



John R. Kasich, Governor  
Mary Taylor, Lt. Governor  
Scott J. Nally, Director



## NOTICE OF VIOLATION – ACTION REQUIRED

January 25, 2013

Mr. David Cope  
Memorial Hospital Medical Building  
715 South Taft Avenue  
Fremont, Ohio 43420

Sandusky County  
Memorial Hospital Medical Building  
Non-Community, Transient PWS  
PWS ID: OH7257612

### **Subject: Failure to Sample Drinking Water for Total Coliforms as Required**

Memorial Hospital Medical Building is in violation of Ohio Administrative Code (OAC), Rule 3745-81-21 for failure to comply with the total coliform monitoring.

<b>Monitoring Period:</b>	Fourth Quarter of 2012
<b>Required Coliform Monitoring:</b>	One (1) routine sample per quarter
<b>Sample Results Submitted:</b>	None

To ensure the safety of drinking water provided by your system monitoring for total coliforms is essential.

### **ACTION REQUIRED:**

1. **Notify the people served by this water system** using one or more of the methods and the timing as required by OAC, Rule 3745-81-32 to reach all persons served.

**Timing:** As soon as practical, but no later than, 30 days after learning of the violation:

- Posting in conspicuous location, such as bulletin boards, restrooms, drinking fountains, vending areas;
- Mail or other direct delivery to each customer;
- Newsletters or newspaper;
- E-mail to employees or students;
- Send to parents or guardians of children at schools or day care facilities;
- Posted notices must remain in place as long as the violation or situation exists, but in no case 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 the Ohio EPA beforehand.

Mr. David Cope  
January 25, 2013  
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- 2. Complete the enclosed Verification Form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - NWDO. Include a copy of each notice distributed, published or posted.

If total coliform samples were collected as required, have the laboratory submit the results electronically as soon as possible. The monitoring violation would be rescinded and a reporting violation given for late submittal of the results. To ensure the monitoring violation is rescinded, please contact this office and provide the date the data was submitted by the laboratory.

If you have any questions, contact me at 419-373-3108 or by e-mail at [janis.damico@epa.ohio.gov](mailto:janis.damico@epa.ohio.gov).

Sincerely,



Janis D'Amico  
Division of Drinking and Ground Waters

/cg

Enclosures: Tier 3 Public Notification (2)  
Public Notice Instructions & Verification Form

pc: Sandusky County Health Department  
DDAGW – NWDO (w/enclosures)

# PUBLIC NOTICE - DRINKING WATER WARNING

## Monitoring requirements were not met for Memorial Hospital Medical Building

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During Fourth Quarter of 2012, we "did not monitor or test" or "did not complete all monitoring or testing" for total coliform bacteria, and therefore cannot be sure of the quality of your drinking water during that time.

### What Should I Do?

- *There is nothing you need to do at this time. You do not need to boil your water or take other corrective action.*
- *This notice is to inform you that Memorial Hospital Medical Building did not monitor and report results for the presence of total coliform bacteria in the public drinking water system during the Fourth Quarter of 2012 time period, as required by the Ohio Environmental Protection Agency.*

