through plan approval or to return the treatment equipment to operation. Operation of the cation exchange unit would require:
 - o salt used in the production of brine must be demonstrated to conform with ANSI/NSF Standard 60;
 - o maintain an air gap between the drain line from the cation exchange unit and the point at which it discharges into the waste water drain line;
 - o brine tank shall be cleaned;
 - o recommend a finished hardness be maintained between 120 mg/l and 150 mg/l.

Once notified of your decision, additional guidance will be provided.

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.

If you have any questions, please contact me at (419) 373-3042.

Sincerely,



Larry W Moritz
Division of Drinking and Ground Waters

/llr

pc: Marion County Health Department
Central Office, DDAGW
DDAGW/NWDO

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"/> Lisa Arthur <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery Lisa Arthur 5/19/08</p>
<p>1. Article Addressed to: MR. George TAYLOR VILLAGE TAVERN 104 S. MARION STREET P.O. Box 74 WALDO, OH 43356-0074</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>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>7006 3450 0001 0661 1990</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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PS Form 3800, August 2006 See Reverse for Instructions							



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