

# NEW PUBLIC WATER SYSTEMS

SPRING TRAINING

MAY 8, 2024

ABBIE SPIELMAN

REBECCA TEMPLIN

# AGENDA

- INITIAL SET UP
  - ACCESS
  - DATA ONLINE
- REQUIRED FORMS FOR SYSTEMS
  - PLAN REVIEW
  - SURVEYS

# ACCESS DATA BASE

System type:	<input type="text"/>	
System ID:	<input type="text"/>	
System name:	<input type="text"/>	letter count:
Regulating agency:	<input type="text"/>	
County served:	<input type="text"/>	
Plan review status:	<input type="text"/>	
System contact:	<input type="text"/>	
Address line 1:	<input type="text"/>	
(Address line 2):	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text" value="OR"/>	Zip: <input type="text"/>
Assigned by:	<input type="text"/>	Date: <input type="text" value="5/1/2024"/>
<input type="button" value="Insert Record"/> <input type="button" value="Clear Fields"/>		
<input type="button" value="new system letter"/>		



PUBLIC HEALTH DIVISION  
Drinking Water Services

Tina Kotek, Governor



800 NE Oregon Street #640  
Portland OR 97232-2162  
Phone 971-673-0405  
Fax 971-673-0694  
971-673-0372-TTY-Nonvoice

February 26, 2024

Paul Sherbak  
LINGUA FRANCA WINERY  
687 Cherry Lane  
Sonoma, CA 95476

Re: New Water System  
LINGUA FRANCA WINERY - OR4195732

Dear Paul Sherbak,

Your water system, named LINGUA FRANCA WINERY, has been added to the Oregon Drinking Water Services (DWS) inventory of Public Water Systems (PWS) as a Transient Non-Community (NC) water system. Your Public Water System ID number is OR4195732. Please use this ID number in all communications involving your water system.

Please be sure that both the water system name and water system number are on any water quality reports or correspondence. Water quality testing results may be submitted in any of the following ways but Email is our preference:

- Fax the reports to (971) 673-0694  
*For faxed data, please include a cover sheet with the # of pages including the cover, your name, and your phone number.*
- Email the reports to: DWP.DMCE@odhsoha.oregon.gov
- Mail the reports to: Water Quality Reports  
P.O. Box 14350  
Portland, OR 97293-0350

You may also contact DWS in the following ways:

Overnight/after hours emergency: 503-704-1174

email: [info.drinkingwater@dhsosha.state.or.us](mailto:info.drinkingwater@dhsosha.state.or.us)

For more information about Drinking Water Services, visit [www.healthoregon.org/dwp](http://www.healthoregon.org/dwp). You can find information about your water system's sample results, monitoring schedules, and contact information by clicking the Data Online blue box at the top of the page. Search Data Online by either your water system name or ID number.

This letter is informative only and does not constitute OHA's approval to provide water. For status of plans currently being reviewed or to initiate the process, please contact the Plan Review Assistant at [dws.planreview@dhsosha.state.or.us](mailto:dws.planreview@dhsosha.state.or.us).

An annual fee is required for every public water system, based upon the type of system, number of service connections or whether treatment is present. In addition, all public water systems are required to have a written coliform sampling plan, operation and maintenance manual and emergency response plan.

Please direct any further questions to your regulating agency, Oregon Department of Agriculture, at 503-508-6028.

Sincerely,

Drinking Water Services

cc: Amy Bleekman, OHA, DWS

Oregon Department of Agriculture

# ADDITIONAL INFORMATION FOR DATA ONLINE

System: \_\_\_\_\_

Contact with: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Staff member: \_\_\_\_\_

☐ State ☐ County ☐ Dept. of Agriculture ☐ Other

☐ New system - Fill out Inventory and Source Change forms.

