



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 Korijski, Director

Re: Sandusky County
Brubaker/Vel-A-Da AMLC
TNC Public Water System
PWS ID# OH7231412

October 12, 2007

OH7231412 BRUBAKER/VEL-A-DA AMLC

25 10/12/07

CERTIFIED MAIL

Mr. Carl Brubaker
Brubaker/Vel-A-Da AMLC
2208 County Road 12
Burgoon, Ohio 43407



Dear Mr. Brubaker:

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

During September 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 September 26, 2007, and that either no repeat samples were collected or only some repeat samples were collected.

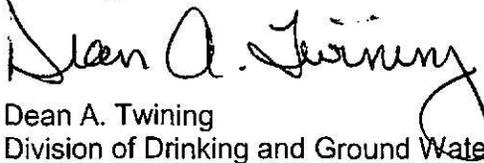
Actions required as a result of the above violations:

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 to employees/residents;
 - B. posting in conspicuous locations (restrooms, drinking fountains, common areas, bulletin boards, etc.); and
 - C. public notice must be in the language of the migrant laborers.
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.

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 October 2007.

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

Sincerely,



Dean A. Twining
Division of Drinking and Ground Waters

/llr

Enclosures

pc: Toni Buchanan, DDAGW, CO
Sandusky County Health Department
DDAGW, NWDO File
Scott Golden, ODH, CO
Dennis Stacy

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
DDHAW - AMLC S
 MR. CARL BRUBAKER
 BRUBAKER / VEL-A-DA AMLC
 2208 COUNTY ROAD 12
 BURLWOOD ON 43407

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 3450 0001 0611 2992

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee *2.65*

Return Receipt Fee (Endorsement Required) *2.15*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Ohio EPA
 Postmark Here

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL

7006 3450 0001 0611 2992

7006 3450 0001 0611 2992

Sent To
 CARL BRUBAKER - BRUBAKER / VEL-A-DA AMLC
 Street, Apt. No. or PO Box No. 2208 COUNTY ROAD 12
 City, State, ZIP+4 BURLWOOD ON 43407

PS Form 3800, August 2006