



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: Mercer County
Doss Landing
TNC Public Water System
PWS ID# OH5437212

September 13, 2007

Certified Mail

OH5437212 DOSS LANDING

25 09/13/07

Mr. Dennis Brown, Owner
Doss Landing
8061 State Route 219
Celina, Ohio 45822



Dear Mr. Brown:

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. Dennis Brown
September 13, 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 September 2007.

If you have any questions, please contact me at (419) 373-3088.

Sincerely,



John A. (Jack) Schwartz
Division of Drinking and Ground Waters

JKS/lb

Enclosures

pc: Toni Buchanan, DDAGW, CO
Mercer County Health Department
DDAGW, NWDO, File 7
7006 3450 0001 0661 2492

DDAGW-JS-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 type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Dennis Brown</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>DENNIS BROWN</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>9-18-07</i></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>Mr Dennis Brown</i> <i>Dessa Sanding</i> <i>8061 State Route 219</i> <i>Celina Oh 45822</i></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>2. Article Number (Transfer from service label)</p> <p><i>7006 3450 0001 0661 2492</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

DDAGW-JS-LB

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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ <i>41</i>
Certified Fee	<i>2.65</i>
Return Receipt Fee (Endorsement Required)	<i>2.15</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>5.21</i>

Ohio EPA
 Postmark Here
 13 2007
 GREEN OH 43402

Sent To *Mr Dennis Brown*
Street, Apt. No. or PO Box No. *8061 State Rte 219*
City, State, ZIP+4 *Celina Oh 45822*

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 0661 2492