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

2195 Front Street
 Logan, Ohio 43138

October 19, 2007

Re: **MORGAN COUNTY**
OHIO POWER/SAWMILL-D1
TRANSIENT
OH5833312
 CERTIFIED 7006 3450 0001 9054 5263

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

OHIO POWER
 PO BOX 328
 59 W MAIN ST
 MCCONNELSVILLE, OH 43756

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

During September, 2007, your public water system incurred an **acute** violation of rule 3745-81-14 of the Ohio Administrative Code (OAC) and a **monitoring** violation of rule 3745-81-21 (B)(1) of the OAC.

Acute and monitoring violations occur when four (4) total coliform bacteria repeat samples are not collected as required. (If samples were taken, we have not received the results. Please forward a copy of the results to my office.)

Actions required as a result of the above violations	
Step 1	<p>Within 24 hours, 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> <ol style="list-style-type: none"> 1. hand delivery of notice to each campsite; 2. delivery to each new visitor; 3. posting in conspicuous locations (restrooms, drinking fountains, vending areas, bulletin boards, etc.);and 4. PA announcements (if Applicable) <p>The language in italics on the attached public notice is mandatory and must be included as written.</p>
Step 2	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 within 10 days to the Southeast District Office of the Ohio EPA.

OHIO POWER/SAWMILL-D1
 OCTOBER 19, 2007
 PAGE 2

Step 4	Because you are required to monitor with at least five (5) samples in the next month following any total coliform-positive result you must take at least five (5) total coliform samples in October, 2007.
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If you have any questions, please contact me at (740) 380-5274.

Sincerely,

Steve kind for

Eric Hart
 Environmental Engineer
 Division of Drinking and Ground Waters

EH/cb

Enclosures

cc: Toni Buchanan, DDAGW, CO
 cc: Morgan County Health Department
 cc: **Jamie Wilkins, SEDO**

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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	\$ <u>0.58</u>
Certified Fee	<u>2.65</u>
Return Receipt Fee (Endorsement Required)	<u>2.15</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>5.38</u>

Sent To <u>Ohio Power</u>	
Street, Apt. No., or PO Box No. <u>PO Box 328 / 59 W. Main St.</u>	
City, State, ZIP+4 <u>McConnelsville OH 43756</u>	

PS Form 3800, August 2006 See Reverse for Instructions

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 <i>x David Dingey</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DAVID DINGEY</u></p> <p>C. Date of Delivery <u>10/24/07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><u>Ohio Power</u> <u>PO Box 328</u> <u>59 W Main Street</u> <u>McConnelsville OH</u> <u>43756</u></p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">7006 3450 0001 9054 5263</p>

DRINKING WATER WARNING

Tests show coliform bacteria in OHIO POWER/SAWMILL-D1 water

Sampling conducted for our water system showed total coliform bacteria were found in samples collected August 22, 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. We did not collect all of the required repeat samples until September 10 and therefore could not be sure that the drinking water did not pose an acute risk to human health during that time.

What happened? What is being done?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It also can happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

We are investigating and taking the necessary steps to correct the problem as soon as possible.

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# OH5833312	Date Distributed: _____
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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>Use one or more of the following methods to reach all persons served by the public water system:</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>Describe actual methods used to notify public of the violation:</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>Additional methods established in consultation with Ohio EPA</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

OHIO POWER/SAWMILL-D1
NAME OF PUBLIC WATER SYSTEM

PWSID NUMBER: **OH5833312**
COUNTY NAME: **MORGAN**

For OEPA use only
Date PN Received: _____
PN acceptable: PN not acceptable:

VIOLATION TYPE: 21 & 25
MONITORING PERIOD September, 2007