Environmental Protection Agency

[illegible], Governor
[illegible], Lt. Governor
[illegible], Director

NOTICE OF VIOLATION – ACTION REQUIRED

July 22, 2010

CERTIFIED MAIL

RE: Logan County
Blackhawk Bar and Grill PWS
Non-Community, Transient
PWS ID: OH4648612

Bill Billing
11543 SR 365
Lakeview, OH 43331

Subject: Violation of Total Coliform Maximum Contaminant Level (MCL) During Third Quarter of 2010 (ACUTE)

Blackhawk Bar And Grill PWS is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Water samples have confirmed the presence of *E. coli*/fecal coliform in the drinking water. *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes.* This is an Acute MCL violation requiring immediate action.

IMMEDIATE ACTION REQUIRED:

1. **Consult with Ohio EPA within 24 hours** regarding public notice requirements. If you have not already received direction regarding this violation, contact the SWDO at 937-285-6116 .

2. **Issue the enclosed public notice within 24 hours** in accordance with OAC, Rule 3745-81-32 using one or more of the following methods to reach all persons served.

   - Hand delivery to persons served by the water system
   - Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas
   - Send to parents or guardians of children at schools or day care facilities
   - Another delivery method approved in writing by the director
   - Posted notices must remain in place for as long as the violation exists.
   - Posted notices must remain in place for as long as the violation exists, but in no case for less than seven (7) days (even if the violation is resolved). The language in italics on the enclosed public notice is mandatory and must be included, as written. Do not make changes to the public notice without consulting with Ohio EPA beforehand.

NOTE: Issuance of a Public Notice must be repeated every 30 days for as long as the violation exists, unless directed otherwise by the District Office. A verification form and a copy of the public notice stating the corrective measures completed to date must be submitted to the Ohio EPA.

Southwest District Office
401 East Fifth Street
Dayton, OH 45402-2911

937 | 285 6357
937 | 285 6249 (fax)
www.epa.ohio.gov

3. **Investigate and eliminate the cause of bacterial contamination**. Special purpose samples may be collected to investigate the source of contamination or to verify elimination of the problem (these samples cannot be collected to comply with monitoring or MCL requirements; label samples as "special purpose").

4. **Complete the enclosed verification form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - SWDO. Include a copy of each notice distributed, published or posted.

5. **Discontinue the Water Use Advisory** – The water use advisory shall remain in effect until one set of four (4) repeat samples is total coliform-negative. Notify the people served by the water system when the water use advisory is discontinued.

6. **Monitor with at least five (5) routine samples** in the month following a routine total coliform-positive result in accordance with OAC, Rule 3745-81-21(B)(7).

If you have any questions, please contact me at 937-285-6417 or Dave Secor at 937-285-6114.

Sincerely,

Mark J. Verbsky, R.S.
Environmental Specialist

Enclosures: Tier 1 Public Notification
Public Notice Instructions and Verification Form

cc: Logan County Health Department
Information Management Section, DDAGW, CO

MJV/mab

DRINKING WATER WARNING

Fecal coliform or *E. coli* bacteria were found in the Blackhawk Bar And Grill PWS water supply

BOIL YOUR WATER BEFORE USING
OR USE BOTTLED WATER

Bottled water is available from _____.

What should I do?

- *DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for at least one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes and food preparation until further notice. Boiling kills bacteria and other organisms in the water.*

- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short term effects, diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, and people with severely compromised immune systems.*

- *The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.*

What is being done?

We are investigating and taking the necessary steps to correct the problem as soon as possible.

For more information, please contact _____ at _____
name of contact phone number

or at _____.
mailing address

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly. You can do this by posting this notice in a public place or distributing copies by hand or mail.

PWSID# OH4648612	Date Distributed:

Tier 1: Fecal coliform or *E. coli* Notice – Non community (boil option)

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR TIER 1 VIOLATIONS

The owner or operator of a public water system with a Tier 1 violation or situation that may pose an acute risk to human health is required to notify the persons served by the public water system. Notice shall be issued as soon as practical but **no later than 24 hours** after the system learns of the violation. Public notice shall be repeated as established during consultation with Ohio EPA.

I HEREBY CERTIFY THAT THE PUBLIC WAS NOTIFIED BY THE FOLLOWING METHOD(S) INDICATED BELOW, AS DESCRIBED IN THE OHIO ADMINISTRATIVE CODE RULE 3745-81-32:

Required Method of Public Notification	Actual Method of Public Notification
Use one or more of the following methods to reach all persons served by the public water system:	**Describe actual methods used to notify public of the violation:**
1. Public notice issued by appropriate broadcast media (such as radio and television stations)	1A. Name of station(s) _____ 1B. Date provided to station(s) _____
2. Public notice issued by continuous posting in conspicuous places throughout the area served by the water system (required to remain posted for as long as the violation exists)	2A. Dates of posting _____ 2B. Locations of posting _____ _____ _____
3. Public notice issued by hand delivery to persons served by the water system	3. Date of delivery _____
4. Public notice issued by another delivery method approved in writing	4A. Method _____ 4B. Date _____
Additional methods established in consultation with Ohio EPA	A. Method(s) _____ _____ B. Date(s) _____

Please indicate below what public notice was used. INCLUDE A COPY OF THE PUBLIC NOTICE.

____ A public notice as provided was issued without changes.

____ A different public notice was issued.

_____
Signature of Responsible Person Date

_____
Printed Name and Title of Responsible Person

Blackhawk Bar And Grill PWS
OH4648612
Logan County
Third Quarter of 2010
Total Coliform Acute MCL (Vio. Type 21)

For Ohio EPA use only:
Date PN received: _____
PN acceptable: _____ **PN not acceptable:** _____

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:

BILL BILLING
11543 SR 365
LAKEVIEW OH 43331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brandee Reynos ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Brandee Reynos
C. Date of Delivery 07-24

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*) ☐

2. Article Number
(*Transfer from service label*) 7005 0390 0004 9401 8448

S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 0390 0004 9401 8448

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	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

MV 1MAB

Postmark Here

Sent To Bill Billing
Street, Apt. No.; or PO Box No. 11543 SR 365
City, State, ZIP+4 Lakeview OH 43331

PS Form 3800, June 2002 See Reverse for Instructions