



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

March 12, 2013

CERTIFIED MAIL

RE: Village of Mount Orab
Brown County
Community Water Supply
PWS ID#0801011

Mr. Bruce Lunsford, Mayor
Village of Mount Orab
P.O. Box 466
Mount Orab, Ohio 45154

Dear Mayor Lunsford:

The village of Mount Orab is in violation of Chapter 6109 of the Ohio Revised Code (ORC) by failing to comply with the requirements for disinfection of surface water sources set forth in Chapter 3745 of the Ohio Administrative Code (OAC) rules 3745-81-71 through 3745-81-75 and 3745-83-02.

The village of Mount Orab violated rule 3745-81-72 of the OAC when the following disinfection requirements were not met during the month of February, 2013. The water system failed to provide sufficient disinfection treatment of its drinking water on February 25, 2013, when the actual CT value during the maximum hourly flow rate did not meet or exceed the required minimum CT value set forth in rule 3745-81-72 of the OAC.

Failure to meet any requirement of rule 3745-81-72 of the OAC, Disinfection of Water from Surface Water Sources, or any requirement of rule 3745-81-73 of the OAC, Filtration of Water from Surface Water Sources, is a treatment technique violation for which public notification is required under rule 3745-81-32 of the OAC. The village of Mount Orab must notify persons served by its water system of its violations of rule 3745-81-72 of the OAC by 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 within 30 days after the violation occurs. **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.

If public notification has not yet been issued for the violations noted above, the village of Mount Orab may use the attached example public notice to notify persons served by its water system of those violations. The Village must send a copy of the actual public notice used and the verification form to this office within ten (10) days after the notice is issued.

Mayor Lunsford
Village of Mt. Orab
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Chapter 6109 of the Ohio Revised Code provides for civil penalties of up to \$25,000.00 per day of violation of the drinking water rules noted above. Should the village of Mount Orab fail to correct its violations, Ohio EPA may take action to enforce the requirements of its drinking water rules. A civil penalty could be assessed as part of this enforcement action.

If you have any questions regarding this letter, or any other matter involving your water system, please feel free to call me at (937) 285-6118.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gina Hayes".

Gina Hayes
Environmental Specialist
Division of Drinking and Ground Waters

GH/kb

cc: John Van Harlingen, Operator of Record
ELO/CO

ec: Brown County Health Department

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ann Morgan</i></p> <p>B. Received by (Printed Name) <i>ANN MORGAN</i> C. Date of Delivery <i>3-15-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>MR. BRUCE LUNSFORD, MAYOR VILLAGE OF MT. ORAB P.O. BOX 466 MT. ORAB, OHIO 45154</p> </div>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>7005 2570 0001 6229 3489</p> </div>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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Sent To MR. BRUCE LUNSFORD, MAYOR
VILLAGE OF MT. ORAB
P.O. BOX 466
MT. ORAB, OHIO 45154

PS Form 3800, June 2002 See Reverse for Instructions

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