



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

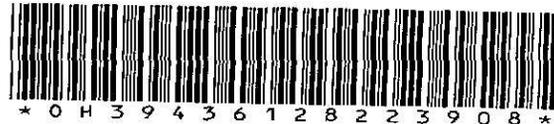
Re: Huron County
Wiers Farm AMLC #1
TNon-Community Water System
PWS ID# OH3943612

October 31, 2007

Mr. David Wiers
Wiers Farm AMLC #1
4465 State Route 103 South
P.O. Box 385
Willard, Ohio 44890

OH3943612 WIERS FARM AMLC 1

22 10/31/07



Dear Mr. Wiers:

**Subject: Notice of Violation of Monthly Maximum Contaminant Level
for Total Coliform Bacteria**

Your public water system incurred a **monthly** violation of Rule 3745-81-14 of the Ohio Administrative Code (OAC) in October 2007.

A monthly violation of Rule 3745-81-14 occurs when more than one of your samples within the month were total coliform-positive.

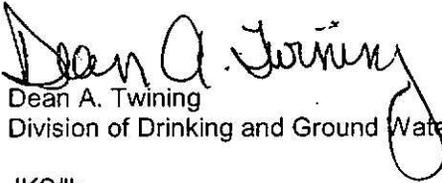
Sample Date	Sample Tap	Total Coliform	Fecal Coliform	<i>E. coli</i>	Sample Number	Lab Cert. Number
10-29-07	Danhoff	Positive	--	Negative	4116	834
10-29-07	Danhoff	Positive	--	Negative	4117	834
10-29-07	Danhoff	Positive	--	Negative	4118	834
10-29-07	Danhoff	Positive	--	Negative	4119	834
10-29-07	Danhoff	Positive	--	Negative	4120	834

Actions required as a result of the above violation	
Step 1	<p>Within 30 days issue the enclosed public notice of the violation in accordance with Rule 3745-81-32 of the Ohio Administrative Code by the following method(s) to reach all persons served by the public water system:</p> <p>Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.).</p>
Step 2	Immediately initiate an investigation to determine and eliminate the cause and extent of bacterial contamination.
Step 3	Within ten (10) days of completing Step 1 above, fill out the enclosed verification form and send it and a copy of the public notification issued to the Northwest District Office of Ohio EPA.
Step 4	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 November 2007.

Mr. David Wiers
October 31, 2007
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If you have any questions, please contact me at (419) 373-3102.

Sincerely,


Dean A. Twining
Division of Drinking and Ground Waters

JKS/lb

Enclosures

pc: Toni Buchanan, DDAGW, CO
Huron County Health Department
Scott Golden, ODH, CO
~~DDAGW-NW.DOC:File~~



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4465 State Route 103 South
P.O. Box 385
Willard, Ohio 44890

Dear Mr. Wiers:

Subject: Additional Total Coliform Samples Required

The results of recent samples submitted for bacteriological analysis are as follows:

Sample Date	Sample Tap Location	Total Coliform	Result		Sample/Lab Number
			Fecal Coliform	E. Coli	
10-29-07	Danhoff	Positive	-	Negative	4116/834
10-29-07	Danhoff	Positive	-	Negative	4117/834
10-29-07	Danhoff	Positive	-	Negative	4118/834
10-29-07	Danhoff	Positive	-	Negative	4119/834
10-29-07	Danhoff	Positive	-	Negative	4120/834

When a bacteriological sample is total coliform positive (unsafe), four repeat samples must be collected. **Do not disinfect the well** before collecting repeat samples from the following location:

- a. The same sample tap as the total coliform positive (unsafe) sample.
- b. A sample tap within five service connections upstream (before) from the positive (unsafe) tap.
- c. A sample tap within five service connections downstream (after) from the positive (unsafe) tap.
- d. Another sample tap within five service connections upstream or downstream (between b. and c.) from the positive (unsafe) tap.

NOTE: If only one sample tap is available, four repeat samples should be collected from that tap at least five (5) minutes apart with the water continuously running OR take the samples at 30-minute intervals.

IMPORTANT INFORMATION

- ◆ Collect all four (4) repeat samples on the same day.
- ◆ **Collect the four repeat samples immediately. If we do not receive the results by November 12, 2007, your water system will be placed on a water use advisory.**
- ◆ Identify the exact sample tap on each Sample Submission Report.
- ◆ Mark the Sample Class "REPEAT SAMPLE".
- ◆ Record the sample number of the total coliform positive (unsafe) sample on the line after Repeat for Sample #.

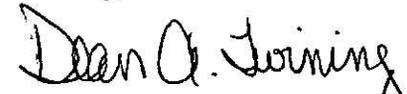
Mr. David Wiers
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If any of the repeat samples are total coliform positive (unsafe), collect additional sets of four repeat samples until a complete set of four samples is total coliform negative (safe) or until the Maximum Contaminant Level is exceeded.

Monitor with at least five (5) samples in the next month following any total coliform positive result. Collect at least five (5) samples during the month of November 2007.

If you have any questions, please contact me at (419) 373-3102.

Sincerely,



Dean A. Twining
Division of Drinking and Ground Waters

JKS/lb

pc: Huron County Health Department (faxed)
Scott Golden, ODH, CO

~~DDAGW, NWDO~~