



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



August 12, 2013

NOTICE OF VIOLATION – ACTION REQUIRED

CERTIFIED MAIL

Mr. Richard Ware
Miami Valley Camp
8880 Buckeye Lane
Versailles, OH 45380

**RE: Logan County
Miami Valley Camp
Non-Community, Transient PWS
PWS ID: OH4643812**

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

Dear Public Water System Operator:

Miami Valley Camp 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. colifecal* 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 SWDO at 937-285-6357.
- 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

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 - SWDO. 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, please contact me at (937) 285-6417.

Sincerely,



Mark J. Verbsky, R.S.
Environmental Specialist
Division of Drinking Water

MV/kb

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

cc: Logan County Health Department

PUBLIC NOTICE- DRINKING WATER WARNING

Fecal coliform or *E. coli* bacteria were found in the
Miami Valley Camp 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

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> <ol style="list-style-type: none"> 1. Public notice issued by appropriate broadcast media (such as radio and television stations) 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) 3. Public notice issued by hand delivery to persons served by the water system 4. Public notice issued by another delivery method approved in writing 	<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. Posting Begin Date _____ Posting End Date _____</p> <p>2B. Locations of posting _____ _____ _____</p> <p>3. 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 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 **after consulting with Ohio EPA** on _____.

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 0002 4250 4460

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

Postmark
Here

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

MR. RICHARD WARE
 MIAMI VALLEY CAMP
 8880 BUCKEYE LANE
 VERSAILLES, OHIO 45380

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:

MR. RICHARD WARE
 MIAMI VALLEY CAMP
 8880 BUCKEYE LANE
 VERSAILLES, OHIO 45380

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kim Ware*

Agent

Addressee

B. Received by (Printed Name)

Kim Ware

C. Date of Delivery

8.14.11

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

7010 1060 0002 4250 4460