Oregon Health Authority
Drinking Water Program

This is to certify that the

Tooley Water District

has successfully met the criteria for

Outstanding Performance

during the last Water System Survey conducted on
April 12th, 2018

Oregon Health Authority

Dave Leland

David E. Leland, P.E., Manager
Drinking Water Services
Oregon Health Authority

Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
"Caring For Our Communities"
419 East Seventh Street, The Dalles, OR 97058
Phone: 541-506-2600 Fax: 541-506-2601
Website: www.ncphd.org

4-12-18

Matt Olsen
Tooley Water District, PWS #00911
PO Box 699
Newburg OR 97132

Dear Matt,

Thank you for your (Roberts) time and assistance in conducting a Water System Survey at Tooley Water District on April 12, 2018. 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.

Water system facilities were 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.

If you have any questions or concerns, or would like this in an alternate format, please contact me at (541) 506-2753. Your cooperation is appreciated.

Sincerely,

Nicole Bailey

Nicole Bailey
Registered Environmental Health Specialist Trainee
Drinking Water Program
cc:
encl:

Deficiency Summary

Surveyor: Nicole Bailey

Date Corrective Action Plan is due: N/A **County:** Wasco

Yes	No	Significant Deficiencies and Rule Violations:	Date to be corrected	Date corrected
☐	☒	**Source:** *Well construction:*		
		Spring/other source:		
☐	☒	**Treatment:** *Surface water treatment:*		
		Disinfection:		
		Other treatment:		
☐	☒	**Finished Water Storage:**		
☐	☒	**Distribution:**		
☐	☒	**Monitoring:**		
☐	☒	**Management & Operations:**		
☐	☒	**Operator Certification:**		
☐	☒	**Other Rule Violations:**		

Comments:
No violations noted on this survey.

☐ Source Deficiencies:

Well Construction Deficiencies:
- ☐⊕ Sanitary seal and casing not watertight
- ☐⊕ Does not meet setbacks from hazards
- ☐⊕ Wellhead not protected from flooding
- ☐⊕ No raw water sample tap
- ☐⊕ No treated sample tap (if applicable)
- ☐⊕ No screen on existing well vent

Spring Source Deficiencies:
- ☐⊕ Springbox not impervious durable material
- ☐⊕ No watertight access hatch/entry
- ☐⊕ No screened overflow
- ☐⊕ Does not meet setbacks from hazards
- ☐⊕ No raw water sample tap
- ☐⊕ No treated sample tap (if applicable)

☐ Treatment Deficiencies/Violations:

Surface Water Treatment Deficiencies:
- ☐+ Turbidity standards not met - *0030(3)*
- ☐+ Turbidimeters not calibrated per manufacturer or at least quarterly - *0036(5)(b)(A)(ii)*
- ☐⊕ Incorrect location for compliance turbidity monitoring
- ☐⊕ If serving > 3,300 people no alarm or auto plant shut off for low chlorine residual
- ☐⊕ For conventional or direct filtration: No alarm or plant shut off for high turbidity
- ☐⊕ For conventional filtration: Settled water not measured daily
- ☐⊕ For conventional or direct filtration: Turbidity profile not conducted on individual filters at least quarterly
- ☐⊕ For cartridge filtration: No pressure gauges before and after cartridge filter
- ☐⊕ For cartridge filtration: Filters not changed according to manufacturer's recommended pressure differential
- ☐⊕ For diatomaceous earth filtration: Body feed not added with influent flow
- ☐+ For membrane filtration: Turbidimeter not present on each unit - *0050(4)(c)(G)*
- ☐+ For membrane filtration: Direct integrity testing not done at least daily - *0036(5)(b)(F)*

