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ProtMary Taylor, Lt. Governor  
Scott J. Nally, Director**NOTICE OF VIOLATION – ACTION REQUIRED**

May 31, 2011

RE: Pike County,  
Longs Retreat Well 13  
Non-Community, Transient  
PWS ID: OH6633612**CERTIFIED MAIL**  
70101060000178961467Eric Long  
50 Bell Hollow Rd  
Latham, OH 45646**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)  
During May 2011 (ACUTE)**

Longs Retreat Well 13 is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Water samples have confirmed the presence of *E. coli* fecal coliform in the drinking water. *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes.* This is an Acute MCL violation requiring immediate action.

**IMMEDIATE ACTION REQUIRED:**

- 1. Consult with Ohio EPA within 24 hours** regarding public notice requirements. If you have not already received direction regarding this violation, contact the SEDO at 740-380-5446 .
- 2. Issue the enclosed public notice within 24 hours** in accordance with OAC, Rule 3745-81-32 using one or more of the following methods to reach all persons served.
  - Hand delivery to persons served by the water system
  - Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas
  - Send to parents or guardians of children at schools or day care facilities
  - Another delivery method approved in writing by the director
  - Posted notices must remain in place for as long as the violation exists.
  - Posted notices must remain in place for as long as the violation exists, but in no case for less than seven (7) days (even if the violation is resolved). The language in italics on the enclosed public notice is mandatory and must be included, as written. Do not make changes to the public notice without consulting with Ohio EPA beforehand.

Longs Retreat Well 13  
May 31, 2011  
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**NOTE: Issuance of a Public Notice must be repeated every 30 days** for as long as the violation exists, unless directed otherwise by the District Office. A verification form and a copy of the public notice stating the corrective measures completed to date must be submitted to the Ohio EPA.

3. **Investigate and eliminate the cause of bacterial contamination.** Special purpose samples may be collected to investigate the source of contamination or to verify elimination of the problem (these samples cannot be collected to comply with monitoring or MCL requirements; label samples as "special purpose").
4. **Complete the enclosed verification form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - SEDO. Include a copy of each notice distributed, published or posted.
5. **Discontinue the Water Use Advisory** – The water use advisory shall remain in effect until one set of four (4) repeat samples is total coliform-negative. Notify the people served by the water system when the water use advisory is discontinued.
6. **Monitor with at least five (5) routine samples** in the month following a routine total coliform-positive result in accordance with OAC, Rule 3745-81-21(B)(7).

If you have any questions, contact me at this office at 740-380-5274.

Sincerely,



Eric Hart  
Environmental Engineer

EH/cb

Enclosures: Tier 1 Public Notification  
Public Notice Instructions and Verification Form

cc: Pike County Health Department  
Information Management Section, DDAGW, CO  
District File Copy

# DRINKING WATER WARNING

Fecal coliform or *E. coli* bacteria were found in the Longs Retreat Well  
13 water supply

**BOIL YOUR WATER BEFORE USING  
OR USE BOTTLED WATER**

Bottled water is available from \_\_\_\_\_.

## What should I do?

- *DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for at least one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes and food preparation until further notice. Boiling kills bacteria and other organisms in the water.*
- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short term effects, diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, and people with severely compromised immune systems.*
- *The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.*

## What is being done?

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

For more information, please contact \_\_\_\_\_ at \_\_\_\_\_  
name of contact phone number

or at \_\_\_\_\_  
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. You can do this by posting this notice in a public place or distributing copies by hand or mail.*

PWSID# OH6633612

Date Distributed:

Tier 1: Fecal coliform or *E. coli* Notice – Non community (boil option)

## 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 stations)</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>3. 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 indicate below what public notice was used. INCLUDE A COPY OF THE PUBLIC NOTICE.**

\_\_\_\_\_ A public notice as provided was issued without changes.

\_\_\_\_\_ A different public notice was issued.

\_\_\_\_\_  
Signature of Responsible Person                      Date

\_\_\_\_\_  
Printed Name and Title of Responsible Person

Longs Retreat Well 13  
OH6633612  
Pike County  
May 2011  
Total Coliform Acute MCL (Vio. Type 21)

**For Ohio EPA use only:**  
 Date PN received: \_\_\_\_\_  
 PN acceptable: \_\_\_\_\_ PN not acceptable: \_\_\_\_\_

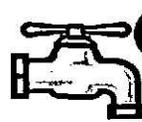
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Anthony Price</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <i>Eric Long</i> <i>50 Bell Hollow Rd</i> <i>Latham OH 45646</i>	B. Received by (Printed Name) <i>Anthony Price</i> C. Date of Delivery <i>6-2</i>  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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
PS Form 3811, February 2004	Domestic Return Receipt      102595-02-M-1540
7010 1060 0001 7896 1467	

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 \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$ <i>5.79</i>	
Sent To <i>Eric Long</i> Street, Apt. No., or PO Box No. <i>50 Bell Hollow Rd</i> City, State, ZIP+4 <i>Latham OH 45646</i>	
PS Form 3800, August 2006	See Reverse for Instructions

7010 1060 0001 7896 1467



Division of Drinking and Ground Waters



MACROBIOLOGICAL  
SAMPLE SUBMISSION REPORT (SSR)

**PUBLIC WATER SYSTEM INFORMATION:**

PWS ID Number: OH6633612  
PWS Name: LONGS RETREAT WELL 13  
PWS Type: NC  
Source Type: GW  
District: SEDO County: PIKE

**LABORATORY INFORMATION:**

Reporting Lab: MASI-DUBLIN LABORATORY-B  
Reporting Lab Certification No: 877  
Lab Sample Number: 0000065493

