



State of Ohio Environmental Protection Agency

Northwest | OH7252712 HAYES MEDICAL CENTER

22 06/13/08

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-84
www.epa



Re: Sandusky County
Hayes Medical Center
Transient Non-Community
PWS ID: OH7252712

NOTICE OF VIOLATION-ACTION REQUIRED

June 13, 2008

Hayes Medical Center
2575 Hayes Avenue
Fremont, Ohio 43420

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)
During June 2008 (Monthly)**

Hayes Medical Center is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful bacteria may be present.

Sample Date	Sample Tap	Total Coliform	E. coli	Fecal Coliform	Sample Number	Lab Number
06-02-08	Sink in Restroom	Positive	Negative	--	1602	834
06-09-08	Util Sink-Mntnc Rm	Positive	Negative	--	1687	834
06-09-08	Util Sink-Mntnc Rm	Positive	Negative	--	1686	834
06-09-08	Util Sink-Mntnc Rm	Positive	Negative	--	1685	834
06-09-08	Util Sink-Mntnc Rm	Positive	Negative	--	1684	834
06-09-08	Util Sink-Mntnc Rm	Positive	Negative	--	1683	834
06-09-08	Util Sink-Mntnc Rm	Positive	Negative	--	1682	834

ACTION REQUIRED:

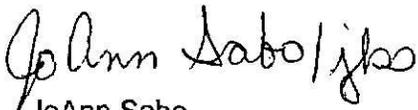
- 1. Investigate and eliminate the cause of bacterial contamination.** Special purpose samples may be collected to investigate the source of contamination or to verify elimination of the problem (these samples cannot be collected to comply with monitoring or MCL requirements; label samples as "special purpose").
- 2. Notify the people served by this water system.** Within 30 days issue the enclosed public notice in accordance with OAC, Rule 3745-81-32 by the following method(s) to reach all persons served. The appropriate methods for your system are listed below under the **Transient Non-Community** column.

Community	Transient or Non-Transient Non-Community
<ul style="list-style-type: none">• Mail or other direct delivery to each customer• If necessary to reach all persons regularly served, use other notification methods also, such as newspaper publication, public posting or Internet posting	<ul style="list-style-type: none">• Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas;• Mail or other direct delivery to each customer• Send to parents or guardians of children at schools or day care facilities• E-mail, newsletters or newspaper
<p>Posted notices must remain in place for as long as the violation exists, but in no case for less than seven 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.</p>	

3. Complete the enclosed verification form within 10 days of issuing the Public Notice and mail it to Ohio EPA - Northwest District Office. Include a copy of each notice distributed, published or posted.
4. 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 collect five (5) routine samples during the month of July 2008.

If you have any questions, contact this office at 419-373-3108.

Sincerely,



JoAnn Sabo
Division of Drinking and Ground Waters

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

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

DRINKING WATER NOTICE

Tests show coliform bacteria in Hayes Medical Center water

We routinely monitor for the presence of drinking water contaminants. We took seven (7) samples for coliform bacteria during June 2008. All of these samples showed the presence of coliform bacteria. No more than one (2) sample per month may show the presence of coliform bacteria during a month.

What should I do?

- *You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor. People with severely compromised immune systems, infants, and some elderly people may be at increased risk. These people should seek advice about drinking water from their health care providers.*
- *Total coliform bacteria are generally not harmful themselves. Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system.*
- *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems. Fecal coliform or E. coli, which are bacteria of greater concern, were not detected in the water.*

What is being done?

We are still detecting coliform bacteria. 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

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 directly (for example, people in apartments, nursing homes, schools and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

PWSID# OH7252712

Date Distributed:

Tier 2: Unresolved Total Coliform Monthly MCL Notice

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NON COMMUNITY PUBLIC WATER SYSTEMS WITH TIER 2 VIOLATIONS

The owner or operator of a non community public water system with a Tier 2 violation or situation shall notify the persons served by the public water system as soon as practical but **no later than 30 days** after the system learns of the violation. Public notice shall be repeated every 3 months as long as the violation or situation persists.

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
<p>Use one or more of the following methods to reach all persons served by the public water system:</p> <ol style="list-style-type: none"> 1. Public notice issued by posting in conspicuous locations throughout the distribution system (required to remain posted for as long as the violation exists, but in no case less than 7 days) 2. Public notice issued by mail or other direct delivery to each customer and service connection (where known). 	<p>Describe actual methods used to notify public of the violation:</p> <p>1A. Dates of posting _____</p> <p>1B. Locations of posting _____</p> <p>_____</p> <p>2. Date of mailing/delivery _____</p>
<p>Schools and Day-Care Facilities must notify parents or guardians of children being served by methods besides posting, such as a newsletter, e-mail notice, or direct mailing</p>	<p>A. Method(s) _____</p> <p>_____</p> <p>B. Date(s) _____</p>
<p>If the above methods do not reach all persons served, also use any other method reasonably calculated to reach other persons served by the system (e.g. publication in a local newspaper or newsletter, use of e-mail to notify employees or students, or delivery of multiple copies to central locations).</p>	<p>A. Method(s) _____</p> <p>_____</p> <p>B. Date(s) _____</p>

Please check if the public notice used was provided by Ohio EPA (other side of this form) or another acceptable notice was used:

_____ A public notice as shown on the other side of this sheet was issued without changes.

_____ A different public notice was issued. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

Signature of Responsible Person Date

Printed Name and Title of Responsible Person

Hayes Medical Center
OH7252712
Sandusky County
Second Quarter of 2008
Total Coliform Monthly MCL (Vio. Type 22)

<p>For Ohio EPA use only: Date PN received: _____ PN acceptable: _____ PN not acceptable: _____</p>
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