Disinfection Deficiencies/Violations:
- ☐+ DPD or EPA approved method not used - *0036(9)(d)*
- ☐+ Free chlorine residual not maintained - *0032(3/5)*
- ☐+ Chlorine not measured & recorded as required - *0036(9)*
- ☐+ Minimum CT requirement not met all times - *0032(3/5)*
- ☐⊕ No means to adequately determine flow rate on contact chamber effluent line
- ☐+ pH, Temperature, and chlorine residual not measured daily at first user - *0036(5)(a/b)*
- ☐⊕ Failure to calculate CT values correctly
- ☐⊕ No means to adequately determine disinfection contact time under peak flow and minimum storage conditions

UV Disinfection Violations (OAR 333-0050(5)(k)):
- ☐+ Bypass around UV system
- ☐+ Lamp sleeve not cleaned
- ☐+ Lamp not replaced per manufacturer
- ☐+ No intensity sensor with alarm or shut-off

Other Treatment Violations:
- ☐+ Non-NSF approved chemicals - *0087(6)*
- ☐+ Corrosion control parameters not met - *0034*

☐ Distribution System Violations:

- ☐+ System pressure < 20 psi - *0025(7)*

Cross Connection (OAR 333-061-0070):
- ☐+ 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)

☐ Finished Water Storage Deficiencies:

- ☐⊕ Hatch not locked or adequately secured
- ☐⊕ Roof and access hatch not watertight
- ☐⊕ No flap valve, screen, or equivalent on drain
- ☐⊕ No screened vent

☐ Monitoring Violations:

- ☐+ Monitoring not current - *0025(1)*
- ☐+ Unaddressed MCL violations or LCR AL exceedances - *0030*
- ☐+ No Coliform Sampling Plan - *0036(6)(a)(G)*

☐ Management & Operations Violations:

- ☐+ No operations and maintenance manual - *0065(4)*
- ☐+ Emergency response plan not completed - *0064(1)*
- ☐+ Major modifications not approved (plan review) - *0050*
- ☐+ Master plan not current (≥ 300 con.) - *0060(5)*
- ☐+ Annual CCR not submitted (CWS) - *0043(1)(a)*
- ☐+ PNC or out of compliance with AO
- ☐+ Public notice not issued as required - *0042*

☐ Operator Certification Violations:

- ☐+ No certified operator at required level - *0065(2)*
- ☐+ No protocol for under certified operator - *0225(2)*

☐ Other Rule Violations: _____

⊕ Significant deficiency per OAR 333-061-0076
+ Rule violation per OAR 333-061-XXX

