



John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director



June 20, 2013

NOTICE OF VIOLATION – ACTION REQUIRED

CERTIFIED MAIL

7010 1060 0001 7896 4048

Perry Atkinson
Winfield United Methodist Church PWS
5247 State Rte 516 NW
Dover, OH 44622

Tuscarawas County
Winfield United Methodist Church PWS
Non-Community, Transient PWS
PWS ID: OH7947612

**Subject: Violation of Total Coliform Maximum Contaminant Level (MCL)
During Second Quarter of 2013 (ACUTE)**

Winfield United Methodist Church PWS 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 740-380-5299.
2. **Issue the Tier 1 and 2 public notice within 24 hours** that is attached to the "Fecal indicators detected in one or more wells during June 2013" letter 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.

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 verification form enclosed with the "Fecal indicators detected in one or more wells during June 2013" letter within 10 days of issuing the Public Notice** and mail it to Ohio EPA – SEDO, 2195 Front Street, Logan Ohio 43138. 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 this office at 740-380-5299.

Sincerely,



Michael Carper
Environmental Specialist 2

MC/cb

cc: Tuscarawas County Health Department
District File Copy

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

7010 1060 0001 7896 4048

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent To Winfield United Methodist Church
 Street, Apt. No., or PO Box No. 5247 State Rte 516 NW
 City, State, ZIP+4 Dover OH 44622

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>STAN THOMAS</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>Perry Atkinson</u> <u>Winfield United Methodist Church</u> <u>5247 State Rte 516 NW</u> <u>Dover OH 44622</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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><u>7010 1060 0001 7896 4048</u></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>