### What is being done?

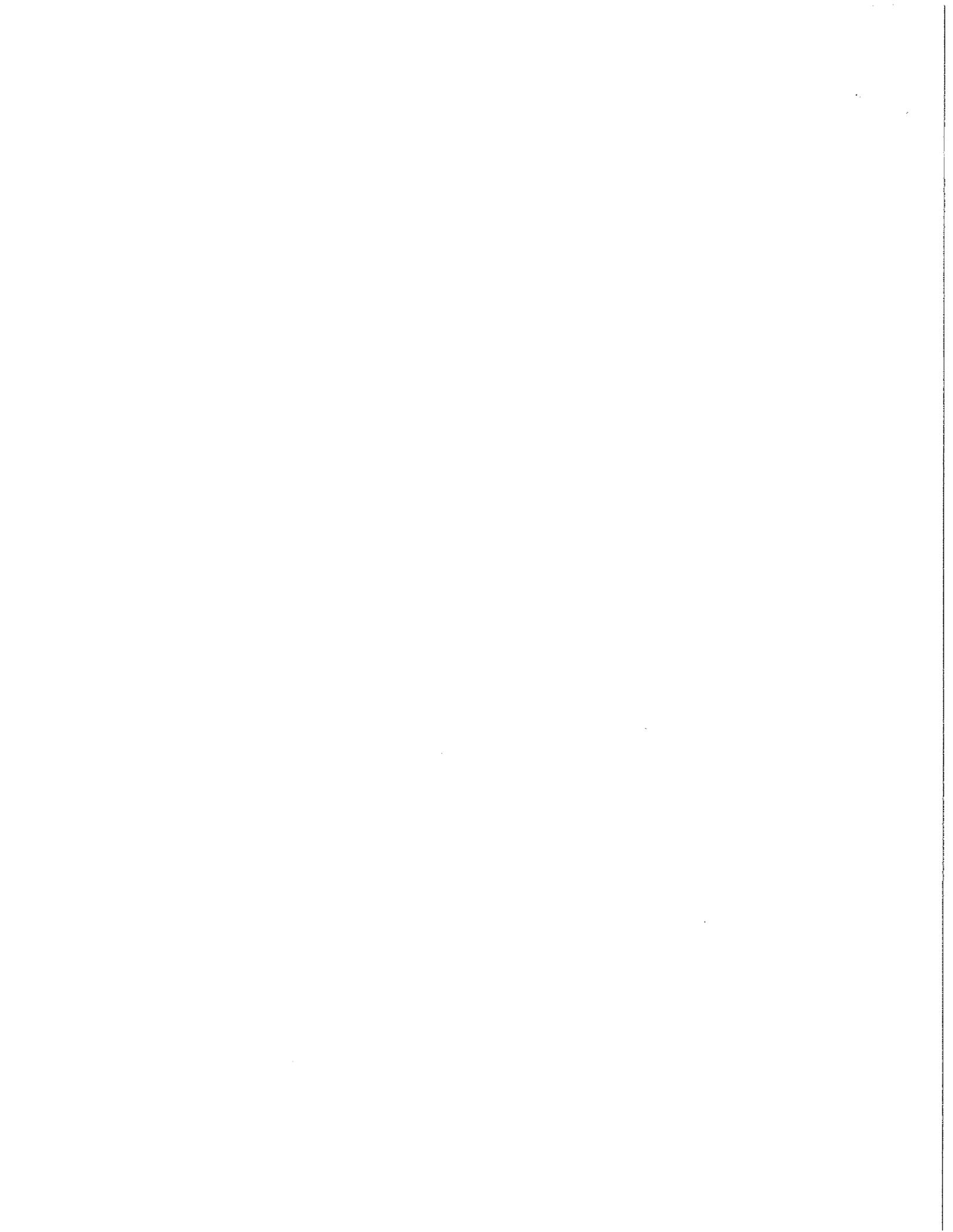
Upon being notified of this violation, the water supply was required to have the drinking water analyzed for the above mentioned parameters. The water supplier will take steps to ensure that adequate monitoring will be performed in the future.

For more information, please contact \_\_\_\_\_ at \_\_\_\_\_  
name of contact phone number  
or at \_\_\_\_\_  
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.*

PWS ID: OH7257612

Date this public notice was distributed:



## PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NON-COMMUNITY PUBLIC WATER SYSTEMS WITH TIER 3 VIOLATIONS

The owner or operator of a non-community public water system with a Tier 3 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 issued by posting shall remain in place as long as the violation or situation persists. Public notice issued by other methods shall be repeated annually 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><b>Use one or more of the following methods to reach all persons served by the public water system:</b></p> <ol style="list-style-type: none"> <li>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)</li> <li>2. Public notice issued by mail or other direct delivery to each customer and service connection (where known).</li> </ol>	<p><b>Describe actual methods used to notify public of the violation:</b></p> <p>1A. Dates of posting _____</p> <p>1B. Locations of posting _____                      _____                      _____</p> <p>2. Date of mailing/delivery _____</p>
<p><b>Schools and Day-Care Facilities</b> must notify parents or guardians of children being served by methods besides posting, such as a newsletter, e-mail notice, or direct mailing</p>	<p>A. Method(s) _____                      _____</p> <p>B. Date(s) _____</p>
<p><b>If the above methods do not reach all persons served</b>, 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).</p>	<p>A. Method(s) _____                      _____                      _____</p> <p>B. Date(s) _____</p>

**Complete the enclosed Verification Form and mail it to Ohio EPA – NWDO. INCLUDE A COPY OF THE PUBLIC NOTICE.**

\_\_\_\_\_  
Signature of Responsible Person                      Date

\_\_\_\_\_  
Printed Name and Title of Responsible Person

Memorial Hospital Medical Building  
OH7257612  
Sandusky County  
Fourth Quarter of 2012  
Total Coliform Monitoring (Vio. Type 23)  
Vio Id: 7686111

<p><b>For Ohio EPA Use Only:</b>                  Date PN received: _____                  PN acceptable: _____ PN not acceptable: _____</p>
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