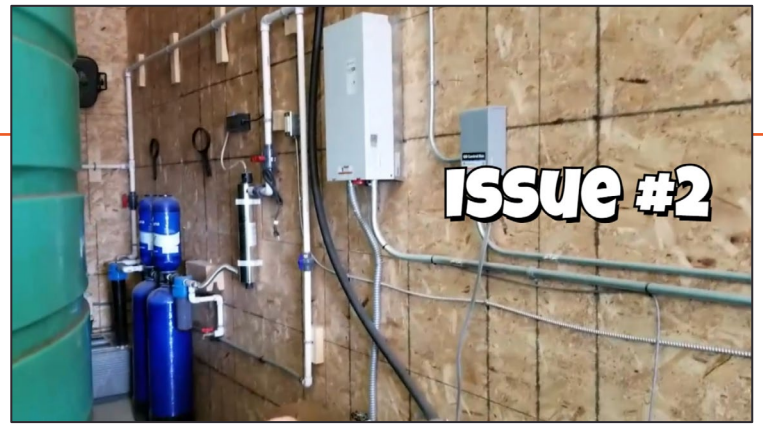
May 20, 2026

Survey Cover Letter Write Up and Deficiency Corrections

Chantal Wikstrom, REHS

Drinking Water Services

UV Treatment



Well 1

Well 2

Hand Dug Well 3

Pressure Tanks

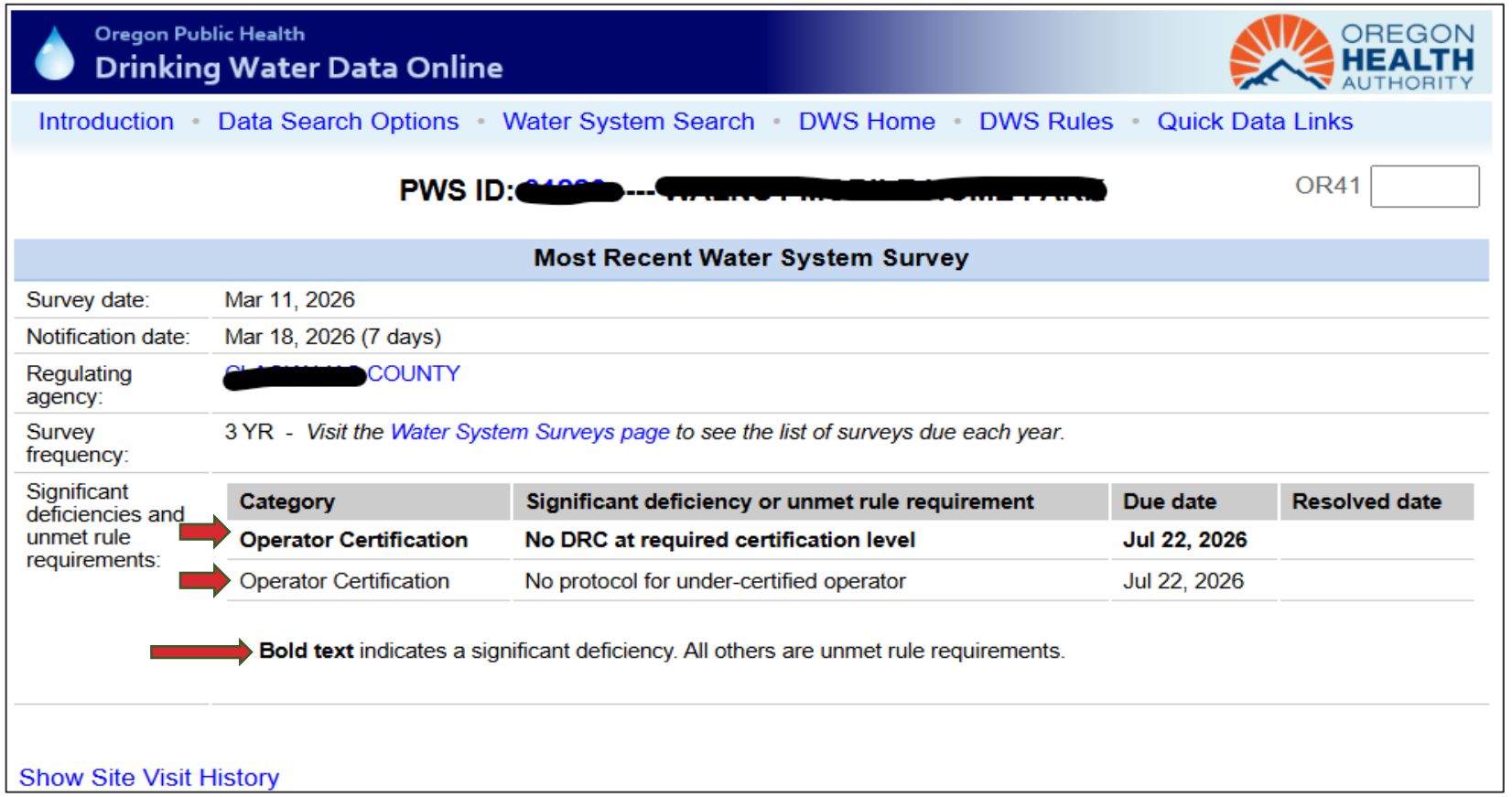
Crusty's Cover Letter

Aim to have the survey report and cover letter completed and sent to the water system (and DWS) within 30 days, but no later than 45 days after the survey was conducted.

Corrective Action Plan (CAP) – Data Online

Operators must respond to the survey letter with a Corrective Action Plan (CAP) explaining **how and when** significant deficiencies and unmet rule requirements will be corrected.

- Significant deficiencies will be **bolded** with CAP due date.
- Unmet rule requirements will be un-bolded with CAP due date.



Oregon Public Health
Drinking Water Data Online

OREGON HEALTH AUTHORITY

Introduction • Data Search Options • Water System Search • DWS Home • DWS Rules • Quick Data Links

PWS ID: [redacted] OR41

Most Recent Water System Survey

Survey date:	Mar 11, 2026
Notification date:	Mar 18, 2026 (7 days)
Regulating agency:	[redacted] COUNTY
Survey frequency:	3 YR - *Visit the Water System Surveys page to see the list of surveys due each year.*

Significant deficiencies and unmet rule requirements:

