Survey Forms, Contact Reports, and Triennial Review Schedule Updates (SFCRTRSU)

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Partner Services Coordinator
Drinking Water Partners
–Fall Training–
September 21, 2016
Presentation Outline

• Survey Forms
  – Editing and Restrictions
  – Tricky Areas
• Contact Reports
  – Changes
  – Submission Process
• Triennial Review Schedule Update
Survey Forms
Editing and Restrictions
Turning Off Restriction

1. Click on: Review tab
2. Click on: Restrict Editing
3. Click on: Stop Protection
Turning Off Restriction

1. Click on: review tab

2. Click on: Restrict Editing
Turning On Restriction

3. Click on: Yes, Start Enforcing Protection
3. Do NOT enter anything for password

4. Click on: Restrict Editing
Tricky Areas
## Season

### Inventory and Narrative

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
<th>Size</th>
<th>Season</th>
<th>Begin(s) (mm/dd)</th>
<th>End(s) (mm/dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Population:</td>
<td></td>
<td></td>
<td>Choose an item.</td>
<td>Year-round seasonal</td>
</tr>
<tr>
<td>Item</td>
<td>Connections:</td>
<td></td>
<td></td>
<td>Choose an item.</td>
<td></td>
</tr>
</tbody>
</table>

Choose an item.

Choose an item.

WD: Choose an item.  WT: Choose an item.  FE [ ] Small WS [ ]
## Emergency Systems Available

### Legal/Owner Address:

| Contact Name | Phone: | ( ) | | |
| Title | Cell: | ( ) | | |
| Street Address | Emergency #: | ( ) | | |
| City/State/Zip | Email: | | | |

### System Physical Address:

| Contact Name | Phone: | ( ) | | |
| Title | Cell: | ( ) | | |
| Street Address | Emergency #: | ( ) | | |
| City/State/Zip | Email: | | | |

### Emergency Systems Available:

| Name | PWS ID#: | 41 | | |

**Narrative:**


## Coliform and DBP

### Water Quality Monitoring

<table>
<thead>
<tr>
<th>Contaminant</th>
<th>N/A</th>
<th>Frequency</th>
<th>Next Tests Due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entry Point Sampling:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitrate</td>
<td></td>
<td>Annual</td>
<td>2016</td>
</tr>
<tr>
<td>Arsenic</td>
<td></td>
<td>Every 9 years</td>
<td>2020</td>
</tr>
<tr>
<td>Inorganic Chemicals (Including Nitrite) (sw)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inorganic Chemicals (Including Nitrite) (gw)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC</td>
<td></td>
<td>Every 9 years</td>
<td>2020</td>
</tr>
<tr>
<td>VOCs (sw)</td>
<td></td>
<td>2 cons. quarters every 3 yrs</td>
<td>2017</td>
</tr>
<tr>
<td>VOCs (gw)</td>
<td></td>
<td>Every 3 years</td>
<td>2017</td>
</tr>
<tr>
<td>Radionuclides (Community Water Systems Only):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Alpha</td>
<td></td>
<td>Every 6 years</td>
<td>2017</td>
</tr>
<tr>
<td>Radium 226/228</td>
<td></td>
<td>Every 9 years</td>
<td>2020</td>
</tr>
<tr>
<td>Uranium</td>
<td></td>
<td>Every 9 years</td>
<td>2020</td>
</tr>
<tr>
<td><strong>Distribution System Sampling:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coliform Bacteria</td>
<td></td>
<td>70 per month</td>
<td>On-going</td>
</tr>
<tr>
<td>Asbestos (for AC pipe/asbestos geologic areas)</td>
<td></td>
<td>Every 9 years</td>
<td>2020</td>
</tr>
<tr>
<td>TTHMs and HAA5s</td>
<td></td>
<td>8 per quarter (Mar/June/Sept/Dec)</td>
<td>June 2016</td>
</tr>
<tr>
<td>Lead and Copper, # sites: 30</td>
<td></td>
<td>Every 3 years (6/1-9/30)</td>
<td>Summer 2016</td>
</tr>
<tr>
<td><strong>Other Sampling:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source Water Coliform</td>
<td></td>
<td>Annual at each active well</td>
<td>2016</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Contact Reports
Contact Report/Assistance Actions
OHA Drinking Water Services
Submit completed report to Compliance Drinking Water

Water System Name:  
Contact and Phone:  
Date:  
Who Responded:  
Staff:  
Contact Location:  
PWS ID:  
County:  

SUMMARY:  

Assistance Action Type
Reason/Rule 1
Reason/Rule 2

Pick Assistance Action Type
If * Pick Reason/Rule
Optional *

Alert ID:  
Email link
Compliance Schedule Update

Contact Report/Assistance Actions
OHA Drinking Water Services
Submit completed report to: Compliance Drinking Water

Water System Name: [Redacted] PWS ID: [Redacted]
Contact and Phone: [Redacted] County: [Redacted]
Date: [Redacted]
Who Responded: [Redacted]
Staff: [Redacted]
Contact Location: [Redacted]
[Redacted] [Redacted] [Redacted]
SUMMARY: [Redacted]

Assistance Action Type: [Redacted]
Pick Assistance Action Type
Reason Rule 1: [Redacted] Alert ID: [Redacted]
If * Pick Reason/Rule
Reason Rule 2: [Redacted] Optional *