☐ Built before 8/21/81

County: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Change system name: **New name** \_\_\_\_\_

☐ Change system statistics:

### Type \*

- ☐ Community (C)  
☐ Non-transient non-community (P)  
☐ Transient non-community (N)  
☐ State regulated (S)

\* see reverse for details

### Size, Etc.

Population: \_\_\_\_\_

Population Type  
☐ Residential  
☐ Non-Transient  
☐ Transient

Connections: \_\_\_\_\_

Service Chars\*: ☐ ☐

Ownership\*: \_\_\_\_\_

County: \_\_\_\_\_

### Season

☐ All year ☐ Seasonal

Begins: \_\_\_\_\_ Ends: \_\_\_\_\_  
mm/dd mm/dd

### Coliform Sampling

Period: ☐ Monthly  
☐ Quarterly

Samples Required: \_\_\_\_\_

### Certification

WT \_\_\_\_\_ WD \_\_\_\_\_ ☐ FE? ☐ Not lic. ☐ DHS ☐ Ag.

### License

### Responsible Agency

☐ State ☐ County ☐ Dept. of Ag

☐ Administrative contact (updated information):

**Contact Name(s):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell/mobile phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ **Emergency Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Center of service area for public maps (Lat/long or address):** \_\_\_\_\_

☐ **Activate / Deactivate:** Date of activation / deactivation (required):

☐ Deactivate System - Reason:

☐ Activate System

☐ OOB/temp. closed (N)  
(not seasonal closure)

☐ Merged (M) - PSW id:  
41

☐ No longer qualifies (S)  
Pop. drop, split, etc.)

☐ Duplicate (D)  
(has another ID)

☐ Abandoned (A)

☐ Never qualified (U)  
(Incorrectly given ID)

☐ **Notes:** \_\_\_\_\_

☐ **Change system name:**      New name \_\_\_\_\_

☐ **Change system statistics:**

Type *	Size, Etc.	Season
<input type="checkbox"/> Community (C)	Population: _____	<input type="checkbox"/> All year <input type="checkbox"/> Seasonal
<input type="checkbox"/> Non-transient non-community (P)	Population Type <input type="checkbox"/> Residential	Begins: _____ Ends: _____ mm/dd mm/dd
<input type="checkbox"/> Transient non-community (N)	<input type="checkbox"/> Non-Transient	
<input type="checkbox"/> State regulated (S)	<input type="checkbox"/> Transient	
<i>* see reverse for details</i>	Connections: _____	
	Service Chars*: <input type="checkbox"/> <input type="checkbox"/>	<b>Coliform Sampling</b>
	Ownership*: <input type="checkbox"/>	Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
	County: _____	Samples Required: _____
<b>Certification</b>	<b>License</b>	<b>Responsible Agency</b>
<input type="checkbox"/> WT <input type="checkbox"/> WD <input type="checkbox"/> FE?	<input type="checkbox"/> Not lic. <input type="checkbox"/> DHS <input type="checkbox"/> Ag.	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Dept. of Ag

☐ **Administrative contact (updated information):**

Contact Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell/mobile phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Center of service area for public maps (Lat/long or address): \_\_\_\_\_

☐ **Activate / Deactivate:**    Date of activation / deactivation (required):

<input type="checkbox"/> Deactivate System – Reason:	<input type="checkbox"/> OOB/temp. closed (N) (not seasonal closure)	<input type="checkbox"/> Merged (M) – PSW id: 41	<input type="checkbox"/> No longer qualifies (S) Pop. drop, split, etc.)
<input type="checkbox"/> Activate System	<input type="checkbox"/> Duplicate (D) (has another ID)	<input type="checkbox"/> Abandoned (A)	<input type="checkbox"/> Never qualified (U) (Incorrectly given ID)

☐ **Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **New Source Info**

Availability ☐ Permanent ☐ Seasonal  
☐ Emergency

Entry Point ☐ System has single source

Structure ☐ Source on EP by itself  
☐ Other (please fill our EP diagram)

Latitude     
deg. min. sec.

Longitude     
deg. min. sec.