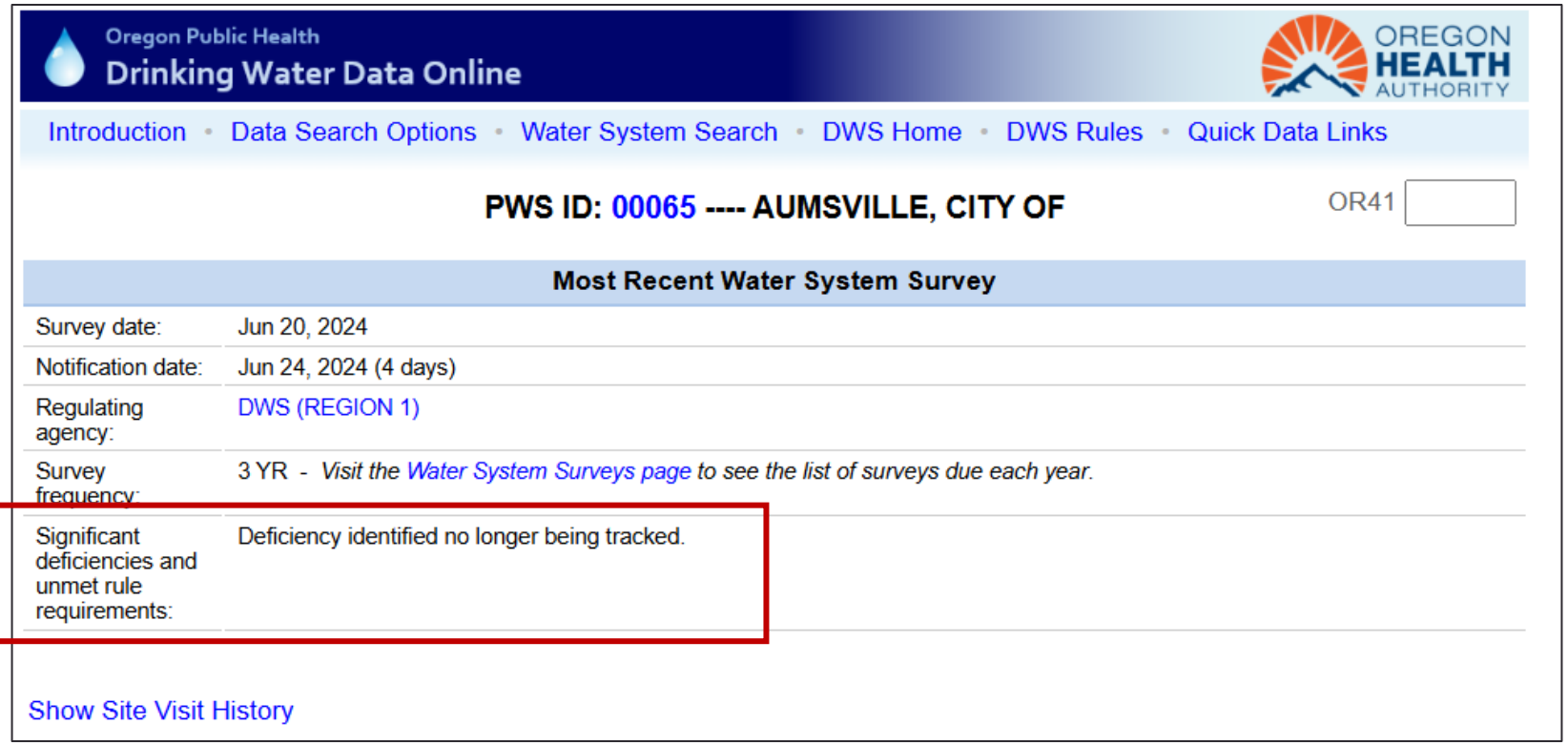
Category	Significant deficiency or unmet rule requirement	Due date	Resolved date
Operator Certification	**No DRC at required certification level**	**Jul 22, 2026**	
Operator Certification	No protocol for under-certified operator	Jul 22, 2026	

Bold text indicates a significant deficiency. All others are unmet rule requirements.

Show Site Visit History

Data Online

Will old significant deficiencies show up in Data Online? No!



Oregon Public Health
Drinking Water Data Online

OREGON HEALTH AUTHORITY

Introduction • Data Search Options • Water System Search • DWS Home • DWS Rules • Quick Data Links

PWS ID: 00065 ---- AUMSVILLE, CITY OF OR41

Most Recent Water System Survey

Survey date:	Jun 20, 2024
Notification date:	Jun 24, 2024 (4 days)
Regulating agency:	DWS (REGION 1)
Survey frequency:	3 YR - *Visit the Water System Surveys page to see the list of surveys due each year.*
Significant deficiencies and unmet rule requirements:	Deficiency identified no longer being tracked.

Show Site Visit History

Significant Deficiency Follow Up

Reminder emails for regulators:

- Regulators will receive an email from DWS about upcoming CAP deadlines for **both significant deficiencies and unmet rule requirements** (if there is a CAP due date in Data Online).
  - Emails are sent 14 days after the current due date, and again 21 days after the due date if completion data hasn't been entered.
- Regulators should check in with the operator
  - Do they have any updates on correcting the deficiency? Do they need a CAP extension? Work with them on a new deadline. Do they need assistance? Discuss Circuit Rider!
- **Document in a contact report!**

Significant deficiency corrections were due by 04/18/2025 at SCOFIELD MOBILE HOME COURT (water system ID# 01025). Please verify the corrections were completed and submit the date of correction or submit an approved correction action plan to Compliance.DW@odhsoha.oregon.gov. If corrections were not completed and an action plan is not appropriate, notify Drinking Water Services and enforcement will be initiated if appropriate.

