



2195 Front Street  
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490  
www.epa.state.oh.us

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

June 13, 2007

Re: ~~Belmont County,~~  
~~4-H CAMP PIEDMONT WELL 2 PWS~~  
~~TRANSIENT~~  
~~OH0735022~~  
CERTIFIED 7005 1820 0008 1262 1254

4-H CAMP PIEDMONT  
34221 4-H CLUB RD  
PIEDMONT, OH 43983

**Subject: Notice of Violation of Maximum Contaminant Level for Total Coliform Bacteria (ACUTE & Failure to Monitor with four repeat samples)**

During May 2007, your public water system incurred an **acute** violation of rule 3745-81-14 (D) of the Ohio Administrative Code (OAC) and a **monitoring** violation of rule 3745-81-21 (B)(1) of the OAC for failure to collect four (4) repeat samples within the required time period.

Actions required as a result of the above violation	
Step 1	<p><b>Within 24 hours</b>, consult with Ohio EPA and issue the attached public notice in accordance with rule 3745-81-32 of the Ohio Administrative Code using the following methods to reach all persons served by the public water system:</p> <p>1. posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.)</p> <p>The language in italics on the attached public notice is mandatory and must be included as written.</p>
Step 2	If not already done, 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, to the Southeast District Office of the Ohio EPA.
Step 4	Lifting the Advisory - The public notice water use advisory shall remain in effect until you obtain one complete set of four (4) total coliform-negative (contain no coliforms) repeat samples. Clearly mark each repeat sample slip as "repeat sample". It is advisable to notify your customers when the problem is corrected.
Step 5	Because you are required to monitor with at least five (5) samples in the next month following any total coliform-positive result <b>you must take at least five (5) total coliform samples in June 2007.</b>

4-H CAMP PIEDMONT  
JUNE 13, 2007  
PAGE 2

If additional repeat samples were taken, we have not received the results. Please forward a copy of the results to my office.

If you have any questions, please contact me at (740) 380-5201.

Sincerely,



Mike Moschell  
Inspector  
Division of Drinking and Ground Waters

MM/cb

Enclosures

cc: Toni Buchanan, DDAGW, CO  
cc: Belmont County Health Department  
cc: ~~Janie Hedges, SEDO~~

# DRINKING WATER NOTICE

## Monitoring requirements not met for the 4-H CAMP PIEDMONT WELL 2 PWS

Sampling conducted for our water system showed total coliform bacteria were found in a sample collected in **May 2007**. We were required to collect four repeat samples within 24 hours of notification of any total coliform positive result to determine if *E. coli* or fecal coliform bacteria were present. These bacteria can make you sick, and are a particular concern for people with weakened immune systems. Although repeat sampling was not conducted in the required time period specified, additional sampling has now been conducted and indicates that the water does not pose an acute risk to human health.

### 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 the 4-H CAMP PIEDMONT WELL 2 PWS did not monitor and report results for the presence of total coliform bacteria in the public drinking water system during the May 2007 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 \_\_\_\_\_ 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.*

PWSID# OH0735022

Date Distributed: \_\_\_\_\_

Tier 1: Total Coliform (no repeats taken)

## PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR TIER 1 VIOLATIONS

The owner or operator of a public water system with a Tier 1 violation or situation that may pose an acute risk to human health is required to notify the persons served by the public water system. Notice shall be issued as soon as practical but **no later than 24 hours** after the system learns of the violation. Public notice shall be repeated as established during consultation with Ohio EPA.

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> <p>1. Public notice issued by appropriate broadcast media (such as radio and television)</p> <p>2. Public notice issued by continuous posting in conspicuous places throughout the area served by the water system (required to remain posted for as long as the violation exists)</p> <p>3. Public notice issued by hand delivery to persons served by the water system</p> <p>4. Public notice issued by another delivery method approved in writing</p>	<p><b>Describe actual methods used to notify public of the violation:</b></p> <p>1A. Name of station(s) _____</p> <p>1B. Date provided to station(s) _____</p> <p>2A. Dates of posting _____</p> <p>2B. Locations of posting _____</p> <p>_____</p> <p>_____</p> <p>3A. Date of delivery _____</p> <p>4A. Method _____</p> <p>4B. Date _____</p>
<p><b>Additional methods established in consultation with Ohio EPA</b></p>	<p>A. Method(s) _____</p> <p>B. Date(s) _____</p>

**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

**4-H CAMP PIEDMONT WELL 2 PWS**  
NAME OF PUBLIC WATER SYSTEM  
PWSID NUMBER: **OH0735022**  
COUNTY NAME: **BELMONT**

VIOLATION TYPE: 21 & 25

MONITORING PERIOD May 2007

**For OEPA use only**  
Date PN Received: \_\_\_\_\_

PN acceptable:      PN not acceptable:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>John Booth</i>
1. Article Addressed to:  4-H Camp Piedmont 34221 4-H Club Rd Piedmont OH 43983	B. Received by (Printed Name)      C. Date of Delivery <i>John Booth</i> 6-15-07
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" 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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7005 1820 0008 1262 1254
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540	

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ 0.58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38
Sent To <i>4-H Camp Piedmont</i> Street, Apt. No., or PO Box No. <i>34221 4-H Club Rd.</i> City, State, ZIP+4 <i>Piedmont OH 43983</i>	
PS Form 3800, June 2002      See Reverse for Instructions	



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