



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: Wood County  
Sunoco 7613  
TNC Water System  
PWS ID# OH8750412

September 18, 2007

OH8750412 SUNOCO FOOD MART 10 - HOP IN 21 09/18/07

CERTIFIED MAIL  
7006 0100 0003 7708 3639



Ms. Anna Morley  
Sunoco, Inc.  
Sunoco Store #7613  
Ten Penn Center - 20<sup>th</sup> Floor  
1801 Market Street  
Philadelphia, PA 19103-1699

OH8750412 SUNOCO FOOD MART 10 - HOP IN 22 09/18/07

Dear Ms. Morley:

**Subject: Notice of Violation of Maximum Contaminant Level for Total Coliform Bacteria (Acute - E. coli or fecal coliform positive and a Monthly)**

Your public water system incurred an **acute** and **monthly** violation of Rule 3745-81-14 of the Ohio Administrative Code (OAC) in September 2007 due to the following results:

Sample Date	Sample Tap	Total Coliform	E. coli	Fecal Coliform	Sample Number	Lab Number
09-04-07	Women's Restroom	Positive	Negative	--	27580	877
09-12-07	3 Basin Sink	Positive	Positive	--	36047	877

An acute violation occurs when:

- a repeat sample is either fecal or E. coli-positive; or
- a repeat sample is total coliform-positive following a fecal or E. coli positive routine sample.

A monthly violation of Rule 3745-81-14 occurs when more than one or greater than five percent of your samples within the month are total coliform-positive.

**Actions required as a result of the above violation:**

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.

Ms. Anna Morley  
September 18, 2007  
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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. Because 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 October 2007.

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

Sincerely,



Robert A. Plotts  
Division of Drinking and Ground Waters

/csl

Enclosure

pc: Charles S. Klaus, PG, Project Manager  
Manager  
Toni Buchanan, DDAGW, CO  
Wood 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>	<p>A. Signature <i>[Handwritten Signature]</i></p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>MS ANNA MORLEY SUNOCO INC SUNOCO STORE #7613 TEN PENN CENTER 20th FL 1801 MARKET ST PHILADELPHIA PA 19103-1699</p> <p>DDAGW/Plotts/csl</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</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</p> <p><input 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>2. Article (Trans)</p> <p>PS Form</p>	<p>9</p> <p>595-02-M-1540</p>

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Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.38</b>

Postmark Here  
*Ohio EPA 10/26/02*

DDAGW/Plotts  
csl

Sent To: SUNOCO STORE 7613  
Street, Apt. No., or PO Box No.: TEN PEN CENTER 20th FL  
City, State, ZIP+4: 1801 MARKET ST  
PHILADELPHIA PA 19103-1699

PS Form 3800, June 2002      See Reverse for Instructions

7006 0100 0003 7708 3639