See https://yourwater.oregon.gov/sitevisits.php?pwsno=01025 for deficiency details.

Reminder email to regulator example

Significant Deficiency Follow Up

Violations

- DMCE will issue 5-point violations if a system has one or more significant deficiencies uncorrected by the approved CAP due date.

- No violations issued for not correcting unmet rule requirements.
  - Even if there are no violations for not correcting, these are still requirements for water systems to meet. Check in with them!

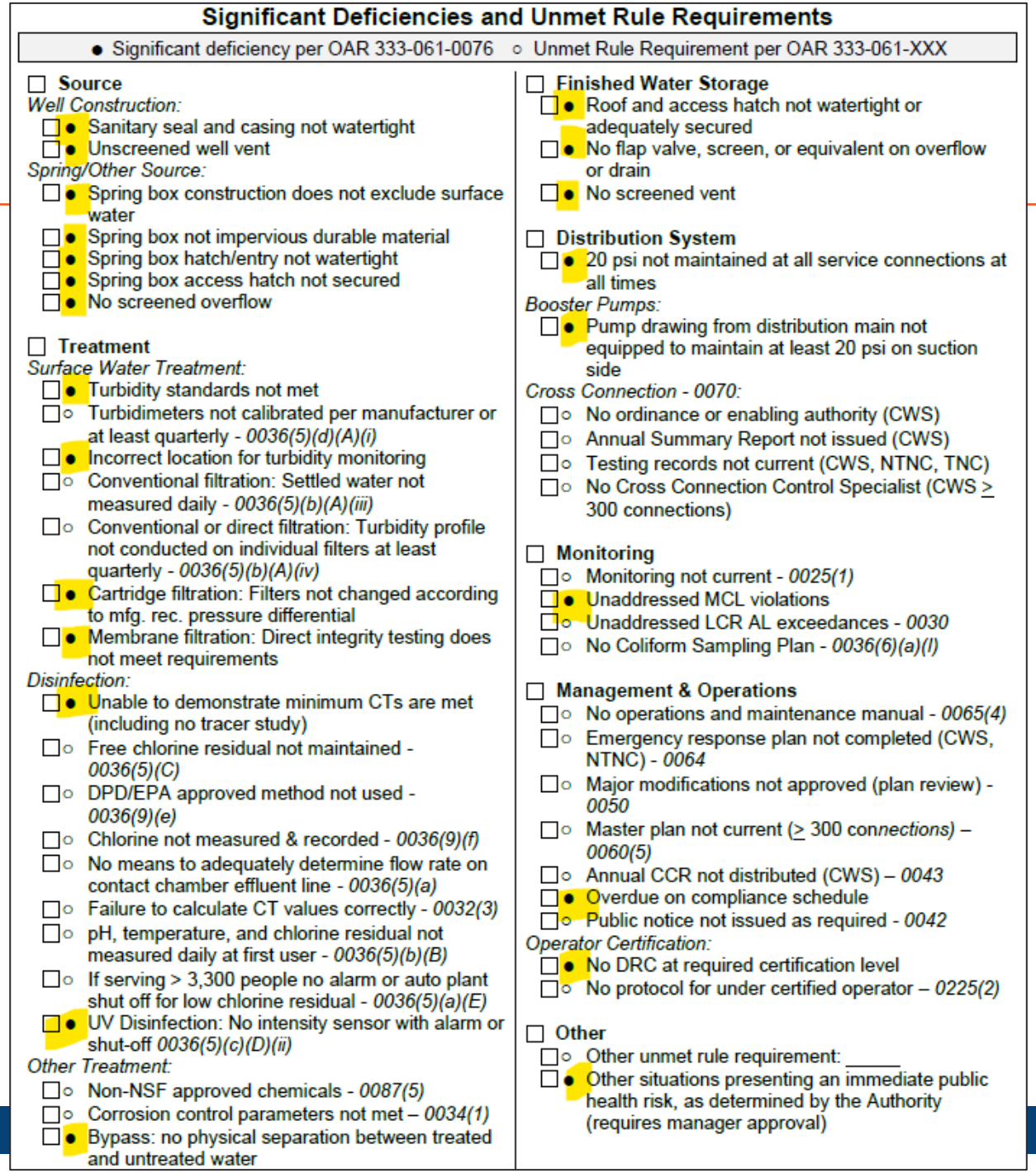
Public notice

- Tier 2 public notice is required within 30 days of missing a significant deficiency CAP due date, or not submitting a CAP.

