



\* 0 H 3 7 3 7 9 1 2 8 6 5 5 2 0 8 \*

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

September 18, 2007.

Re: **HOCKING COUNTY**  
**THE INN AT CEDAR FALLS**  
**TRANSIENT**  
**OH3737912**  
**CERTIFIED 7006 3450 0001 9054 7441**

THE INN AT CEDAR FALLS  
21190 ST. RT. 374  
LOGAN, OH 43138

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

During August 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, and you failed to collect 5 samples in the month following the positive sample.

<b>Actions required as a result of the above violation</b>	
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.

The Inn at Cedar Falls  
September 18, 2007  
Page 2

Step 5	Because you are required to monitor with at least five (5) samples in the next month following any total coliform-positive result you should have taken at least five (5) total coliform samples in August 2007. You only took 4, and they were taken 2 days past the allowable time.
--------	---

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: Hocking County Health Department  
cc: ~~Jamie Wilkins, SEDO~~

# DRINKING WATER NOTICE

## Monitoring requirements not met for the THE INN AT CEDAR FALLS

Sampling conducted for our water system showed total coliform bacteria were found in a sample collected in **July 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 **THE INN AT CEDAR FALLS** did not monitor and report results for the presence of total coliform bacteria in the public drinking water system during the August 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# OH3737912

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>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

**THE INN AT CEDAR FALLS**  
NAME OF PUBLIC WATER SYSTEM

PWSID NUMBER: **OH3737912**

COUNTY NAME: **HOCKING**

<p><b>For OEPA use only</b></p> <p>Date PN Received: _____</p>	<p>VIOLATION TYPE: <u>21, 24 &amp; 25</u></p>
<p>PN acceptable:      PN not acceptable:</p>	<p>MONITORING PERIOD <u>August, 2007</u></p>

7006 3450 0001 9054 7441

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ .58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38



Sent To The Inn at Cedar Falls  
 Street, Apt. No.,  
 or PO Box No. 21190 St Rt 374  
 City, State, ZIP+4 Logan OH 43138

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

The Inn at Cedar Falls  
21190 St Rt 374  
Logan OH 43138

2. Article Number  
(Transfer from service label)

7006 3450 0001 9054 7441

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Mindy Kearney  Addressee

B. Received by (Printed Name)  
Mindy Kearney

C. Date of Delivery  
9-19-07

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540