Ohio Environmental Protection Agency
John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

DDGW0H39467123

November 21, 2012

NOTICE OF VIOLATION – ACTION REQUIRED

CERTIFIED MAIL
91 7108 2133 3937 1501 7818

Bryan S. Puder
Norw - South District
2205 U.S. Route 20 East,
Norwalk, OH 44857

Huron County
Norw - South District
Community PWS
PWS ID: OH3946712
Facility ID: DS1

Subject: Violation of Maximum Contaminant Level for TTHM
Norw - South District is in violation for exceeding the maximum contaminant level (MCL) standard of 0.080 MG/L as established in the Ohio Administrative Code (OAC) section 3745-81-12 for TTHM. Compliance with the MCL is based on a running annual average. The annual average for TTHM during the Third Quarter of 2012 time period is 0.094 MG/L.

To address the MCL violation, Norw - South District is required to take the following actions:

1. Notify your customers within 30 days using the enclosed instructions and public notice.
2. Complete and send a verification form with a copy of the public notice to the mailing address below within ten days after issuance.
3. Perform quarterly monitoring for TTHM during each calendar quarter (January 1 – March 31; April 1 – June 30; July 1 – September 30; October 1 to December 31).
4. Consult with your Ohio EPA district representative to discuss your options for coming into compliance and establishing a compliance schedule or comply with any previously issued enforcement action.

Your prompt attention to this matter is greatly appreciated. Continued noncompliance may lead to additional enforcement actions. If you have any questions or wish to change the public notice, please call me at (614) 644-2752.

Sincerely,

Michael W. Deal
Compliance Assurance Section
Division of Drinking and Ground Waters

Enclosure: Public Notice; Public Notice Instructions and Verification Form
cc: Huron County Health Department

50 West Town Street, Suite 700
P.O. Box 1049
Columbus, OH 43216-1049

614 | 644 3020
614 | 644 3184 (fax)
www.epa.ohio.gov

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Printed in-house

DRINKING WATER NOTICE

Norw - South District Has
Levels of TTHM above Drinking Water Standards

Our water system recently violated the maximum contaminant level (MCL) for TTHM. The average level of TTHM over the last four quarters was 0.094 MG/L. The standard for TTHM is 0.080 MG/L.

What should I do?

- **You do not need to use an alternative (e.g., bottled) water supply.** However, if you have specific health concerns, consult your doctor.

What does this mean?

The levels detected do not pose an immediate risk to your health. However, some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous systems, and may have an increased risk of getting cancer.

What is being done?

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

Additional information may be obtained by contacting:

Contact Person: _____.

Phone Number: _____.

Mailing Address: _____.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Date Distributed: _____

PWSID: OH3946712 Facility ID: DS1

Monitoring Period: Third Quarter of 2012

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PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR
Community PUBLIC WATER SYSTEMS WITH TIER 2 VIOLATIONS

The owner or operator of a Community water system with a Tier 2 violation or situation shall notify the persons served by the public water system as soon as practical but **no later than 30 days** after the system learns of the violation. Public notice shall be repeated every 3 months as long as the violation or situation persists.

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
COMMUNITY WATER SYSTEMS – 1. Must issue public notice by mail or other direct delivery to each customer and service connection (where known). 2. May also post in conspicuous locations throughout the distribution system (must remain posted for as long as the violation exists, but at least 7 days).	1. Date of mailing/delivery _____ 2.A. Dates of posting _____ 2.B. Locations of posting _____ _____ _____
NONCOMMUNITY WATER SYSTEMS – **Use one or more of the following:** 15. Public notice issued by posting in conspicuous locations throughout the distribution system (required to remain posted for as long as the violation exists, but in no case less than 7 days). 16. Public notice issued by mail or other direct delivery to each customer and service connection (where known).	**Describe actual methods used:** 1.A. Dates of posting _____ 1.B. Locations of posting _____ _____ _____ 2. Date of mailing/delivery _____
Schools and Day-Care Facilities must notify parents or guardians of children being served by methods <u>besides</u> posting, such as a newsletter, e-mail notice, or direct mailing	A. Method(s) _____ _____ B. Date(s) _____
ALL SYSTEMS – **If the above methods do not reach all persons served,** also use any other method calculated to reach other persons served by the system (e.g. publication in a local newspaper or newsletter, use of e-mail to notify employees or students, or delivery of multiple copies to central locations).	A. Method(s) _____ _____ _____ B. Date(s) _____

Please check which public notice was used:

____ A public notice as shown on the other side of this sheet was issued <u>without changes</u>.

____ A different public notice was issued. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

_____
Signature of Responsible Person Date

_____
Printed Name and Title of Responsible Person

PWS NAME: Norw - South District
PWSID: OH3946712
Facility ID: DS1
COUNTY: Huron
TTHM MCL, AVERAGE

Third Quarter of 2012; Vio Id 3

<u>For Ohio EPA Use Only:</u>
Date PN received: _____
PN acceptable: _____ PN not acceptable: _____.