2195 Front Street
Logan, Ohio 43138

www.epa.state.oh.us

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

NOTICE OF VIOLATION – ACTION REQUIRED

September 1, 2010

RE: Harrison County
Cadiz Village PWS
Community
PWS ID: OH3400214

Village of Cadiz
Attn: Thomas H. Carter
P.O. Box 153, 128 Court Street
Cadiz, OH 43907

Subject: Violation of Total Coliform Maximum Contaminant Level (MCL) During July 2010 (Monthly)

Cadiz Village PWS is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful bacteria may be present.

ACTION REQUIRED:

1. **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").

2. **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.

   - 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.

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

4. **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 this office at 740-380-5275.

Sincerely,

Randy Smith
Environmental Specialist

RS/cb

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

cc: Harrison County Health Department
Information Management Section, DDAGW, CO
District File Copy

DRINKING WATER NOTICE

Tests showed coliform bacteria in Cadiz Village PWS water.

We routinely monitor for the presence of drinking water contaminants. We took 12 samples for coliform bacteria during July 2010. Two of those samples showed the presence of coliform bacteria. No more than 1 sample per month 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 system.*

- *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 _____
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# OH3400214	Date Distributed:

Tier 2: Resolved Total Coliform Monthly MCL Notice

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
Use the following method to reach all persons served by the public water system: 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	**Describe actual methods used to notify public of the violation:** A. Date of mailing/delivery _____
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.	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

Cadiz Village PWS
OH3400214
Harrison County
July 2010
Total Coliform Monthly MCL (Vio. Type 22)

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