Capacity  gal. Year Installed

Basin Name

☐ **Land Use**

<input type="checkbox"/> Pristine Forest (A)	<input type="checkbox"/> Rural On-Site Sew. Disp. (H)
<input type="checkbox"/> Irrigated Crops (B)	<input type="checkbox"/> Urban On-Site Sew. Disp. (I)
<input type="checkbox"/> Non-irrig. Crops (C)	<input type="checkbox"/> Rangeland (J)
<input type="checkbox"/> Pasture (D)	<input type="checkbox"/> Managed Forest (K)
<input type="checkbox"/> Light Industry (E)	<input type="checkbox"/> Commercial (L)
<input type="checkbox"/> Heavy Industry (F)	<input type="checkbox"/> Recreation Use (M)
<input type="checkbox"/> Urban Sewered Area (G)	

☐ **Purchased Water or Intertie Info**

Waters: ☐ Surface ☐ Ground ☐ Both

Seller: 41       PWS ID

☐ **Surface Water Info**

Watershed Plan: ☐ Yes ☐ No

Recharge Zone Size  sq. mi.

Intake Location  rivermiles

☐ **Other/Notes**

☐ **Groundwater Info**

Source Type ☐ Well ☐ Spring

Water Resource          
Well ID

Depth to 1<sup>st</sup> Wtr  ft  
Bearing Zn  ft

Additional WBZs ☐ Yes ☐ No ☐ Unknown

Static Water Lvl  ft

Source Elevation  ft

Casing Seal ☐ Yes ☐ No ☐ Unknown

Seal Depth  ft

Screen Type ☐ Screened ☐ Perforated ☐ None

WHPA delineated ☐ Yes ☐ No

☐ CFR ☐ Num. Method  
☐ Analytical/HM ☐ Other

☐ **Aquifer Info**

Aquifer Name:

<input type="checkbox"/> Alluvium	<input type="checkbox"/> Confined
<input type="checkbox"/> Volcanic	<input type="checkbox"/> Leaky Confined
<input type="checkbox"/> Sedimentary	<input type="checkbox"/> Unconfined
<input type="checkbox"/> Fractured	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unknown	

Geological Barrier ☐ Yes ☐ No ☐ Unknown

Depth  ft. Thickness  ft.

Hydraulic Connection ☐ Yes ☐ No ☐ Unknown

<input type="checkbox"/> Stream	<input type="checkbox"/> Lagoon	<input type="checkbox"/> Lake/pond
<input type="checkbox"/> Wetland	<input type="checkbox"/> Unknown	

System:

PWS ID

41

Contact with:

Ph#:

County:

Staff member:

Agency: Choose One

Date:

### Entry Points

☐ Treatment Changes Only

ID	Name	Source Type					Availability					Treatment Codes	Designated Sample Point (if different from EP)		
		Ground (G)	Surface (S)	GWUDI (U)	P. Grnd (W)	P. Surface (P)	Permanent (P)	Seasonal (S)	Season		Emergency			Abandoned	Disconnected
									Begins	Ends					
A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schematic drawing **MUST** be included on a separate sheet. See "[Diagram Entry Points](#)" form.

### Sources

(IDs for sources on an EP start with the EP ID: BC for 3<sup>rd</sup> source on EP B)

ID	Name
AA	

# DATA ONLINE

**OR41 95731**    **CHEHALEM VALLEY WINERY TASTING ROOM**    **Classification:** TRANSIENT NON-COMMUNITY

**Contact:** RYAN THORNTON  
PO BOX 189  
DAYTON, OR 97114

**Population:** 50

**Operating Period:** January 1 to December 31

**Certified Operator(s)**

Required: (PWS inactive)  
Distribution class: None  
Treatment class: None  
Filtration Endorsement Required: No

**Phone:** 971-241-4871

**County:** YAMHILL

**Activity Status:** PROPOSED Feb 21, 2024 - [History](#)

**Number of Connections:** 1

**Regulating Agency:** DEPT OF AGRICULTURE

**Owner Type:** PRIVATE

**Licensed By:** Dept. of Ag

**Approved Drinking Water Protection Plan:** No

**Source Water Assessment:** No

**Last Survey Date:** NONE


## Sources

<u>Facility ID</u>	<u>Facility Name</u> - <a href="#">Well Logs</a>	<u>Activity Status</u>	<u>Availability</u>	<u>Source Type</u>
EP-A	EP FOR WELL	A		GW
SRC-AA	WELL #1 (UNAPPROVED) - <a href="#">L151862</a>	A	Permanent	GW

