OhioEPA
State of Ohio Environmental Protection Agency

Northwest
347 North Dunbridge Rd.
Bowling Green, OH 43402-9398
TELE: (419) 352-
www.

OH5436412 ZION LUTHERAN CHURCH - ROCKFORD 25 07/09/10

OH5436412812020 9

NOTICE OF VIOLATION – ACTION REQUIRED

July 9, 2010

RE: Mercer County
Zion Lutheran Church - Rockford
Non-Community, Transient
PWS ID: OH5436412

OH5436412 ZION LUTHERAN CHURCH - ROCKFORD 34 07/09/10

Mr. Donald Caffee
Zion Lutheran Church – Rockford
9764 State Route 49
Rockford, Ohio 45882

Subject: Failure to Conduct Required Repeat Total Coliform and Ground Water Rule Monitoring

Zion Lutheran Church - Rockford is in violation of monitoring requirements for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-21 Federal Regulation 40CFR141.402 for Second Quarter of 2010.

Ohio EPA records indicate that a total coliform-positive sample was collected from this water system on 6/23/2010 and the required repeat samples were not collected. For your water system the four repeat samples also satisfy the Ground Water Rule requirement for the initial raw water sample. To ensure the safety of drinking water provided by your system monitoring with all of the required repeat samples is essential.

IMMEDIATE ACTION REQUIRED:

1. **Consult with Ohio EPA within 24 hours** regarding sampling and public notice requirements. If you have not already received direction regarding this violation, contact the NWDO at 419-373-3088.

2. **Issue the enclosed public notice within 24 hours** in accordance with OAC, Rule 3745-81-32 using one or more of the following methods to reach all persons served.

   - Hand delivery to persons served by the water system;
   - Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas;
   - Send to parents or guardians of children at schools or day care facilities;
   - Another delivery method approved in writing by the director;
   - Posted notices must remain in place for as long as the violation exists, but in no case for less than seven (7) days (even if the violation is resolved). The language in italics on the enclosed public notice is mandatory and must be included, as written. Do not make changes to the public notice without consulting with Ohio EPA beforehand.

NOTE: Issuance of a Public Notice must be repeated every 30 days for as long as the violation exists, unless directed otherwise by the District Office. A verification form and a copy of the public notice, stating the corrective measures completed to date, must be submitted to the Ohio EPA.

3. **Complete the enclosed verification form, within 10 days of issuing the Public Notice** *and mail it to Ohio EPA - NWDO. Include a copy of each notice distributed, published or* posted.

4. **Collect a set of four (4) repeat samples, until one set is total coliform-negative to discontinue the Water Use Advisory.** Notify the people served by the water system when the water use advisory is discontinued.

   Attention: As noted above, your repeat samples are also used to address your Federal Ground Water Rule violation. Failure to collect the raw water sample may result in enforcement action by the United States Environmental Protection Agency (USEPA). Ohio EPA must receive these results to return the system to compliance and prevent referring this violation to the USEPA.

5. **Monitor with at least five (5) routine samples** in the month following a routine total coliform-positive result in accordance with OAC, Rule 3745-81-21(B)(7). You are required to monitor with five (5) routine samples during July 2010.

If repeat samples were collected, submit them as soon as possible.

If you have any questions, contact this office at 419-373-3088.

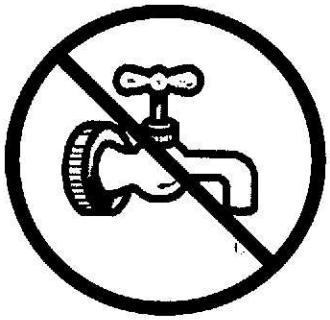
Sincerely,

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

/lb

Enclosures: Tier 1 Public Notification (2)
Public Notice Instructions and Verification Form
Level 1 Assessment

pc: Mercer County Health Department
Information Management Section, DDAGW, CO
(DDAGW – NWDO (w/enclosures))



DRINKING WATER WARNING

Tests show coliform bacteria in water

BOIL YOUR WATER BEFORE USING
OR USE BOTTLED WATER

Bottled water is available from _____.

Sampling conducted for our water system showed total coliform bacteria were found. We were required to collect four repeat samples within 24 hours of notification of any total coliform positive result to determine if *E. coli* or fecal coliform bacteria were present in our distribution system and source. These bacteria can make you sick, and are a particular concern for people with weakened immune systems. We did not collect all the required repeat samples, and therefore cannot be sure that the water does not pose an acute risk to human health.

What should I do?

- *DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for at least one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation until further notice. Boiling kills bacteria and other organisms in the water.*
- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short term effects, diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.*
- *The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.*

What happened?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It also can happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

What is being done?

We are investigating and taking the necessary steps to correct the problem as soon as possible. For more information, please contact _____ at _____
name of contact phone number

or at _____.
mailing address

Upon being notified of this violation, the water system was required to have the drinking water further analyzed and to post this public notice to inform our customers.

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice. You can do this by posting this notice in a public place or distributing copies by hand/mail.

