



State of Ohio Env

Southwe

401 E. Fifth St.  
Dayton, Ohio 45402

TELE: (937) 2E  
WA

Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

**NOTICE OF VIOLATION – ACTION REQUIRED**

November 18, 2009

RE: Miami County  
Elizabeth Township Community Center  
Non-Transient Non-Community  
PWS ID: OH5537712

**CERTIFIED MAIL**

Zlata Garrison  
5760 E Walnut Grove Rd  
Troy, OH 45373

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)  
During Fourth Quarter of 2009 (ACUTE)**

Elizabeth Township Community Center 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.

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, 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: Miami County Health Department  
Information Management Section, DDAGW, CO

MV/ca

# DRINKING WATER WARNING

Fecal coliform or *E. coli* bacteria were found in the Elizabeth Township Community Center 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# OH5537712	Date Distributed:
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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
<p><b>Use one or more of the following methods to reach all persons served by the public water system:</b></p> <p>1. Public notice issued by appropriate broadcast media (such as radio and television stations)</p> <p>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)</p> <p>3. Public notice issued by hand delivery to persons served by the water system</p> <p>4. Public notice issued by another delivery method approved in writing</p>	<p><b>Describe actual methods used to notify public of the violation:</b></p> <p>1A. Name of station(s) _____</p> <p>1B. Date provided to station(s) _____</p> <p>2A. Dates of posting _____</p> <p>2B. Locations of posting _____                      _____                      _____</p> <p>3. Date of delivery _____</p> <p>4A. Method _____</p> <p>4B. Date _____</p>
<p><b>Additional methods established in consultation with Ohio EPA</b></p>	<p>A. Method(s) _____                      _____</p> <p>B. Date(s) _____</p>

**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

Elizabeth Township Community Center  
 OH5537712  
 Miami County  
 Fourth Quarter of 2009  
 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 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  <input checked="" type="checkbox"/> <i>Frank Bosuma</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>FRANK BOSUMA</i></p> <p>C. Date of Delivery  <i>11.23.09</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>       <b>ZLATA GARRISON</b>  <b>5760 E WALNUT GROVE ROAD</b>  <b>TROY OH 45373</b></p>	<p>3. Service Type  <input checked="" 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 Number          (Transfer from service label) <i>7007 0220 0001 2491 9237</i></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](http://www.usps.com)

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage \$	
<p>Sent To <b>ZLATA GARRISON</b>  <i>Street, Apt. No., or PO Box No.</i> <b>5760 E WALNUT GROVE ROAD</b>  <i>City, State, ZIP+4</i> <b>TROY OH 45373</b></p>	

7007 0220 0001 2491 9237

PS Form 3800, August 2006 See Reverse for Instructions