



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
Wolf AMLC
TNC Public Water System
PWS ID# OH8733412

October 10, 2007

OH8733412 WOLF AMLC

25 10/10/07

CERTIFIED MAIL
7006 0100 0003 7708 5930



Mr. Harold Wolf
Wolf AMLC
11367 Five Point Road
Perrysburg, Ohio 43551

Dear Mr. Wolf:

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 20, 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.

Mr. Harold Wolf
October 10, 2007
Page 2

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

/csl

Enclosures

pc: Toni Buchanan, DDAGW, CO
Wood County Health Department
Scott Golden, ODH, CO
☛ DDAGW, NWDO.File

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">MR HAROLD WOLF WOLF AMLC 11367 FIVE POINT RD PERRYSBURG OH 43551</p> <p style="text-align: center;">DDAGW/Dean T./csl</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>2. Article Number <i>(Transfer from service label)</i></p>	<p>3. Service Type <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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7006 0100 0003 7708 5930</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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	\$.58		DDAGW/Dean T. csl
Certified Fee	2.65		
Return Receipt Fee (Endorsement Required)	2.15		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 5.38		

Sent To

Street, Apt. No., or PO Box No. WOLF AMLC
 11367 FIVE POINT RD
 City, State, ZIP+4 PERRYSBURG OH 43551

PS Form 3800, June 2002 See Reverse for Instructions

7006 0100 0003 7708 5930