



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 Korteski, Director

Re: Seneca County
Bascom United Methodist Church
TNC Public Water System
PWS ID# OH7443612

August 15, 2007

OH7443612 BASCOM UNITED METHODIST CHURCH 25 08/15/07

CERTIFIED MAIL



Trustees
Bascom United Methodist Church
P.O. Box 318
Bascom, Ohio 44809

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

During July 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 July 30, 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:

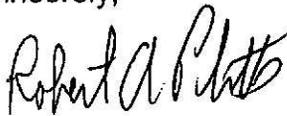
1. **Within 24 hours**, consult with Ohio EPA and use the following methods to reach all persons served by the public water system, in accordance with Rule 3745-81-32 of the OAC:
 - A. Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.).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

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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 August 2007.

If you have any questions, please contact me at (419) 373-3007.

Sincerely,



Robert A. Plotts
Division of Drinking and Ground Waters

/lr

Enclosures

pc: Toni Buchanan, DDAGW, CO
Seneca County Health Department
DDAGW, NWDO File

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"/> <i>Karna Cook</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 8-16-07</p>
<p>1. Article Addressed to: <i>TRUSTEES BASCOM UNITED METHODIST CHURCH P.O. Box 318 BASCOM OH 44809</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>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>
7006 3450 0001 0661 4618	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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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	\$	58
Certified Fee		2.65
Return Receipt Fee (Endorsement Required)		2.15
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.38



Sent To *TRUSTEES - BASCOM UNITED METHODIST CHURCH*

Street, Apt. No., or PO Box No. *P.O. Box 318*

City, State, ZIP+4 *BASCOM OH 44809*

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 0661 4618