[Find Purchasers/Sellers](#)

# PLAN REVIEW

- All new water systems need to go through plan review, except OVS systems (they can opt to if they want)
- Contact Plan Review Coordinators Carrie Gentry or Rebecca Templin to discuss plan review requirements, submittal documents, fees, etc.
- Email [DWS.PlanReview@odhsoha.oregon.gov](mailto:DWS.PlanReview@odhsoha.oregon.gov)



Document Revision Date: 3/2/2022

**Oregon Health Authority, Drinking Water Services**  
**Plan Review requirements for new wells at existing public water systems.**

The requirements apply to new wells for existing Community, Non-Transient Non-Community, Transient Non-Community, and Oregon Very Small water systems, which are defined on page 6. Two sets of information are provided below, 'short' and 'long' instructions. The short instructions are abbreviated. If you are unfamiliar with the plan review process, it is strongly recommended you read the long instructions.

For assistance, call (971) 673-0405 or fax (971) 673-0694.

**SHORT INSTRUCTIONS:**

The following shall be submitted and approved by OHA **prior to construction** of a new well or major additions or modifications to **existing well** systems:

1. Plans prepared by an Oregon Professional Engineer or an Oregon Registered Geologist.
2. A Land Use Compatibility Statement (LUCS), or equivalent documentation, approved by the local planning authority. Modifications to existing facilities with a LUCS on file may submit the original LUCS.
3. Copy of water right permit from Oregon Water Resources Department (OWRD; if they require one). Public water systems that are classified as Transient Non-Community (e.g., restaurants, parks, churches) and Non-Transient Non-Community (e.g., schools, industries) shall have a water right if the use is greater than 5,000 gallons/day (OWRD uses 'commercial use'). Public water systems classified as Community or Oregon Very Small (OWRD uses 'domestic use') shall have a water right if the use is greater than 15,000 gallons/day per distribution system.
4. The appropriate plan review fee <http://healthoregon.org/pwsplanreview>.

**Specific Requirements**

A. **Prior to drilling**, a well site plan shall be submitted showing, at a minimum:

1. Site location;
2. A drawing, or amended tax lot map, clearly showing the well's proximity to any potential contaminant within sanitary hazard setbacks (e.g., septic tanks, sewers, drainfields, underground storage tanks, grazing areas, waste disposal, chemical storage, etc.) and to surface waters within 500 feet;
3. Indication on a map that the well owner has at least a 100-foot radius of ownership and control, where no potential contaminants are allowed. Provide copies of perpetual restrictive easements if ownership and control is less than 100 feet;
4. Surface conditions around the well demonstrating drainage away from the well and floodplain information; and
5. Well drilling specifications, as planned (see OAR 690-200 and OAR 690-210 for Oregon Water Resources Department's minimum Well Construction Standards).

B. **After drilling**, submit the following:

1. Well driller's report, often referred to as a "well log;"
2. Aquifer stress (aka pump test) performance data;
3. Water quality analyses. This includes arsenic, nitrate, and coliform bacteria at a minimum, plus additional contaminants depending on water system type;
4. Wellhead detail (e.g., concrete slab, sample tap, pump to waste, etc.);
5. Wellhouse detail (e.g., locked, insulated, heated, etc.);
6. Plans and specifications for connection of a new well to the system; and
7. Plans for any treatment, if applicable.

**END SHORT INSTRUCTIONS**

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# PLAN REVIEW


- Plan reviews could be for any combination of:
  - Well
  - Storage tank
  - Distribution
  - Treatment