Inventory and Narrative

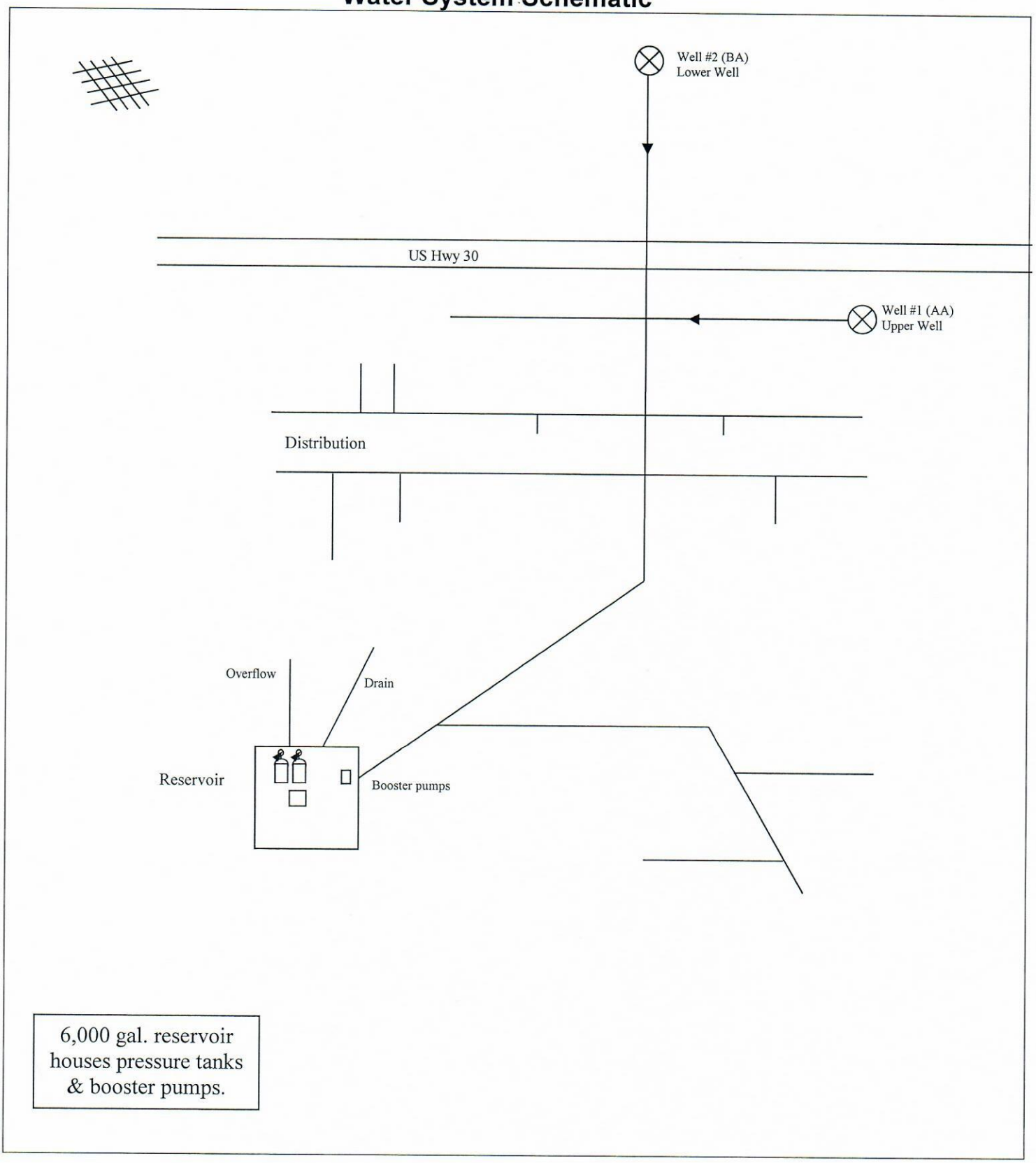
☒ **Outstanding Performer**						
Type:	Community (C)	**Status**	**Size**	**Season:**	Year-round	
License:	Health Department	Population:	42	Begins: (mm/dd)	1/1	
Responsible Agency:	County	Connections:	100	Ends: (mm/dd)	12/31	
Service Characteristics:	Residential: Subdivision (SU)					
Ownership:	2 - Private					
Operator Certification Requirements:	WD: Choose an item.	WT: Choose an item.	FE ☐ Small WS ☒			

Primary Administrative Contact (Mailing Address):			
Contact Name:	Matt Olsen	Phone:	(503) 554-8333
Title:	Compliance Manager- Hiland Water Co.	Fax:	(503) 554-9215
Street Address:	PO Box 699	Emergency #:	( )
City/State/Zip:	Newberg OR 97132	Email:	info@hilandwater.com
Legal/Owner Address:			
Contact Name:	Tooley Water District	Phone:	(503) 554-8333
Title:		Fax:	(503) 554-9215
Street Address:	4730 Hwy 30W	Emergency #:	( )
City/State/Zip:	The Dalles, OR 97031	Email:	info@hilandwater.com
System Physical Address:			
Contact Name:	Matt Olsen	Phone:	(503) 554-8333
Title:	Compliance manager- Hiland Water Co.	Fax:	(503) 554-9215
Street Address:	4730 Hwy 30W	Emergency #:	( )
City/State/Zip:	The Dalles, OR 97031	Email:	info@hilandwater.com
Emergency Systems Available:			
Name:		**PWS ID#:**	**41**

Narrative:

This water system has two wells, Upper Well L94686 was drilled in 1953 and deepened in 1959. Lower Well L94687 was drilled in 1963. Both wells pump simultaneously and enter directly into distribution. These wells are chlorinated for residual maintenance at the well heads. The system has a 6000gal reservoir and two 315gal pressure tanks and 2 booster pumps which alternate located at the reservoir.

