
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

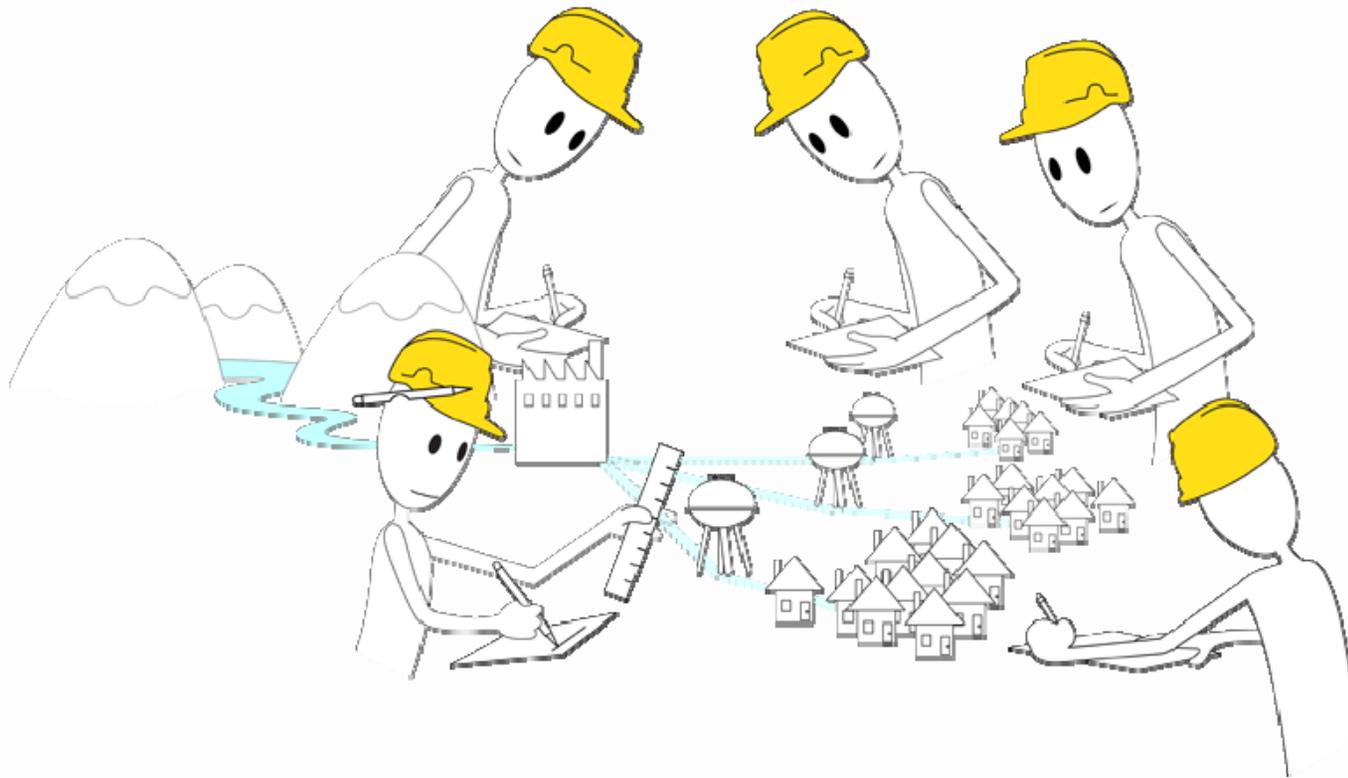


PUBLIC HEALTH DIVISION
Drinking Water Services

Presentation Outline

- Survey Forms
 - Editing and Restrictions
 - Tricky Areas
- Contact Reports
 - Changes
 - Submission Process
- Triennial Review Schedule Update

Survey Forms

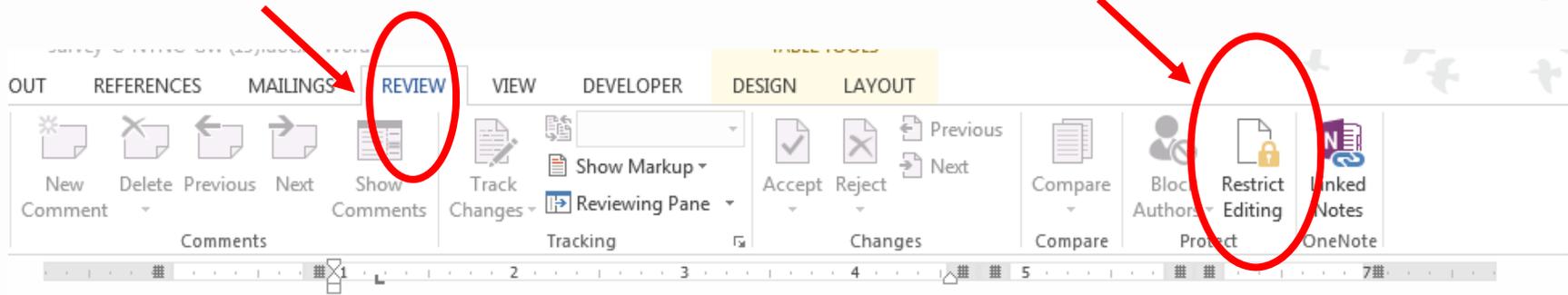


Editing and Restrictions

Turning Off Restriction

1. Click on: Review tab

2. Click on: Restrict Editing



 **XYZ Water System** PWS ID: 41 #####
Water System Survey Survey Date: mm/dd/yy
OHA Drinking Water Services

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Deficiency Summary

Surveyor:

Date Corrective Action Plan is due: County:

Yes	No	Significant Deficiencies and Rule Violations:	Date to be corrected	Date corrected
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Turning Off Restriction

Word

TABLE TOOLS

DESIGN LAYOUT

Skerbeck Christia D

XYZ Water System PWS ID: 41 #####
Water System Survey Survey Date: mm/dd/yy
OHA Drinking Water Services

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Deficiency Summary

is due: _____ County: Choose an item.

Deficiencies and Rule Violations:	Date to be corrected	Date corrected
1:	_____	_____
orce:	_____	_____
eatment:	_____	_____

Restrict Editing

Your permissions

This document is protected from unintentional editing. You may only fill in forms in this region.

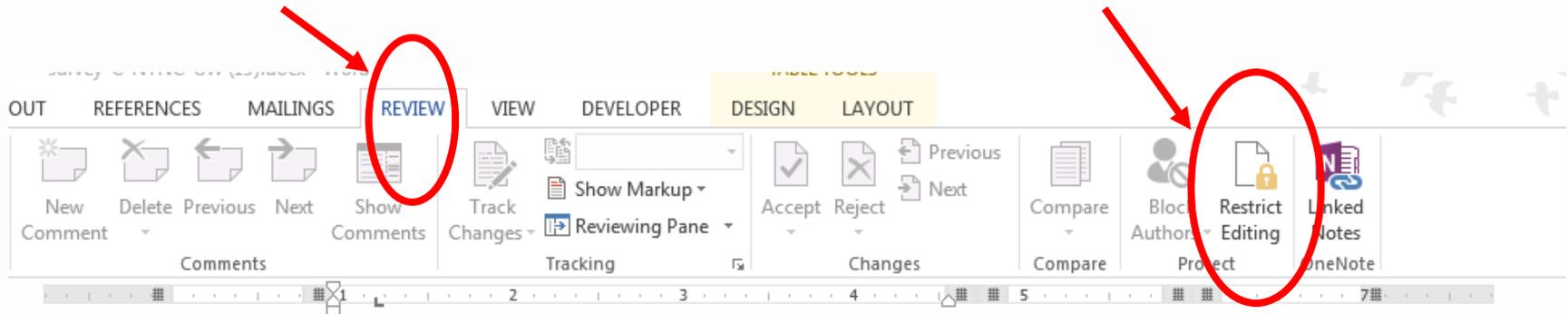
Stop Protection

3. Click on:
Stop Protection

Turning Off Restriction

1. Click on: review tab

2. Click on: Restrict Editing



 **XYZ Water System** PWS ID: 41 #####
Water System Survey Survey Date: mm/dd/yy
OHA Drinking Water Services

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Deficiency Summary

Surveyor:

Date Corrective Action Plan is due: **County:**

Yes	No	Significant Deficiencies and Rule Violations:	Date to be corrected	Date corrected
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Turning On Restriction

Water System PWS ID: 41 #####
System Survey Survey Date: mm/dd/yy
g Water Services

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/ Summary

County: Choose an item.

Rule Violations:	Date to be corrected	Date corrected

Restrict Editing

1. Formatting restrictions
 Limit formatting to a selection of styles
Settings...

2. Editing restrictions
 Allow only this type of editing in the document:
Filling in forms

3. Start enforcement
Are you ready to apply these settings? (You can turn them off later)
Yes, Start Enforcing Protection

See also
Restrict permission...

3. Click on: Yes, Start Enforcing Protection

Turning On Restriction

XYZ Water System
Water System Survey
OHA Drinking Water Services

PWS ID: 41 #####
Survey Date: mm/dd/yy

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Deficiency

Correction Plan is due:

Significant Deficiencies and

Construction:

Other source:

Choose an item.

Date corrected

Start Enforcing Protection

Protection method

Password
(The document is not encrypted. Malicious users can edit the file and remove the password.)

Enter new password (optional):

Reenter password to confirm:

User authentication
(Authenticated owners can remove document protection. The document is encrypted and Restricted Access is enabled.)

OK Cancel

3. Do NOT enter anything for password

4. Click on: Restrict Editing

Tricky Areas

Season

Inventory and Narrative

r			
tem.	Status	Size	Season Choose an item. ▾
tem.	Population:	<input type="text"/>	Begins: (mm/dd) Choose an item.
tem.	Connections:	<input type="text"/>	Ends: (mm/dd) Year-round Seasonal
Choose an item.			
Choose an item.			
WD: Choose an item.	WT: Choose an item.	FE <input type="checkbox"/>	Small WS <input type="checkbox"/>

Emergency Systems Available

Legal/Owner Address:			
Contact Name:	[REDACTED]	Phone:	([REDACTED]) [REDACTED]
Title:	[REDACTED]	Cell:	([REDACTED]) [REDACTED]
Street Address:	[REDACTED]	Emergency #:	([REDACTED]) [REDACTED]
City/State/Zip:	[REDACTED]	Email:	[REDACTED]
System Physical Address:			
Contact Name:	[REDACTED]	Phone:	([REDACTED]) [REDACTED]
Title:	[REDACTED]	Cell:	([REDACTED]) [REDACTED]
Street Address:	[REDACTED]	Emergency #:	([REDACTED]) [REDACTED]
City/State/Zip:	[REDACTED]	Email:	[REDACTED]
Emergency Systems Available:			
Name:	[REDACTED]	PWS ID#:	41 [REDACTED]
Narrative:			
[REDACTED]			

Coliform and DBP

Water Quality Monitoring

Contaminant	N/A	Frequency	Next Tests Due
Entry Point Sampling:			
Nitrate.....	<input type="checkbox"/>	Annual	2016
Arsenic.....	<input type="checkbox"/>	Every 9 years	2020
Inorganic Chemicals (Including Nitrite) (sw)	<input checked="" type="checkbox"/>		
Inorganic Chemicals (Including Nitrite) (gw)	<input type="checkbox"/>	Every 9 years	2020
SOCs.....	<input type="checkbox"/>	2 cons. quarters every 3 yrs	2017
VOCs (sw).....	<input checked="" type="checkbox"/>		
VOCs (gw).....	<input type="checkbox"/>	Every 3 years	2017
Radionuclides (Community Water Systems Only):			
Gross Alpha.....	<input type="checkbox"/>	Every 6 years	2017
Radium 226/228.....	<input type="checkbox"/>	Every 9 years	2020
Uranium.....	<input type="checkbox"/>	Every 9 years	2020
Distribution System Sampling:			
Coliform Bacteria.....	<input type="checkbox"/>	70 per month	On-going
Asbestos (for AC pipe/asbestos geologic areas) ..	<input type="checkbox"/>	Every 9 years	2020
TTHMs and HAA5s.....	<input type="checkbox"/>	8 per quarter (Mar/June/Sept/Dec)	June 2016
Lead and Copper, # sites: 30	<input type="checkbox"/>	Every 3 years (6/1-9/30)	Summer 2016
Other Sampling:			
TOC.....	<input checked="" type="checkbox"/>		
Turbidity.....	<input checked="" type="checkbox"/>		
Source Water Coliform.....	<input type="checkbox"/>	Annual at each active well	2016
Other (specify)	<input type="checkbox"/>		

Contact Reports

Email link

Contact Report/Assistance Actions
OHA Drinking Water Services
Submit completed report to [Compliance Drinking Water](#)

Water System Name: **PWS ID:**
Contact and Phone: **County:**
Date:
Who Responded:
Staff: State County Dept. of Ag
Contact Location: By Phone In Office In Field

SUMMARY:

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

Email link

 Send	From ▾	CHRISTIA.D.SKERBECK@dhsoha.state.or.us
	To,...	compliance.dw@state.or.us
	Cc...	
	Bcc...	
	Subject	

|

Compliance Schedule Update

Contact Report/Assistance Actions
OHA Drinking Water Services
Submit completed report to: [Compliance Drinking Water](#)

Water System Name: **PWS ID:**
Contact and Phone: **County:**
Date:
Who Responded:
Staff: State County Dept. of Ag
Contact Location: By Phone In Office In Field

SUMMARY:

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

Details:

Next Steps:

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

(Rev. 6/15)

Compliance Schedule Update

Compliance Schedule Update, if applicable:

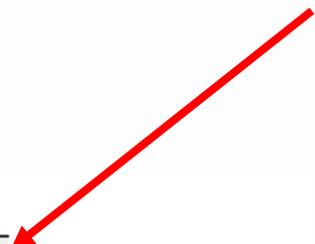
Compliance schedule type: **Pick Compliance Schedule Type** ▼

Activity: []

Date Action Co []

(Rev. 6/15)

- Pick Compliance Schedule Type
- Significant Deficiency
- Coliform Investigation
- Formal Enforcement



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 or 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: [REDACTED] 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 lod 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:

(Rev. 6/15)

SUMMARY: Confirmed E. Coli in GW source

Assistance Action Type **Regulatory Assistance (2H)**

Alert ID: [REDACTED]

Reason/Rule 1 **Coliform (TCR)**

Reason/Rule 2 **Coliform (TCR)**

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:

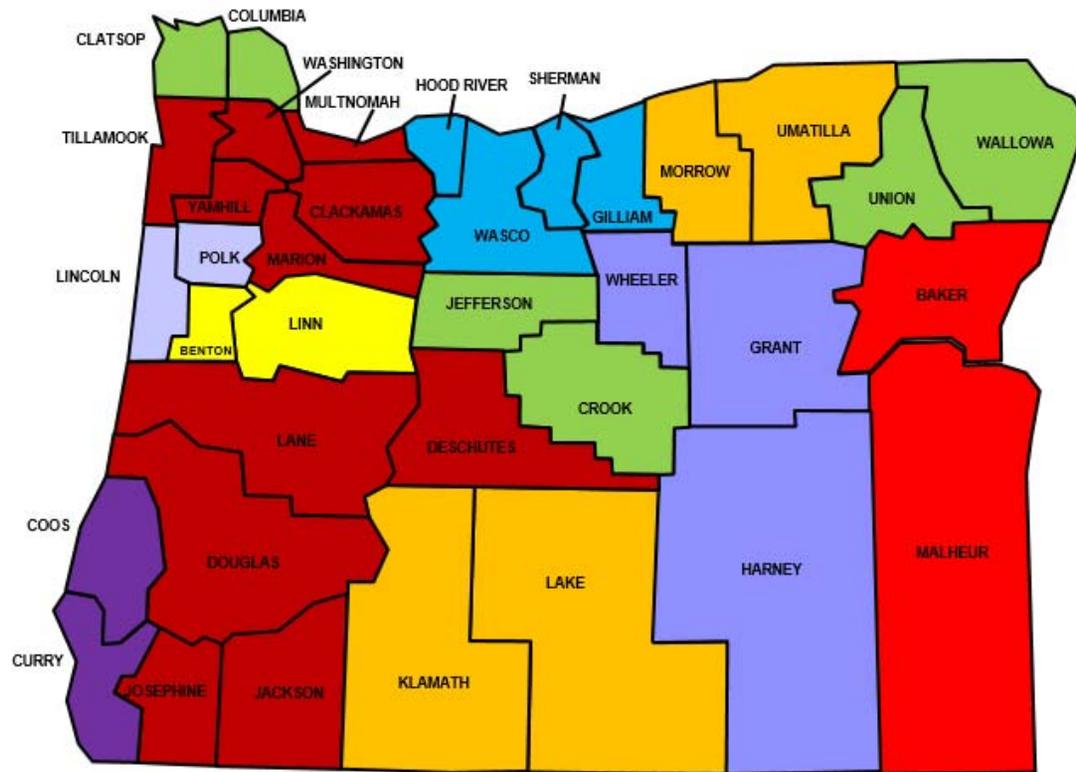
Compliance schedule type: **Formal Enforcement**

Activity: Collect spring 2017 MPA, determine appropriate treatment or alternate sources based on MPA results.

Date Action Completed: [REDACTED] or Revised Date Due: 6/1/2017

Triennial Review Schedule Update

Updated Schedule



Updated Schedule

2017	
January	Clackamas
February & March	NCPHD Hood River –desk/phone review- Lincoln –desk/phone review-
April & May	Baker Malheur –desk/phone review-
June & July	Klamath
August & September	Union
October & November	Linn Benton

2018	
January	Multnomah Marion –desk/phone review-
February & March	Polk Lincoln
April	Jackson
May	Douglas
June & July	No DWS Review
August & September	Jefferson Crook
October & November	Columbia Clatsop

2019	
January	Washington
February	Tillamook
March	Marion
April	Lane
May	Deschutes
June & July	Coos Curry
August & September	No DWS Review
October	Josephine

Questions?

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