- Violations will be issued for not posting a public notice!

At this point, you should still try to work with the system to correct deficiencies.
Formal enforcement = bad

Only for ● black dot significant deficiencies (**bolded** in Data Online)



Significant Deficiencies and Unmet Rule Requirements

● Significant deficiency per OAR 333-061-0076 ○ Unmet Rule Requirement per OAR 333-061-XXX

☐ **Source**

Well Construction:

☐ ● Sanitary seal and casing not watertight

☐ ● Unscreened well vent

Spring/Other Source:

☐ ● Spring box construction does not exclude surface water

☐ ● Spring box not impervious durable material

☐ ● Spring box hatch/entry not watertight

☐ ● Spring box access hatch not secured

☐ ● No screened overflow

☐ **Treatment**

Surface Water Treatment:

☐ ● Turbidity standards not met

☐ ○ Turbidimeters not calibrated per manufacturer or at least quarterly - *0036(5)(d)(A)(i)*

☐ ● Incorrect location for turbidity monitoring

☐ ○ Conventional filtration: Settled water not measured daily - *0036(5)(b)(A)(iii)*

☐ ○ Conventional or direct filtration: Turbidity profile not conducted on individual filters at least quarterly - *0036(5)(b)(A)(iv)*

☐ ● Cartridge filtration: Filters not changed according to mfg. rec. pressure differential

☐ ● Membrane filtration: Direct integrity testing does not meet requirements

Disinfection:

☐ ● Unable to demonstrate minimum CTs are met (including no tracer study)

☐ ○ Free chlorine residual not maintained - *0036(5)(C)*

☐ ○ DPD/EPA approved method not used - *0036(9)(e)*

☐ ○ Chlorine not measured & recorded - *0036(9)(f)*

☐ ○ No means to adequately determine flow rate on contact chamber effluent line - *0036(5)(a)*

☐ ○ Failure to calculate CT values correctly - *0032(3)*

☐ ○ pH, temperature, and chlorine residual not measured daily at first user - *0036(5)(b)(B)*

☐ ○ If serving > 3,300 people no alarm or auto plant shut off for low chlorine residual - *0036(5)(a)(E)*

☐ ● UV Disinfection: No intensity sensor with alarm or shut-off *0036(5)(c)(D)(ii)*

Other Treatment:

☐ ○ Non-NSF approved chemicals - *0087(5)*

☐ ○ Corrosion control parameters not met – *0034(1)*

☐ ● Bypass: no physical separation between treated and untreated water

☐ **Finished Water Storage**

☐ ● Roof and access hatch not watertight or adequately secured

☐ ● No flap valve, screen, or equivalent on overflow or drain

☐ ● No screened vent

☐ **Distribution System**

☐ ● 20 psi not maintained at all service connections at all times

Booster Pumps:

☐ ● Pump drawing from distribution main not equipped to maintain at least 20 psi on suction side

Cross Connection - 0070:

☐ ○ No ordinance or enabling authority (CWS)

☐ ○ Annual Summary Report not issued (CWS)

☐ ○ Testing records not current (CWS, NTNC, TNC)

☐ ○ No Cross Connection Control Specialist (CWS ≥ 300 connections)

☐ **Monitoring**

☐ ○ Monitoring not current - *0025(1)*

☐ ● Unaddressed MCL violations

☐ ○ Unaddressed LCR AL exceedances - *0030*

☐ ○ No Coliform Sampling Plan - *0036(6)(a)(I)*

☐ **Management & Operations**

☐ ○ No operations and maintenance manual - *0065(4)*

☐ ○ Emergency response plan not completed (CWS, NTNC) - *0064*

☐ ○ Major modifications not approved (plan review) - *0050*

☐ ○ Master plan not current (≥ 300 connections) – *0060(5)*

☐ ○ Annual CCR not distributed (CWS) – *0043*

☐ ● Overdue on compliance schedule

☐ ○ Public notice not issued as required - *0042*

Operator Certification:

☐ ● No DRC at required certification level

☐ ○ No protocol for under certified operator – *0225(2)*

☐ **Other**

☐ ○ Other unmet rule requirement: _____

☐ ● Other situations presenting an immediate public health risk, as determined by the Authority (requires manager approval)

Dear **[PWS CONTACT]**:

A water system survey was completed for [PWS NAME] on [SURVEY DATE] identifying significant deficiencies and rule violations to be corrected. A letter and copy of the survey report were mailed to your attention on [SURVEY LETTER DATE]. Oregon Administrative Rule (OAR) 333-061-0076(6)([a for SW/GWUDI or b for GW]) requires water systems that use [surface water/GWUDI or groundwater] sources to have completed corrective action or be in compliance with an approved corrective action plan within [45 or 120] days of receiving written notice of a significant deficiency.

The [PWS NAME] was to complete corrective action by [7/18 WEEKS FROM SURVEY LETTER DATE] or have a Department-approved corrective action plan with a reasonable timeframe to complete the corrective action. To date, this information has not been received. The system is not in compliance, and a corrective action plan is needed. Please submit your corrective action plan by **[+30 DAYS FROM LETTER DATE]** to: [DWP/COUNTY CONTACT NAME AND ADDRESS]. A copy of the survey letter is enclosed for your reference.

Since [PWS NAME] failed to take action within the required timeframe, you need to provide notification to all persons served by the water system as soon as practical and by no later than 30 days after the date of this letter. The public notice must include the mandatory language and corrective action taken. You are also required to issue a repeat notice every three months until all deficiencies are corrected or have an approved corrective action plan. A copy of the Tier 2 public notice instructions and template are enclosed.

A copy of the public notice must be sent to the Oregon Health Authority - Drinking Water Program, PO Box 14350, Portland, OR 97293-0350 within ten (10) days after completion to certify that the [PWS NAME] has fully complied with the distribution and public notification requirements.

Please contact me by phone at [CONTACT PHONE] or via email at [CONTACT EMAIL] if you have questions or comments.

Tier 2 public notice

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

[Water System Name] Failed to Correct a Significant Deficiency

Our water system recently violated a drinking water requirement. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we did ***OR*** are doing to correct this situation.

A routine inspection conducted on [date] by the [primacy agency] i.e. DWP, county, Department of Agriculture, etc. found [describe significant deficiency] in our water system. ***OR***

As required by the Ground Water Rule [OAR 333-061-0032(6)(f)], we were required to take action to correct this deficiency ***OR*** address the fecal-indicator positive source sample. However, we failed to take this action by the deadline established by the [primacy agency] i.e. DWP, county, Department of Agriculture, etc..

What should I do?

- There is nothing you need to do. **You do not need to boil your water or take other corrective actions**. However, if you have specific health concerns, consult your doctor.
- If you have a severely compromised immune system, have an infant, are pregnant, or are elderly, you may be at increased risk and should seek advice from your health care providers about drinking this water. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1-800-426-4791, or OHA's Drinking Water Program at (971) 673-0405.

What does this mean?

This is not an emergency. If it had been, you would have been notified within 24 hours.

Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

These symptoms, however, are not caused only by organisms in drinking water, but also by other factors. If you experience any of these symptoms and they persist, you may want to seek medical advice.

What is being done?

[Describe corrective action.] We anticipate resolving the problem within [estimated time frame] OR the problem was resolved on [date].

For more information, please contact [contact name] at [phone number] or [mailing address].

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.

This notice is being sent to you by [Water System Name]. State Water System ID# 41 .

Date distributed: [date]

Significant Deficiency Follow Up

Currently working on updates to our formal enforcement procedure!

Thank you!

Questions, concerns, or suggestions?

Chantal.t.Wikstrom@oha.Oregon.gov or let your DWS contact know