**SAMPLE INFORMATION:**

Sample Collection Date/Time: 05/26/2011 8:27  
Date Received by Ohio EPA: 05/31/2011

**Sample Type:**

- Routine (compliance)
- Repeat (confirm positive sample compliance)  
Original Routine Positive Sample #: 0000062908
- Special (not for compliance)

**SAMPLE COMMENTS:**

SPIGOT ON POLE AT BE, 50 BELL HOLLOW RD ,  
BOIL ALERT, MICHEAL FERRYMAN, 9375883725

Free Chlorine Residual (mg/l):

Total Chlorine Residual (mg/l):

**SAMPLE RESULTS:**

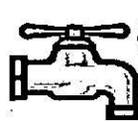
Analyte	Absent/ Present/		Analysis Start Date	Analysis End Date	Method Used
	Negative	Positive			
COLIFORM (TCR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA
E. COLI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA

**OEPA USE ONLY**

Letter Generated? \_\_\_\_\_  
 Phone Call: Person Contacted: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Division of Drinking and Ground Waters



Microbiological  
SAMPLE SUBMISSION REPORT (SSR)

**PUBLIC WATER SYSTEM INFORMATION:**

PWS ID Number: OH6633612  
PWS Name: LONGS RETREAT WELL 13  
PWS Type: NC  
Source Type: GW  
District: SEDO County: PIKE

**LABORATORY INFORMATION:**

Reporting Lab: MASI-DUBLIN LABORATORY-B  
Reporting Lab Certification No: 877  
Lab Sample Number: 0000065494

**SAMPLE INFORMATION:**

Sample Collection Date/Time: 05/26/2011 8:30  
Date Received by Ohio EPA: 05/31/2011

**SAMPLE COMMENTS:**

SPIGOT ON POLE AT BE, 50 BELL HOLLOW RD  
BOIL ALERT, MICHEAL FERRYMAN, 9375883725

**Sample Type:**

- Routine (compliance)
- Repeat (confirm positive sample compliance)  
Original Routine Positive Sample #: 0000062908
- Special (not for compliance)

Free Chlorine Residual (mg/l):

Total Chlorine Residual (mg/l):

**SAMPLE RESULTS:**

Analyte	Absent/ Present/		Analysis Start Date	Analysis End Date	Method Used
	Negative	Positive			
COLIFORM (TCR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA
E. COLI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA

**OEPA USE ONLY**

Letter Generated? \_\_\_\_\_

Phone Call: Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

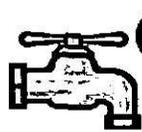
Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Division of Drinking and Ground Waters



MICROBIOLOGICAL  
SAMPLE SUBMISSION REPORT (SSR)

**PUBLIC WATER SYSTEM INFORMATION:**

PWS ID Number: OH6633612  
PWS Name: LONGS RETREAT WELL 13  
PWS Type: NC  
Source Type: GW  
District: SEDO County: PIKE

**LABORATORY INFORMATION:**

Reporting Lab: MASI-DUBLIN LABORATORY-B  
Reporting Lab Certification No: 877  
Lab Sample Number: 0000065495

**SAMPLE INFORMATION:**

Sample Collection Date/Time: 05/26/2011 9:15  
Date Received by Ohio EPA: 05/31/2011

**Sample Type:**

- Routine (compliance)
- Repeat (confirm positive sample compliance)  
Original Routine Positive Sample #: 0000062908
- Special (not for compliance)

**SAMPLE COMMENTS:**

WELL HOUSE SPIGOT , 50 BELL HOLLOW RD  
BOIL ALERT, MICHEAL FERRYMAN, 9375883725

Free Chlorine Residual (mg/l):

Total Chlorine Residual (mg/l):

**SAMPLE RESULTS:**

Analyte	Absent/ Present/		Analysis Start Date	Analysis End Date	Method Used
	Negative	Positive			
COLIFORM (TCR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA
E. COLI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA

**OEPA USE ONLY**

Letter Generated? \_\_\_\_\_

Phone Call: Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

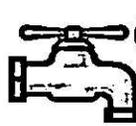
Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Division of Drinking and Ground Waters



MICROBIOLOGICAL  
SAMPLE SUBMISSION REPORT (SSR)

**PUBLIC WATER SYSTEM INFORMATION:**

PWS ID Number: OH6633612  
PWS Name: LONGS RETREAT WELL 13  
PWS Type: NC  
Source Type: GW  
District: SEDO County: PIKE

**LABORATORY INFORMATION:**

Reporting Lab: MASI-DUBLIN LABORATORY-B  
Reporting Lab Certification No: 877  
Lab Sample Number: 0000065496

**SAMPLE INFORMATION:**

Sample Collection Date/Time: 05/26/2011 9:28  
Date Received by Ohio EPA: 05/31/2011

**SAMPLE COMMENTS:**

WELL HOUSE SPIGOT , 50 BELL HOLLOW RD  
BOIL ALERT, MICHEAL FERRYMAN, 9375883725

**Sample Type:**

- Routine (compliance)
- Repeat (confirm positive sample compliance)  
Original Routine Positive Sample #: 0000062908
- Special (not for compliance)

Free Chlorine Residual (mg/l):

Total Chlorine Residual (mg/l):

**SAMPLE RESULTS:**

Analyte	Absent/ Present/		Analysis Start Date	Analysis End Date	Method Used
	Negative	Positive			
COLIFORM (TCR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA
E. COLI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/26/11 13:05	5/27/11 8:20	9223B-PA

**OEPA USE ONLY**

Letter Generated? \_\_\_\_\_

Phone Call: Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_