OH2700012 GALLIA CO RURAL WATER ASSOCIATION 22 08/30/07

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2195 Front Street
Logan, Ohio 43138

www.epa.state.oh.us

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

August 7, 2007

Re: ~~Gallia County~~
~~Gallia County Rural Water~~
~~Community~~
~~PWS ID: 2700012~~

Gallia County Rural Water
308 Burnett Road
Gallipolis, OH 45631

Subject: Notice of Violation of Monthly Maximum Contaminant Level for Total Coliform Bacteria

Your public water system incurred a **monthly** violation of rule 3745-81-14 of the Ohio Administrative Code (OAC) in July 2007.

A monthly violation of rule 3745-81-14 occurs when more than one or greater than five percent of your samples within the month were total coliform-positive.

Actions required as a result of the above violation	
Step 1	**Within 30 days** issue the attached public notice of the violation in accordance with rule 3745-81-32 of the Ohio Administrative Code by the following method(s) to reach all persons served by the public water system: 1. mail or other direct delivery to each customer receiving a bill and to other service connections; and 2. if necessary, the system must also use any other method reasonably calculated to reach all persons served by the public water system; The language in italics on the attached public notice is mandatory and must be included as written.
Step 2	Immediately initiate an investigation to determine and eliminate the cause and extent of bacterial contamination.
Step 3	Fill out the attached verification form and send along with a copy of the public notification issued within 10 days to the Southeast District Office of the Ohio EPA.
Step 4	Because 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 August 2007.

If you have any questions, please contact me at (740) 380-5436.

Sincerely,

Rex S. Haggy

Rex S. Haggy
Environmental Specialist II
Division of Drinking and Ground Waters

RSH/cb

Enclosures

cc: Toni Buchanan, DDAGW, CO
cc: Gallia County Health Department

DRINKING WATER NOTICE
Tests showed coliform bacteria in water

We routinely monitor for the presence of drinking water contaminants. We took 25 samples for coliform bacteria during July 2007. Two of those samples showed the presence of coliform bacteria. No more than 1 sample per month/5 percent of our samples may show the presence of coliform bacteria during a month.

What should I do?

- **You do not 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.

- Total coliform bacteria are generally not harmful themselves. Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution systems.

- *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*

  Fecal coliform or *E. coli*, which are bacteria of greater concern, were not detected in the follow-up testing.

What is being done?

Further testing shows that **coliform bacteria are no longer being detected** and this problem has been resolved.

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

PWS ID# Date distributed: _____

Tier 2: Resolved Total Coliform Monthly MCL Notice

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NONCOMMUNITY 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
Use one or more of the following methods to reach all persons served by the public water system: 1.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) 2.Public notice issued by mail or other direct delivery to each customer and service connection (where known).	1A. Dates of posting _____ 1B. Locations of posting _____ _____ _____ 2A. Date of mailing/delivery_____
If the above methods do not reach all persons served, also use any other method *reasonably 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 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 Official Date

_____
Printed Name and Title of Responsible Official

NAME OF PUBLIC WATER SYSTEM

PWSID NUMBER: ___

COUNTY NAME:

For OEPA use only
Date PN Received: _____
PN acceptable: **PN not acceptable:**

VIOLATION TYPE: 22
MONITORING PERIOD July 2007

revised December 24, 2002