PWSID# OH5436412	Date Distributed:

Tier 1: Total Coliform Repeat Monitoring Not Completed – Non-Community
Tier 3: Ground Water Rule Monitoring Not Completed – Non-Community

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR TIER 1 VIOLATIONS FOR TOTAL COLIFORM RULE AND TIER 3 VIOLATION FOR GROUND WATER RULE

The owner or operator of a public water system with a Tier 1 violation or situation that may pose an acute risk to human health is required to notify the persons served by the public water system. Notice shall be issued as soon as practical but **no later than 24 hours** after the system learns of the violation. Public notice shall be repeated as established during consultation with Ohio EPA.

I HEREBY CERTIFY THAT THE PUBLIC WAS NOTIFIED BY THE FOLLOWING METHOD(S) INDICATED BELOW, AS DESCRIBED IN THE OHIO ADMINISTRATIVE CODE RULE 3745-81-32:

Required Method of Public Notification	Actual Method of Public Notification
Use one or more of the following methods to reach all persons served by the public water system:	**Describe actual methods used to notify public of the violation:**
1. Public notice issued by continuous posting in conspicuous places throughout the area served by the water system (required to remain posted for as long as the violation exists)	1A. Dates of posting _____ 1B. Locations of posting _____ _____ _____
2. Public notice issued by hand delivery to persons served by the water system	2. Date of delivery _____
3. Public notice issued by another delivery method approved in writing	3A. Method _____ 3B. Date _____
Additional methods established in consultation with Ohio EPA	A. Method(s) _____ _____ B. Date(s) _____

Complete the enclosed verification form and mail it to Ohio EPA – NWDO. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

_____
Signature of Responsible Person Date

_____
Printed Name and Title of Responsible Person

Zion Lutheran Church - Rockford
OH5436412
Mercer County
Second Quarter of 2010
Total Coliform Repeat Monitoring (Vio. Type 25)
Ground Water Repeat Monitoring (Vio. Type 34)

For Ohio EPA use only:
Date PN received: _____
PN acceptable: _____ **PN not acceptable:** _____

The Division of Drinking and Ground Waters requests that you complete the attached assessment of your water system and return a copy with your required public notice. We are trying to gather information on the applicability of the assessment questions, how easy it is to complete and the general response received from public water systems. Information we gather will assist us in commenting on the draft Federal revisions to the Total Coliform Rule. As part of the proposed revisions, assessments such as the one attached will be required of public water systems who are in violation of total coliform rule sampling requirements or the maximum contaminant level.

We strongly encourage you to complete the assessment and help us to prepare accurate comments on the proposed rule revisions. If you have any questions, please contact your Ohio EPA district Office at the number listed on the enclosed letter. We appreciate your time.

LEVEL 1 ASSESSMENT FORM

System Name:	Source Water:	PWSID:
System Type:	System Size:	
Operator in Responsible Charge (ORC):	Phone:	PWS Address:
City, State:		
County:		
Person that collected TC samples if different than ORC:	Phone:	
Address, City, State, Zip:		
Date Assessment Completed:		

	Questions	Review	Applicable	Issue Identified	Issue Description	Corrective Action Taken (Including Date)
MANAGEMENT	1. Have any of the following occurred at relevant facilities prior to the collection of TC samples?	☐	Y N	Y N		
	(Any interruptions in the treatment process; any reported loss of pressure events (5 psi); operation and maintenance activities that could have introduced total coliform; reported vandalism and/or unauthorized access to facilities; visible indicators of unsanitary conditions reported; Has there been a fire fighting event, flushing operation, sheared hydrant, etc.)					
	2. Have there been any recent changes?	☐	Y N	Y N		
	(Sources introduced, treatment or operational changes, potential sources of contamination)					
	3. Evaluate sample site.	☐		Y N		
	(Condition or location of tap, regular use of connection)					
	4. Sample protocol followed and reviewed.	☐		Y N		
	(Flush tap, remove aerator, no swivel, fresh sample bottles, sample storage acceptable)					
	5. Distribution System	☐	Y N	Y N		
	(System pressure, cross connection, pump station, air relief valves, fire hydrants or blow off, breaks, repairs)					

Questions	Review	Applicable	Issue Identified	Issue Description	Corrective Action Taken (Including Date)
6. Storage Tank	☐	Y N	Y N		
(Screens, security, access opening, condition of tank, vent, drain overflow, pressure tank, O&M)					
7. Treatment Process (if applicable)	☐	Y N	Y N		
(Interruptions, POE/POU, softeners, O&M)					
8. Source - Well	☐	Y N	Y N		
(Sanitary seal, vent screened, air gap, cross connection, security, pump to waste line)					
9. Source – Surface Water Supply		Y N	Y N		
(Heavy Rainfall, rapid snowmelt, flooding, changes in availability, power outages)					

Print name of person completing form: _____ Date: _____ Signature: _____

Request for additional feedback:

1. How long did it take you to complete this assessment?
2. Were the questions clear and understandable? Y N (circle one)
3. Were the questions helpful in identifying your water system's problem? Y N (circle one)
4. Did you contact an Ohio EPA district staff person for assistance in completing the assessment? Y N (circle one)

Reserved for State

1. Assessment has been successfully completed.
2. Likely reason of total coliform positives occurred is established and the system
3. Was a Reset Requested and/or Granted – Rationale
4. Name of State Reviewer: _____

Note: Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and returned to the Primacy Agency within XX days.