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www.epa.state.oh.us

2195 Front Street
Logan, Ohio 43138

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

January 25, 2008

Re: **ROSS COUNTY**
HIRNS CORNER PWS
TRANSIENT
OH7136112

CERTIFIED 7006 3450 0001 9056 2123

HIRNS CORNER
3504 US RTE 50
BAINBRIDGE, OH 45612

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

During December, 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>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> <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.

HIRNS CORNER
JANUARY 25, 2008
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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 must take at least five (5) total coliform samples in January, 2008.
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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) 380-5274.

Sincerely,



Eric Hart
Environmental Engineer
Division of Drinking and Ground Waters

EH/cb

Enclosures

cc: Toni Buchanan, DDAGW, CO
cc: Ross County Health Department
cc: Jamie Wilkins; SEDO

DRINKING WATER NOTICE

Monitoring requirements not met for the HIRNS CORNER PWS

Sampling conducted for our water system showed total coliform bacteria were found in (a) sample(s) collected in **December 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 HIRNS CORNER PWS did not monitor and report results for the presence of total coliform bacteria in the public drinking water system during the December 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# OH7136112

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>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

HIRNS CORNER PWS
NAME OF PUBLIC WATER SYSTEM
PWSID NUMBER: OH7136112
COUNTY NAME: ROSS

<p>For OEPA use only</p> <p>Date PN Received: _____</p> <p>PN acceptable: _____ PN not acceptable: _____</p>	<p>VIOLATION TYPE: <u>21 & 25</u></p> <p>MONITORING PERIOD <u>December 2007</u></p>
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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:

Hirn's Corner
3504 US RTE 50
Bainbridge OH
45612

2. Article Number

(Transfer from service label)

7006 3450 0001 9056 2123

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Neil Davis*

Agent

Addressee

B. Received by (Printed Name)

Neil Davis

G. Date of Delivery

1-28-08

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

[Signature]

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes