
Document Submission and Payment Process

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PUBLIC HEALTH DIVISION
Drinking Water Services

Agenda

- Program Element
- Contract
- Document Submission
- Payment Process
- Questions

Program Element

Program Element #50: Safe Drinking Water (SDW) Program

1. **Description and Purpose.** The purpose of the Safe Drinking Water (SDW) program is to reduce the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided under this program element include: assuring that water suppliers are informed of necessary actions to comply with drinking water monitoring and maximum contaminant level requirements; inspecting public water systems and assuring that identified deficiencies are corrected; and providing technical regulatory assistance to public water suppliers. All performance by LPHA under this Program Element, including but not limited to reporting obligations, shall be to the satisfaction of OHA.
 - a. Funds provided under this Agreement are intended to enable LPHA to assume primary responsibility for the quality of drinking water provided by most of the public water systems located within LPHA's jurisdiction and may only be used, in accordance with and subject to the requirements and limitations set forth below, to deliver the SDW services described in this Program Element Description.
 - b. Public drinking water systems addressed in this Program Element Description include community water systems, non-transient non-community water systems, and transient non-community water systems, serving 3,300 or fewer people and using ground water or purchased surface water sources only, and those activities specifically listed for non-EPA water systems using ground water sources only.
 - c. The work described herein is designed to meet the following EPA National Drinking Water Objective as follows:

“91% of the population served by community water systems will receive water that meets all applicable health-based drinking water standards during the year”; and

“90% of the community water systems will provide water that meets all applicable health-based drinking water standards during the year.”
2. **Definitions Specific to the SDW Program.**
 - a. **Community Water System:** A public water system that has 15 or more service connections used by year-round residents, or that regularly serves 25 or more year-round residents.
 - b. **Drinking Water Services (DWS):** OHA, Public Health Division, DWS is the state program that administers and enforces state and federal safe drinking water quality standards for all public water systems in the state of Oregon.
 - c. **Groundwater:** Any water, except capillary moisture, beneath the land surface or beneath the bed of any stream, lake, reservoir or other body of surface water within the boundaries of this state, whatever may be the geologic formation or structure in which such water stands, flows, percolates, or otherwise moves.

Program Element

The screenshot shows the Oregon Health Authority website. At the top, there is a navigation bar with 'OREGON.GOV', 'TEXT SIZE A+ A- A • TEXT ONLY', 'Select Language', and a search box for 'Oregon.Gov'. Below this is a blue header with the 'Oregon Health Authority' logo and a search bar for 'Public Health...'. A main navigation bar contains links for 'Topics A to Z', 'Data & Statistics', 'Forms & Publications', 'News & Advisories', 'Licensing & Certification', 'Rules & Regulations', and 'Public Health Directory'. The page title is 'Community Liaison for Local Health Departments'. The main content area features a large image of a coastal landscape, followed by the heading 'Providing Technical Assistance and Consultation'. Below this is a paragraph describing the collaborative system of federal, state, and local agencies. A second paragraph explains the role of the Oregon Health Authority Office of Community Liaison. To the right of the main text is a sidebar menu with links for 'Toolkit for LHDs', 'Tools and References', 'Sample Resources', 'Program Elements' (circled in red), and 'Contact Us'. At the bottom of the page, there are sections for 'Local Health Department Directory' and 'Tools and References'.

Program Element

The screenshot shows the Oregon Health Authority website. At the top, there is a navigation bar with the Oregon.gov logo, a search bar, and a language selector. Below this is a blue header with the Oregon Health Authority logo and a search bar for public health. A main navigation menu includes links for Topics A to Z, Data & Statistics, Forms & Publications, News & Advisories, Licensing & Certification, Rules & Regulations, and Public Health Directory. The left sidebar contains a 'Community Liaison for Local Health Departments' section with links to a directory, annual plans, jobs, program elements (highlighted), triennial review, advisory board, tools and references, orientation, and a conference. The main content area is titled 'Local Health Department Program Elements' and includes a breadcrumb trail, a table of program elements, a description of the financial assistance contract, and a link to a 2015 grants PDF. A 'Toolkit for LHDs' sidebar offers tools, references, and contact information. A '211info' logo is in the bottom left of the page content.

Public Health

Community Liaison for Local Health Departments

- Local Health Department Directory
- Annual Plans
- Local Health Department Jobs
- Local Health Department Program Elements**
- Triennial Review
- Oregon Public Health Advisory Board
- Tools and References
- Public Health Orientation
- Conference of Local Health Officials

Public Health > Provider and Partner Resources > Community Liaison for Local Health Departments > Local Health Department Program Elements

Local Health Department Program Elements

The Financial Assistance Contract with county health departments includes "Program Elements." These Program Elements are the programmatic and service deliverables. They describe the services the local health departments provide based upon the public health agreement with the Oregon Health Authority. Each Program Element is negotiated with the Conference of Local Health Officials.

There are periodic amendments to the Program Elements. Since this site will run behind the actual contracts, the contract filed at the county office may be more up to date.

Grants Fiscal Year 2015 (pdf)

Find Program Elements on this page:

- 2013-2015
- 2011-2013

All files in pdf format unless otherwise marked.

Program Elements 2013-2015 - Approved by DOJ

Toolkit for LHDs

- Tools and References
- Sample Resources
- Program Elements

Contact Us

Office of Community Liaison

211info
2-1-1
Your guide to health and social services.

Program Element

- PE 13: Tobacco Prevention and Education Program (TPEP)
- PE 14: Tribal Healthy Communities (HC)
- PE 15: Healthy Communities Phase II Implementation
- PE 16: Tribal Tobacco Prevention and Education Program
- PE 19: Program Design and Evaluation Services (PDES) (Final 9/15/14)
- PE 20: Statewide Lead-Line Program (October 2013)
- PE 21: Services to Victims of Sexual Offenses
- PE 23: Support of Acute and Communicable Disease Prevention (ACDP), Emerging Infections Program (EIP), and Epidemiology and Laboratory Capacity (ELC) Programs (OHSU, VA and OSU) (Final 12/17/2014)
- PE 25: Metropolitan Area Pertussis Surveillance (MAPS)
- PE 30: Community Prevention Program (Final 1/13/2014)
- PE 40: Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Services (Final 9/2014)
- PE 41: Reproductive Health Program (Final 5/19/14)
- PE 42: Maternal, Child and Adolescent Health (MCAH) Services
- PE 43: Immunization Services (Revised 8/26/2013)
- PE 44: School Based Health Centers (Final 6/17/14)
- PE 45: Tribal Maternal Child and Adolescent Health (MCAH) Services
- PE 47: Project LAUNCH (Deschutes County Only)
- PE 48: Teen Pregnancy Prevention Personal Responsibility Education Program (PREP)
- PE 49: Private Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities (Final 12/29/14)
- PE 50: Safe Drinking Water Program (SDW)

Program Elements 2011-2013

PE 01: State Support for Public Health (SSPH)

Program Element

“The Financial Assistance Contract with county health departments includes "Program Elements." These Program Elements are the programmatic and service deliverables. They describe the services the local health departments provide based upon the public health agreement with the Oregon Health Authority. Each Program Element is negotiated with the Conference of Local Health Officials.”

Program Element

Required Services

- Respond to emergencies
- Conduct independent enforcement actions
- Maintain and use DWS database
- Provide tech and regulatory assistance
- Investigate water quality alerts

Program Element

Required Services

- Conduct water system surveys
- Resolve PNCs
- Conduct significant deficiency follow up
- Track and follow up on enforcement actions
- Inventory and document new water systems

Program Element

- Supplemental Services
 - Resolve violations for non-PNC systems
 - Conduct plan review inspections
 - Assist with emergency response plan development
 - Conduct customized and negotiated work

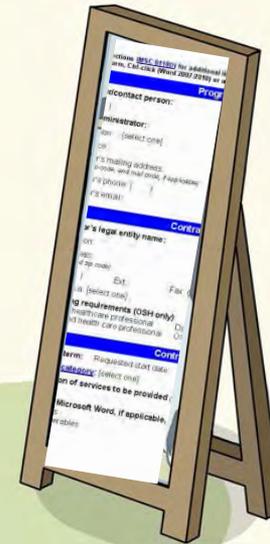
Contract



Contract

Program Element 950- Safe Drinking Water (SDW) Program

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 - 91% of the population served by community water systems will receive water that meets all applicable health-based drinking water standards during the year"; and
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 - c. **Groundwater:** Any water, except capillary moisture, beneath the land surface or beneath the bed of any stream, lake, reservoir or other body of surface water within the boundaries of this state, wherever may be the geologic formation or structure in which such water stands, flows, percolates, or otherwise moves.



Document Submission

MONTHLY DRINKING WATER SERVICES PROVIDED

LPHA: _____ MONTH: _____

EPA SYSTEMS or Non-EPA SYSTEMS

ALERTS	Date of Service	# Alerts =	PWS #
SURVEYS	Date of Service	# Surveys =	PWS #
SURVEY FOLLOW-UP #1	Date of Service	# All deficiencies	PWS #
SURVEY FOLLOW-UP #2	Date of Service	# On correctiv	PWS #
PNCs RESOLVED	Date of Service	# PNCs R	PWS #
M/R VIOLATIONS RESOLVED	Date of Service	# M/R	PWS #
ENFORCEMENT TRACK & F/U	Date of Service	#	PWS #
NEW WATER SYSTEMS	Date of Service	#	PWS #
PLAN REVIEW INSPECTI	Date of Service	#	PWS #
ERP'S COMPLETED	Date of Service	#	PWS #
NEGOTIATED WORK	Date of Service	#	PWS #
NOTES ON MONTHLY ACTIVITIES:			

Contact Report/Assistance
OHA Drinking Water Program

Water System Name: _____
Contact and P... _____
Who Respon... _____
Contact Loca... _____

SUMMARY: Reside...

Assistance Action Type ()
Reason/Rule 1 ()
Reason/Rule 2 ()

Details:
A resident name Jasper noti...
dirty, and didn't taste as well...
how other strange things have...
many recent new families mov...
suspicious of the activity of the...
quality of the water his his bowl...
... and believes the cats may have an in...

Inventory and Narrative

XYZ Water System
Water System Survey
OHA Drinking Water Program

PWS ID: 41
Survey Date: mm/dd/yyyy

Page 3 of 17

Health

Inventory and Narrative

County: _____

Community (C)	Status	Size	Season
Transient Community (NTNC)	Population:		<input type="checkbox"/> All year <input type="checkbox"/> Seasonal
Community (TNC)	Connections:		Begins: (mm/dd) / /
Community (TNC)	Service Chars:		Ends: (mm/dd) / /
Community (TNC)	Ownership:		Coliform Sampling
Reg/Non EPA (NP)	License		Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
	<input type="checkbox"/> Not Lic <input type="checkbox"/> HD <input type="checkbox"/> Ag		Samples Required:
ification Required			Responsible Agency
WT	FE <input type="checkbox"/> Small WS <input type="checkbox"/>		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Dept of Agriculture

Administrative Contact (Mailing Address):

Phone: () _____
Cell: () _____
Emergency #: () _____
Email: _____

Address:

Phone: () _____
Cell: () _____
Emergency #: () _____
Email: _____

ical Address:

Phone: () _____
Cell: () _____
Emergency #: () _____
Email: _____

ystems Available:

PWS ID: 41

Document Submission

➤ Survey Documents

Mail hard copy

Drinking Water Services
 PO Box 14450
 Portland, OR 97293-0450

Health XYZ Water System
Water System Survey
OHA Drinking Water Program PWS ID: 41 #####
Survey Date: mm/dd/yyyy
Page 3 of 17

Inventory and Narrative County: _____
XYZ Water System
Water System Survey
OHA Drinking Water Program PWS ID: 41 #####
Survey Date: mm/dd/yyyy
Page 1 of 17

Outstanding Performer

Type

Community (C)
 Non Transient Non-Community (NTNC)
 Transient Non-Community (TNC)
 State Reg/Non EPA (NP)

Operator Certification Required

WD _____ WT _____

Primary Administrative Contact

Contact Name: _____
 Title: _____
 Street Address: _____
 City/State/Zip: _____

Legal/Owner Address:

Contact Name: _____
 Title: _____
 Street: March 30, 2015
 City/S: _____
 Syst Bender Doodle
 Coria Wiggle Wags
 Title: 8295 SW Kibble Ln.
 Street Cookie, OR 97264
 City/S: _____
 Emer: _____
 Name: _____

Narr:

Dear Bender:

Thank you for your time and assistance in conducting a Water System Survey at Wiggle Wags Water System on March 3, 2015. The main purpose of the survey is to evaluate the entire water system in terms of supplying safe drinking water to the public. I have enclosed a copy of the report for your records. Please let me know if any corrections need to be made.

The water system facility was found to be well operated and maintained by knowledgeable and competent staff. No significant deficiencies or rule violations were identified. Please note the following comments and/or recommendations:

1. The Drinking Water Program has established criteria for determining whether a system should be considered to have "outstanding performance." Systems that are designated outstanding performers may have their water system survey frequency reduced from every 3 years to every 5 years. Congratulations, your water system met the established criteria. Therefore, your next water system survey will be scheduled in 5 years. I have enclosed a certificate along with a handout that describes the outstanding performance criteria such that you can assure your system continues to meet these criteria.
2. A summary of your monitoring requirements can be found on page 12. Please maintain a copy of this page and refer to it for future monitoring scheduling.

If you have any questions or concerns, or would like this in an alternate format, please contact me at (971) 673-0417. Your cooperation is appreciated.

Document Submission

➤ Monthly Summary Reports

DWSCountyContracts@state.or.us

Monthly

MONTHLY DRINKING WATER SERVICES PROVIDED 2013-15			
LPHA:	Sniff County	MONTH:	Wooftober
		YEAR:	
EPA SYSTEMS <input type="checkbox"/> or Non-EPA SYSTEMS <input type="checkbox"/>			
ALERTS	# Alerts =		
Date of Service	PWS #	PWS Name	ID #
SURVEYS	# Surveys =		
Date of Service	PWS #	PWS Name	
SURVEY FOLLOW-UP #1	# All deficiencies corrected =		
Date of Service	PWS #	PWS Name	
SURVEY FOLLOW-UP #2	# On corrective action plan =		
Date of Service	PWS #	PWS Name	
PNCs RESOLVED	# PNCs resolved =		
Date of Service	PWS #	PWS Name	
M/R VIOLATIONS RESOLVED	# M/R Violations resolved =		
Date of Service	PWS #	PWS Name	ID #
ENFORCEMENT TRACK & F/U	# All complete =		
Date of Service	PWS #	PWS Name	
NEW WATER SYSTEMS	# New Systems =		
Date of Service	PWS #	PWS Name	
PLAN REVIEW INSPECTIONS	# PRs Inspections =		
PWS #	PWS Name		
ERPs COMPLETED	# ERPs completed =		
PWS #	PWS Name		
NEGOTIATED WORK			
NOTES ON MONTHLY ACTIVITIES:			

Document Submission

➤ Contact Reports

Contact Report/Assistance Actions OHA Drinking Water Program

Water System Name: Wiggle Wags Watering Hole **PWS ID:** 410000
Contact and Phone: Bender Doode 503-789-WOOF **County:** Sniffs
Date: 3/25/15
Who Responded: Intrepid DW staff
Staff: State County Dept. of Ag
Contact Location: By Phone In Office In Field

SUMMARY: Resident complaint of water quality concerns

Assistance Action Type **Complaint Investigation (2C)** Alert ID:
Reason/Rule 1 **Other**
Reason/Rule 2 **Other**

Details:

A resident name Jasper notified Bender that his water was beginning to look cloudy, dirty, and didn't taste as well as it did in the past. The resident continued to explain how other strange things have been noticed throughout the neighborhood including many recent new families moving to the area with many cats. The resident is suspicious of the activity of the cats and believes the cats may have an impact on the quality of the water his his bowl.

Action Needed:

As completed

dwp.dmce@state.or.us

Document Submission

Who	Report/Document	Delivery Type	When	Address
County	Monthly summary reports	Email	Monthly By the 20 th of the following month	dws.countycontracts@state.or.us
	Contact reports	Email	As completed	dwp.dmce@state.or.us
	Survey documents	Mail	As completed	Drinking Water Services PO Box 14450 Portland, OR 97293-0450
Department of Agriculture	Monthly invoice documents	Email/mail	Monthly	dws.countycontracts@state.or.us

Payment Process



Financial Award

State of Oregon Oregon Health Authority Public Health Division		Page 2 of 3	
1) Grantee Name: Jackson County Health & Human Services Street: 140 S. Holly St. City: Medford State: OR Zip Code: 97501		2) Issue Date January 16, 2015	This Action AMENDMENT FY2015
		3) Award Period From July 1, 2014 Through June 30, 2015	
4) OHA Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	22,296	0	22,296 (g,o)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	52,024	0	52,024 (g,o)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	7,508	0	7,508 (g,n)
PE 42 Babies First FAMILY HEALTH SERVICES	22,266	0	22,266
PE 42 Oregon MothersCare FAMILY HEALTH SERVICES	15,860	0	15,860 (o)
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	51,672	0	51,672
PE 44 School Based Health Centers -- BASE	583,000	0	583,000
PE 44 School Based Health Centers -- PLANNING	30,000	0	30,000 (l)
PE 44 School Based Health Centers -- Mental Health	82,911	0	82,911 (m)
PE 44 School Based Health Centers FAMILY HEALTH SERVICES	0	0	0 (j,k)
PE 48 Teen Pregnancy Prevention - P. R. E. P. FAMILY HEALTH SERVICES	83,809	0	83,809 (e)
PE 50 Safe Drinking Water Program	105,025	0	105,025

Payment Process

➤ Expenditure reports

OREGON HEALTH AUTHORITY
 PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT
 EMAIL TO: David.P.COLEMAN@dhsaha.state.or.us

Agency: Sniff County

Program: Environmental Health

Period: July 1, Woof to Wag

Please read instructions carefully.

YEAR TO DATE				
		Non-OHA/PHD Expenditures	OHA/PHD Expenditures	TOTAL
A.	EXPENDITURES			
1.	Personal Services (Salaries and Benefits)		\$ 5,634.83	\$ 5,634.83
2.	Services and Supplies			
3.	Capital Outlay			
4.	TOTAL EXPENDITURES (see Note 1)			
5.	Less Total Program Income (see Note 2)			
6.	TOTAL REIMBURSABLE EXPENDITURES		\$ 5,634.83	

WIC Program Only: Enter the Public Health Division Year to Date Expenditures Column breakdown in the following categories:

Client Services	<input type="text"/>	Nutrition	<input type="text"/>
		Education	<input type="text"/>
Breastfeeding Promotion	<input type="text"/>	General Administration	<input type="text"/>

Quarterly

State Financial Services

Payment Process

- What if . . .
 - No expenditure reports are submitted?
 - Expenditures exceed the monthly payments?
 - Funds are leftover from one year of the biennium?
 - Drinking water does not receive records of monthly work carried out?

Payment Process

- ODA Invoices
 - Surveys
 - Contact reports

OICE DATE: 8/15/2013
 CUSTOMER NO: 448-214
 PREPARED BY: Adam Sendelbaugh
 MUNICIPALITY: ADAM SENDELBAUGH
 DISTRICT:

STATE OF OREGON
 DEPARTMENT OF AGRICULTURE
 MAIL PAYMENTS TO:
 PO BOX 4395 UNIT 17
 PORTLAND, OR 97208-4395

AR 194479

INVOICE

RETURN ONE COPY WITH YOUR REMITTANCE
 -DUE 30 DAYS FROM INVOICE DATE UNLESS
 OTHERWISE SPECIFIED


 Thomas Mitchell
 Office of Health Protection
 PO Box 14450
 Portland OR 97293

RECEIVED
 AUG 18 2013
 DWP-DMCE

DATE	DESCRIPTION	PCA / Revenue Object		AMOUNT
		PCA	AOBJ	
8/15/13	G38: 44334000 Payment request for services rendered per agreement #142362. Supporting detail attached.	31016	8956	1,190.00
TOTAL				\$1,190.00

CONTACT THE DEPARTMENT ABOUT ERRORS WITHIN 60 DAYS OF INVOICE DATE.
 DELINQUENT ACCOUNTS WILL BE SENT TO COLLECTIONS FOR THE AMOUNT OWED PLUS THE COLLECTION FEE PER ORS 281.231
 ALL DISHONORED CHECKS OR ELECTRONIC PAYMENTS WILL INCUR A \$25 ADMINISTRATION FEE PER ORS 30.70)

1-CUSTOMER 9/4/2013

Monthly

Mail/email to DWS

Questions



Tia Skerbeck, REHS
Partner Services Coordinator
Oregon Health Authority
971-673-0417
christia.d.skerbeck@dhsaha.state.or.us

David Coleman
OHA/DHS Fiscal Reviewer
Oregon Health Authority
503-945-9417
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(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)