Plan	CWS ≥ 300* Connections	CWS < 300 Connections & NCWS*	Instructions	OARs
Corrosion Control Study (Not included in the Combination Fee)	\$4,125.00	\$825.00		333-061-0034(2)(b)
Master Plan (Not Included in the Combination Fee)	\$4,125.00	\$825.00	<a href="#">Short Version</a> <a href="#">Long Version</a>  Seismic Risk Map - Seismic Risk Assessment required for Systems in areas VII to X on the map Seismic References - Compiled by Yumei Wang, 5/2014 <a href="#">FAQ's</a> for seismic risk assessment and mitigation plan	333-061-0060(5)
Combination of 2 or More***	\$4,125.00	\$825.00		
As-Built Plans & Certification			No additional fee if original plans reviewed	
Corrosion Control	\$825.00	\$248.00	<a href="#">Instructions</a>	333-061-0034 333-061-0050
Disinfection	\$825.00	\$248.00	<a href="#">Short Version</a> <a href="#">Long Version</a>	333-061-0050(5)
Distribution	\$3,300.00	\$825.00	<a href="#">Short Version</a> <a href="#">Long Version</a>	333-061-0050(7)-(8)
New Well	\$3,300.00	\$825.00	<a href="#">Short Version</a> <a href="#">Long Version</a>	333-061-0050(2)(a)
Other**	\$825.00	\$248.00	<i>In development</i>	
Springs	\$3,300.00	\$825.00	<i>In development</i>	
Storage	\$3,300.00	\$825.00	<a href="#">Short Version</a> <a href="#">Long Version</a>	333-061-0050(6)

# CHEMICAL SCHEDULES

- Need to set up chemical and bacteriological monitoring schedules for new systems

Chemical Sampling Requirements <sup>1</sup>	Initial	Routine	Possible Reduction	Possible Increase Due to Detection <sup>2</sup>
<b>Entry Point Sampling</b>				
<a href="#">Nitrate</a>	Every year		None	Quarterly
<a href="#">Nitrite</a> <sup>3</sup>	Every 3 years		Every 9 years	
<a href="#">Inorganics (Incl. Arsenic)</a>	Every 3 years		Every 9 years <sup>4</sup>	
<a href="#">Volatile Organics</a>	Every year	Every 3 years <sup>5</sup>	Every 6 years <sup>6</sup>	
<a href="#">Synthetic Organics</a> <sup>7</sup>		Every 3 years	Every 6 or 9 years <sup>6</sup>	
<a href="#">Radionuclides (CWS Only)</a> <sup>8</sup>	Quarterly <sup>9</sup>	Every 3 years	Every 6, or 9 years <sup>10</sup>	
<b>Distribution System Sampling</b>				
<a href="#">Disinfection Byproducts</a> <sup>11</sup>	One time/Quarterly	Varies		Quarterly
<a href="#">Lead and Copper</a> <sup>12</sup>	Every 6 months	Every year	Every 3 years	Every 6 mos
<a href="#">Asbestos</a> <sup>13</sup>	Every 9 years		None	Quarterly


**Chemical & Bacteriological Monitoring Schedule Change Form**  
 OHA Drinking Water Services

System \_\_\_\_\_ PWS ID# 41 ☐ ☐ ☐ ☐ ☐

Contact with \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ County \_\_\_\_\_

Staff Member \_\_\_\_\_ Agency Choose one \_\_\_\_\_ Date \_\_\_\_\_

**System Type:** ☐ Community (C) ☐ Non-Transient Non Community (NTNC) ☐ Transient Non-Community (NC) ☐ Oregon Very Small (OVS)

Check if New System or Sample Pt: ☐ For new systems, include all necessary chemicals and sampling points.

**Entry ID** (In SDWIS Entry ID "A" will appear as Facility ID "EP-A", Entry ID "B" will appear as "EP-B", etc.)

Sample Point ID (Entry ID or SRC Sampling Point ID)	See reverse for complete list of chemical groups and analyte codes	Frequency									Begin Date	End Date (Leave blank unless closing a previous schedule)
		Once	Monthly	Quarterly	Semi Annual	Yearly	Once Every 3 Years	Twice Every 3 yrs	Once Every 6 Years	Once Every 9 Years		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /

**Distribution Sampling Point ID** (In SDWIS Distrib. Sampling Point "A" will be identified as: Facility ID "DIST-A")

(DBP Sample Points must indicate either DBP MAX or DBP## (e.g. DBP01 at 5050 SE Stark St, DBP02 at 800 NE Oregon St, etc.))

DBP, LCR, ASB or TCR	DIST-A or DBP MAX 01, DBP01, 2DBP-01, etc.	Sample Site ID or Street Address (Enter for DBPs only - this address will be used to tie sample results to the site)	# Samples Required	Monthly	Quarterly	Semi Annual	Yearly	Once Every 3 Years	Once Every 6 Years	Once Every 9 Years	Begin Date	End Date
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /

**Filtered and Raw Water TOC and Alkalinity Schedules for Water Treatment Plants ("WTP-A" for example)**  
**2.5 log Conventional Plants** (optional for 2.0 log plants for DBP reduction)  
 (TOCA schedules should be set for the Common Header and 2920 schedules should be set for the Water Treatment Plant)

	TOCA	Monthly =>	<input type="checkbox"/>	Quarterly =>	<input type="checkbox"/>	/ /
	TOC, 2920	Monthly =>	<input type="checkbox"/>	Quarterly =>	<input type="checkbox"/>	/ /

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For technical support and information, please call the Oregon Health Authority Drinking Water Services  
 971-673-0405 www.healthoregon.org/dws  
 Rev. 05.12.2022

# SURVEYS

- Once the system has been finalized, the system will be added to the survey list for the current year.
- Feel free to contact plan review engineer for questions about the system. They can share the site map and other information to help prepare for the survey.



PUBLIC HEALTH DIVISION  
Center for Health Protection, Drinking Water Services



## For Water System Operators: Preparing for a Water System Survey

A water system survey is an on-site review of sources, treatment facilities, and storage reservoirs, as well as office time to review important records.

### For all water systems:

1. Written coliform sampling plan.\*
2. A map of the distribution system.\*
3. Operation and Maintenance Manual, and other written procedures.\*
4. Emergency Response Plan.\*
5. Chemical dosage records if treatment is applied.
6. Proof of [NSF Standard 60 certification](#) for each chemical added to drinking water.
7. Chlorine residual monitoring records if the water system is chlorinated.
8. Results of any tracer study to verify disinfection contact time, if applicable.
9. Photos or other documents that provide enough detail to determine the current condition of storage reservoir features:
  - a. Access hatch in open and closed/locked positions,
  - b. Air vents that show all screening is secure with no gaps, and
  - c. Any other openings into the tank interior such as telemetry ports and cathodic protection.

### In addition, for Community water systems:

10. Cross-connection control program plan, testing records, and latest Annual Summary Report.
11. Written protocols for under-certified operators, if applicable.


\*Documents sent electronically to government entities become public information. Documents containing sensitive information should NOT be sent electronically.

For more information, visit [www.healthoregon.org/dws](http://www.healthoregon.org/dws).  
You can also call Drinking Water Services at 971-673-0405 or email  
[Info.DrinkingWater@odhsoha.oregon.gov](mailto:Info.DrinkingWater@odhsoha.oregon.gov).

2/9/2023

# SURVEYS

- The regulator will need to help system set up:
  - Written coliform sampling plan
  - Emergency Response Plan
  - Operations and Maintenance Manual
  - Standard Operating Procedures
  - Written Protocols for under-certified operators
  - And more.....



XYZ Water System  
Water System Survey  
OHA Drinking Water Services

PWS ID: 41 #####  
Survey Date: mm/dd/yyyy  
Page 1 of 16

### Deficiency Summary

Surveyor: \_\_\_\_\_  
 Date Corrective Action Plan is due: \_\_\_\_\_ County: \_\_\_\_\_

Yes	No	Significant Deficiencies and Rule Violations:	Date to be corrected	Date corrected
<input type="checkbox"/>	<input type="checkbox"/>	<b>Source:</b>		
		Well construction:		
		Spring/other source:		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Treatment:</b>		
		Surface water treatment:		
		Disinfection:		
		Other treatment:		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Finished Water Storage:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Distribution:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Monitoring:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Management &amp; Operations:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Operator Certification:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other Rule Violations:</b>		

Database Updates: ☐ None ☐ Inventory ☐ Treatment ☐ Monitoring ☐ Page: \_\_\_\_\_

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

Rev. 1/13/23

# QUESTIONS?

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