Details: [Redacted]

Next Steps: [Redacted]

Compliance Schedule Update, if applicable:
Compliance schedule type: [Redacted]
Pick Compliance Schedule Type
Activity: [Redacted]
Date Action Completed: [Redacted] or Revised Date Due: [Redacted]
Compliance Schedule Update,

Compliance Schedule Update, if applicable:
Compliance schedule type: **Pick Compliance Schedule Type**
Activity:
Date Action Completed:

(Rev. 6/15)
Compliance Schedule Update:
Significant Deficiency (corrected)

Compliance Schedule Update, if applicable:
Compliance schedule type: Significant Deficiency
Activity: Deficiencies below corrected:
Annual CCR not submitted
No protocol for under-certified operator
Date Action Completed: 9/6/16
Revised Date Due: __________

(Rev. 6/15)
Compliance Schedule Update: Significant Deficiency (approved CAP)

Compliance Schedule Update, if applicable:
Compliance schedule type: **Significant Deficiency**
Activity: Deficiencies below have been placed on a corrective action plan:
- Annual CCR not submitted
- No protocol for under-certified operator
- Turbidity profile not conducted on individual filters at least quarterly
Date Action Completed: [Redacted] or Revised Date Due: 10/17/16

(Rev. 6/15)
Compliance Schedule Update: Coliform Investigation

Details:
Repaired cracks or holes in well seal on 9/16/16

Next Steps:
None

Compliance Schedule Update, if applicable:
Compliance schedule type: Coliform Investigation
Activity: Sanitary defect corrected. -Repaired cracks or holes in well seal-

Date Action Completed: 9/16/16 or Revised Date Due: 

(Rev. 6/15)
Compliance Schedule Update: Coliform Investigation

Details:
Level 1 investigation completed, and sanitary defect of -cracks or holes in well seal or casing was found.

Next Steps:
Repair cracks or holes in well seal or casing by 9/21/16

Compliance Schedule Update, if applicable:
Compliance schedule type: Coliform Investigation
Activity: Corrective action plan approved for repair of sanitary seal

Date Action Completed: □□□□ or Revised Date Due: 9/21/16

(Rev. 6/15)
Compliance Schedule Update:
Formal Enforcement

Details:
Spoke with Bender Doodle from Ruff Acres Water System and he notified me that the new well was drilled and is now in use (well id DOOD 01085)

Next Steps:
Disconnect old well and finalize plan review requirements.

Compliance Schedule Update, if applicable:
Compliance schedule type: Formal Enforcement
Activity: New well drilled and placed online
Date Action Completed: 9/06/16 or Revised Date Due: [Redacted]

(Rev. 6/15)
SUMMARY: Confirmed E. Coli in GW source

Assistance Action Type: Regulatory Assistance (2H)  
Reason/Rule 1: Coliform (TCR)  
Reason/Rule 2: Coliform (TCR)  
Alert ID: [Redacted]

Details:
Spoke to Bender Doodle at Ruff Acres, MPA is scheduled for spring 2017.

Next Steps:
Determine if source is GWUDI and appropriate treatment

Compliance Schedule Update, if applicable:
Compliance schedule type: Formal Enforcement  
Activity: Collect spring 2017 MPA, determine appropriate treatment or alternate sources based on MPA results.  
Date Action Completed:  
or Revised Date Due: 6/1/2017
Triennial Review Schedule Update
# Updated Schedule

<table>
<thead>
<tr>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January</strong></td>
<td><strong>January</strong></td>
</tr>
<tr>
<td>Clackamas</td>
<td>Multnomah</td>
</tr>
<tr>
<td>NCPHD</td>
<td>Marion –desk/phone review-</td>
</tr>
<tr>
<td>Hood River –desk/phone review-</td>
<td></td>
</tr>
<tr>
<td>Lincoln –desk/phone review-</td>
<td></td>
</tr>
<tr>
<td><strong>February &amp; March</strong></td>
<td><strong>February &amp; March</strong></td>
</tr>
<tr>
<td>Baker</td>
<td>Polk</td>
</tr>
<tr>
<td>Malheur –desk/phone review-</td>
<td>Lincoln</td>
</tr>
<tr>
<td><strong>April &amp; May</strong></td>
<td><strong>April</strong></td>
</tr>
<tr>
<td></td>
<td>Jackson</td>
</tr>
<tr>
<td></td>
<td><strong>May</strong></td>
</tr>
<tr>
<td></td>
<td>Douglas</td>
</tr>
<tr>
<td><strong>June &amp; July</strong></td>
<td><strong>June &amp; July</strong></td>
</tr>
<tr>
<td></td>
<td>No DWS Review</td>
</tr>
<tr>
<td><strong>August &amp; September</strong></td>
<td><strong>August &amp; September</strong></td>
</tr>
<tr>
<td>Union</td>
<td>Jefferson</td>
</tr>
<tr>
<td>Linn</td>
<td>Crook</td>
</tr>
<tr>
<td>Benton</td>
<td>Columbia</td>
</tr>
<tr>
<td></td>
<td>Clatsop</td>
</tr>
<tr>
<td><strong>October &amp; November</strong></td>
<td><strong>October &amp; November</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PUBLIC HEALTH DIVISION**
Drinking Water Services

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**Oregon Health Authority**
Questions?

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