



Environmental  
Protection Agency

John R. Kasich, Governor  
Marv Taylor, Lt. Governor

OH7449112 CAMP GLEN

21 07/18/11

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Re: Seneca County  
Camp Glen  
T Non-Community Water System  
PWS ID: OH7449112

July 19, 2011

CERTIFIED MAIL

**NOTICE OF VIOLATION – ACTION REQUIRED**

Camp Glen  
305 West Hardin Street  
Findlay, Ohio 45840

**Subject: Violation of Total Coliform Maximum Contaminant Levels (MCL)  
During July – September 2011 (ACUTE / MONTHLY)**

Camp Glen is in violation of the Maximum Contaminant Levels (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Water samples have confirmed the presence of *E. coli* fecal coliform in the drinking water. *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. This is an Acute MCL violation requiring immediate action.*

In addition, OAC Rule 3745-81-14 states that no more than *one sample per month* may show the presence of coliform bacteria. During July 2011, seven (7) out of seven (7) samples were total coliform positive.

**IMMEDIATE ACTION REQUIRED:**

- 1. Consult with Ohio EPA within 24 hours** regarding public notice requirements. If you have not already received direction regarding this violation, contact the Northwest District Office at 419-373-3107.
- 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. 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"> <li>• Fax notice to broadcast media (radio and television)</li> <li>• Fax notice to newspaper (to editor, not legal notice section)</li> <li>• Hand delivery</li> <li>• Contact sensitive populations (hospitals, day care, schools, nursing homes)</li> <li>• Direct telecommunication (if applicable)</li> <li>• If applicable, provide copy to owner/operator of any consecutive water system for distribution to their customers</li> </ul>	<ul style="list-style-type: none"> <li>• Hand delivery to persons served by the water system</li> <li>• Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas</li> <li>• Send to parents or guardians of children at schools or day care facilities</li> <li>• Another delivery method approved in writing by the director</li> <li>• Posted notices must remain in place for as long as the violation exists.</li> </ul>

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.

Northwest District Office  
347 North Dunbridge Road  
Bowling Green, OH 43402-9398

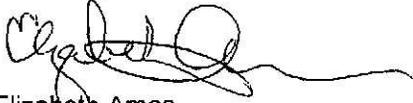
419 | 352 8461  
419 | 352 8468 (fax)  
www.epa.ohio.gov

**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. **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").
4. **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.
5. **Continue the Water Use Advisory** – The water use advisory shall remain in effect until one set of four (4) repeat samples is total coliform-negative. Notify the people served by the water system when the water use advisory is discontinued.
6. **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 August 2011.

If you have any questions, contact this office at 419-373-3107.

Sincerely,



Elizabeth Ames  
Division of Drinking and Ground Waters

/llr

Enclosures: Tier 1 Drinking Water Warning (w/Monthly BMCL) (2)  
Public Notice Instructions and Verification Form

pc: IMS, DDAGW, CO  
Seneca County Health Department  
DDAGW, NWDO (w/enclosures)

# DRINKING WATER WARNING

Fecal coliform or *E. coli* bacteria were found  
in the Camp Glen water supply

**BOIL YOUR WATER BEFORE USING OR USE BOTTLED WATER**

Bottled water is available from \_\_\_\_\_.

## 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, 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? What is being done?

We are investigating and taking the necessary steps to correct the problem as soon as possible.

No more than *one sample per month* may show the presence of coliform bacteria. During July 2011, seven (7) out of seven (7) samples were total coliform positive.

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. 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. You can do this by posting this notice in a public place or distributing copies by hand or mail.*

PWSID# OH7449112	Date Distributed:
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**PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR TIER 1 VIOLATIONS**

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
<p><b>Use one or more of the following methods to reach all persons served by the public water system:</b></p> <ol style="list-style-type: none"> <li>1. Public notice issued by appropriate broadcast media (such as radio and television stations)</li> <li>2. 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)</li> <li>3. Public notice issued by hand delivery to persons served by the water system</li> <li>4. Public notice issued by another delivery method approved in writing</li> </ol>	<p><b>Describe actual methods used to notify public of the violation:</b></p> <p>1A. Name of station(s) _____                      1B. Date provided to station(s) _____</p> <p>2A. Dates of posting _____                      2B. Locations of posting _____                      _____</p> <p>3. Date of delivery _____</p> <p>4A. Method _____                      4B. Date _____</p>
<p><b>Additional methods established in consultation with Ohio EPA</b></p>	<p>A. Method(s) _____                      _____</p> <p>B. Date(s) _____</p>

Complete the enclosed verification form and mail it to Ohio EPA - Northwest District Office. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

\_\_\_\_\_  
 Signature of Responsible Person                      Date

\_\_\_\_\_  
 Printed Name and Title of Responsible Person

Camp Glen  
 #OH7449112  
 Seneca County  
 July – September 2011  
 Total Coliform Acute MCL (Vio. Type 21)  
 Total Coliform Monthly BMCL (w/Total Coliform  
 Monthly BMCL (Vio Type 22)

<p><b>For Ohio EPA use only:</b>                      Date PN received: _____                      PN acceptable: _____ PN not acceptable: _____</p>
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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>	<p>A. Signature  <i>Lynne A Zydonic</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Lynne A Zydonic</i></p> <p>C. Date of Delivery  <i>7-20-11</i></p>
<p>1. Article Addressed to:  <i>CAMP LLEN</i>  <i>305 WEST HARDIN STREET</i>  <i>FINDLAY, OH 45840</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>
<p>7009 1410 0001 1840 2994</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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>	
<b>OFFICIAL USE</b>	
Postage \$ <i>64</i> Certified Fee <i>285</i> Return Receipt Fee (Endorsement Required) <i>230</i> Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ <i>5.79</i>	<div style="text-align: center;">    </div>
Sent To <i>CAMP LLEN</i> Street, Apt. No., or PO Box No. <i>305 W. HARDIN STREET</i> City, State, ZIP+4 <i>FINDLAY, OHIO 45840</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

7009 1410 0001 1840 2994