



Environmental Protection Agency
District Office

District Office



2195 Front Street
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490
www.epa.state.oh.us

Ted Strickland, J, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

NOTICE OF VIOLATION – ACTION REQUIRED

November 12, 2008

RE: Athens County
Athens PWS
Public Community
PWS ID: OH0500212

CERTIFIED MAIL
7007 3020 0001 7882 1022

City of Athens
395 West State Street
Athens, OH 45701

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)
During October 2008 (ACUTE and MONTHLY)**

Athens 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* in the drinking water. *E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes.* This is an Acute MCL violation. Also, more than one sample during the month of October was Total coliform positive. This is a monthly MCL violation.

ACTION REQUIRED:

- 1. Notify the people served by this water system.** Within 30 days issue the enclosed public notice in accordance with OAC, Rule 3745-81-32 by the following method(s) to reach all persons served. The appropriate methods for your system are listed below.

- Mail or other direct delivery to each customer
- If necessary to reach all persons regularly served, use other notification methods also, such as newspaper publication, public posting or Internet posting

Posted notices must remain in place for as long as the violation exists, but in no case for less than seven 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.

- 2. Complete the enclosed verification form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - Southeast District Office. Include a copy of each notice distributed, published or posted.
- 3. 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).

Athens PWS
November 12, 2008
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If you have any questions, contact me at 740-380-5436.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rex Haggy".

Rex Haggy
Environmental Specialist 2

RH/cb

Enclosures: Tier 2 Public Notification
Public Notice Instructions and Verification Form

pc: Athens County Health Department
Southeast District Office Files
Information Management Section, DDAGW, CO

DRINKING WATER WARNING

Tests show the Athens PWS water was contaminated with *E. coli* bacteria

We routinely monitor for the presence of drinking water contaminants. We took 35 samples for coliform bacteria during October 2008. 10 of those samples showed the presence of coliform bacteria, and 3 of those 10 samples were *E. coli* positive. No more than *1 sample per month* may show the presence of coliform bacteria during a month. *E. coli* bacteria can make you sick, and are a particular concern for people with weakened immune systems.

What should I do?

- *E. coli* bacteria are no longer being detected in our drinking water, and you no longer need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor. People with severely compromised immune systems, infants, and some elderly people may be at increased risk. These people should seek advice about drinking water from their health care providers.
- *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. However, if you have specific health concerns, consult your doctor. They may pose a special health risk for infants, young children, some of the elderly, 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 happened? What is being done?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It also can happen due to a break in the distribution system (pipes) or a failure in the water treatment process. The latest total coliform bacteria sampling indicates that total coliform bacteria are no longer being detected in our drinking water.

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 (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.

PWSID# OH0500212

Date Distributed:

Tier 1: Fecal coliform or *E. coli* MCL Notice - Community

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

The owner or operator of a community public 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
<p>Use the following method to reach all persons served by the public water system:</p> <p>Public notice issued by mail or other direct delivery to each customer receiving a bill and to other service connections to which water is delivered by the public water system</p>	<p>Describe actual methods used to notify public of the violation:</p> <p>A. Date of mailing/delivery _____</p>
<p>If the above method does not reach all persons served, also use any other method reasonably calculated to reach other persons regularly served by the public water system (e.g. publication in a local newspaper, delivery of multiple copies for distribution by customers that provide their drinking water to others, posting in public places served by the system or on the Internet, or delivery to community organizations). If the notice is posted, it shall remain in place as long as the violation exists, but in no case less than 7 days.</p>	<p>A. Method(s) _____ _____</p> <p>B. Date(s) _____</p>

Please check if the public notice used was provided by Ohio EPA (other side of this form) or another acceptable notice was used:

_____ A public notice as shown on the other side of this sheet was issued without changes.

_____ 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

Athens PWS
OH0500212
Athens County
October 2008
Total Coliform Acute and Monthly MCL (Vio.
Type 21 and 22)

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"> 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: City of Athens 395 W. State Street Athens OH 45701	B. Received by (Printed Name) Crystal F. Ryan
	C. Date of Delivery 11-24-08
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7007 3020 0001 7882 1022
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	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32
	
Sent To City of Athens	
Street, Apt. No., or PO Box No. 395 W. State Street	
City, State, ZIP+4 Athens OH 45701	
PS Form 3800, August 2006	See Reverse for Instructions

7007 3020 0001 7882 1022