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

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February 7, 2013

NOTICE OF VIOLATION – ACTION REQUIRED

Meredith Flaherty
Seasons Rehab and Care Center
456 Seasons Road
Stow, OH 44224

Summit County
Seasons Rehab and Care Center
COMMUNITY PWS
PWS ID: OH7704812

Subject: Failure to Monitor Drinking Water

Seasons Rehab and Care Center is in violation of Ohio Administrative Code Rule (OAC) 3745-81-23 for failing to monitor your drinking water during the July 1 to September 30, 2012 monitoring period and/or report results for the following contaminants: NITRATE.

In order to return to compliance, Seasons Rehab and Care Center must take the following actions:

1. Notify your customers using the enclosed instructions and public notice.
2. Complete and return the enclosed verification form to this office.

Your prompt attention to this matter is greatly appreciated. Continued noncompliance may lead to enforcement actions. If you have any questions, or if the required sample analysis was performed, please call me at (614) 644-2752.

Sincerely,

Wendy Sheeran

Wendy Sheeran

Division of Drinking and Ground Waters

Enclosure: Laboratory List, Public Notice, Verification Form

ec: DDAGW CO file

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

Monitoring requirements not met for Seasons Rehab and Care Center

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 our drinking water meets health standards. During the July 1 to September 30, 2012 *time period we did not monitor for the following contaminants and therefore cannot be sure of the quality of our drinking water during that time:* NITRATE.

What Should I Do?

This notice is to inform you that Seasons Rehab and Care Center did not monitor and report results for the presence of the contaminants listed above in the public drinking water system during the July 1 to September 30, 2012 time period, as required by the Ohio Environmental Protection Agency. You do not need to take any actions in response to this notice.

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.

Additional information may be obtained by contacting Seasons Rehab and Care Center at:

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.

PWSID: OH7704812 Facility ID: 7758634

Date Distributed: _____

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

The owner or operator of a 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 one year** after the system learns of the violation. At a minimum, community public water systems must issue the notice by **mail or other direct delivery**. 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
Use one or more of the following methods 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. *The consumer confidence report (CCR) delivered to customers by July 1 of each year may be used as long as the public notice includes all the required content and is delivered within the required timeframe.*	**Describe actual methods used to notify public of the violation:** Date of mailing/delivery _____ *Please check if public notice was included in the yearly CCR* _____
If the above methods do 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 or newsletter, delivery of multiple copies for distribution by customers that provide their drinking water to others, posting in public places served by the system, use of e-mail or the Internet to notify employees or students, or delivery 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 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

PWS NAME: Seasons Rehab and Care Center
PWSID: OH7704812
Facility ID: 7758634
COUNTY: Summit
MONITORING, ROUTINE MAJOR
Third Quarter of 2012; Vio Id 8543327

For Ohio EPA Use Only:
Date PN received: _____
PN acceptable: _____ PN not acceptable: _____.