



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road  
Bowling Green, Ohio 43402

TELE: (419) 352-8461 FAX: (419) 352-8468  
www.epa.state.oh.us

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Laura H. Powell, Acting Director

Re: Mercer County  
Korner Kafe - Maria Stein  
TNC Public Water System  
PWS ID# 5438012

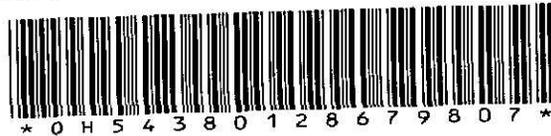
January 31, 2007

Certified Mail

OH5438012 KORNER KAFE - MARIA STEIN

25 01/31/07

Mr. Jeff Schwieterman  
Mr. Robert Schwieterman  
Korner Kafe  
7995 State Route 119  
Maria Stein, Ohio 45860



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

During January 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 January 15, 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:**

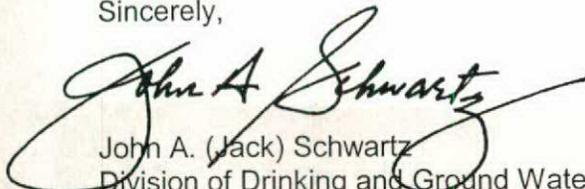
1. **Within 24 hours**, consult with Ohio EPA and use the following methods to reach all persons served by the public water system, in accordance with Rule 3745-81-32 of the OAC:
  - A. Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.).
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. Jeff Schwieterman  
 Mr. Robert Schwieterman  
 January 31, 2007  
 Page Two

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 February 2007.

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

Sincerely,

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

JS/lb

Enclosures

pc: Toni Buchanan, DDAGW, CO  
 Mercer County Health Department  
 DDAGW, NWDO File  
 7005 1160 0002 4566 0405

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
OFFICIAL USE											
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$ .39</td> </tr> <tr> <td>Certified Fee</td> <td>2.40</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td>1.85</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td><b>\$ 4.64</b></td> </tr> </table>	Postage	\$ .39	Certified Fee	2.40	Return Receipt Fee (Endorsement Required)	1.85	Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>\$ 4.64</b>	<div style="color: red; font-weight: bold; font-size: 18px;">Ohio EPA</div> <div style="color: red; font-weight: bold; font-size: 24px; border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;">       BOWLING GREEN OH        JAN 31 2007        U.S. POSTAL SERVICE     </div>
Postage	\$ .39										
Certified Fee	2.40										
Return Receipt Fee (Endorsement Required)	1.85										
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>\$ 4.64</b>										
Sent To: <i>Mr. Jeff Schwieterman, Robert Schwieterman</i> Street, Apt. No., or PO Box No.: <i>Korner Kafe, 7995 State Route 119</i> City, State, ZIP+4: <i>Marion, OH 45860</i>											
PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span>											

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>X Angela Osterholt</i>	
1. Article Addressed to: <i>Mr. Jeff Schwieterman</i> <i>Mr. Robert Schwieterman</i> <i>Korner Kafe</i> <i>7995 State Route 119</i> <i>Marion, OH</i> <i>45860</i>		B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <i>Angela Osterholt</i> <span style="float: right;"><i>2-1-07</i></span>	
2. Article Number (Transfer from service label) <span style="float: right;">7005 1160 0002 4566 0405</span>		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 <span style="float: right;">102595-02-M-1540</span>			