



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 Korleski, Director

Re: Van Wert County  
Huggy Bear Campground  
TNC Public Water System  
PWS ID # OH8133012

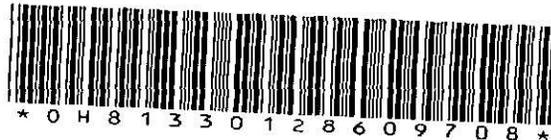
October 26, 2007

CERTIFIED MAIL

Mr. & Mrs. Mike Niese  
Huggy Bear Campground  
9065 Ringwald Road  
Middle Point, Ohio 45863

OH8133012 HUGGY BEAR CAMPGROUND

25 10/26/07



Dear Mr. & Mrs. Niese:

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

During October 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 October 10, 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. hand delivery of notice to each campsite;
  - B. delivery to each new visitor;
  - C. posting in conspicuous locations (restrooms, drinking fountains, vending areas, bulletin boards, etc.); and
  - D. PA announcements (if applicable).
2. Immediately initiate an investigation to determine and eliminate the cause and extent of bacterial contamination.

Mr. & Mrs. Mike Niese  
October 26, 2007  
Page 2

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.
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 November 2007.

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

Sincerely,

*Robert A. Plotts*

Robert A. Plotts  
Division of Drinking and Ground Waters

/llr

Enclosures

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

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 <input checked="" type="checkbox"/> <i>Laerie Niese</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>MR. &amp; MRS. MIKE NIESE HULLY BEAR CAMPGROUND 9065 RINGWALD ROAD MIDDLE POINT, OH 45863</i>	B. Received by (Printed Name) C. Date of Delivery <i>10-29-07</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
	3. Service Type <i>45863</i> <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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 3450 0001 0611 2909	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	