Water System Schematic



6,000 gal. reservoir houses pressure tanks & booster pumps.

Source Information

ID	Entry Points (Location where water enters distribution and is sampled)	Source Type	Availability (if seasonal, indicate begin/end dates)	Begin (M/D)		End (M/D)	
A	Upper well L94686	Ground	Permanent				
B	Lower well L94687	Ground	Permanent				

ID	Sources (Contributing to Entry Point)	Land Use*	Capacity (GPM)	Source Type	Availability
AA	Upper well L94696	H	35	Ground	Permanent
BA	Lower well L94687	H	35	Ground	Permanent

*Land Use Codes: (A) **Pristine Forest** (B) **Irrigated Crops** (C) **Non-Irrigated Crops** (D) **Pasture** (E) **Light Industry** (F) **Heavy Industry** (G) **Urban-Sewered Area** (H) **Rural On-Site Sewage Disposal** (I) **Urban On-Site Sewage Disposal** (J) **Rangeland** (K) **Managed Forest** (L) **Commercial** (M) **Recreational Use**

Yes	No	
☐	☒	Has the water system implemented strategies (e.g., posting source area signs, notifying residents of Haz Waste collection events, provide residents information about maintaining their septic systems, abandoning unused wells, etc.) to protect their drinking water sources?
☐	☒	Is the water system interested in protecting their drinking water sources from contamination? If yes, contact regional geologist at 541-726-2587.

Comments:

Well Information

Source ID#: SRC-	AA		BA									
Source Name:	Upper Well L94686		Lower well L94687									
Well log available?*	Yes		Yes		Choose an item.		Choose an item.		Choose an item.		Choose an item.	
Well log ID (e.g., COLU123, L12345)	WASC 2954		WASC 3229									
	Yes	No	Yes	No	Ye	No	Yes	No	Yes	No	Yes	No
Well active?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pitless adaptor?	☐	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐
• Sanitary seal & casing watertight?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
• Raw water sample tap?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
• Treated water sample tap? ☐N/A	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
• If vented, properly screened?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
• Wellhead protected from flooding?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Concrete slab around casing?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Casing height ≥12-in. above slab/grade?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flowmeter?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pressure gauge?	☐	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐
Pump to waste piping?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
• Well meets setbacks from hazards?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
If no, identify list of hazard(s) within the setback and the distance to the hazard..... HAZARD: DISTANCE (ft):												
Protective housing?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
If yes, does it have:												
Heat?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Light?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Floor drain?	☐	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐
Well pump removal provision?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pump Type:	Submersible		Submersible		Choose an item.		Choose an item.		Choose an item.		Choose an item.	
Bearing lubrication:	Water		Water		Choose an item.		Choose an item.		Choose an item.		Choose an item.	
Pumping capacity (gpm):	35min		35min									

*If no well log available, record any known information regarding depth of well, depth of grout seal, year of installation, or casing diameter in the comments section below.

Comments:
Agricultural activity on adjacent owner's property to Lower Well L94687 ~45ft away. Could have potential effects on nitrate levels as summer season begins.

Potential Sanitary Hazards

(From OAR 333-061-0050(2)(a)(E))

The following sanitary hazards are not allowed within 100 feet of a well or spring:

- Any existing or proposed pit privy
- Subsurface sewage disposal drain field
- Cesspool
- Solid Waste disposal site
- Pressure sewer line
- Buried fuel storage tank
- Animal yard, feedlot, or animal waste storage
- Untreated storm water or gray water disposal
- Chemical (including solvent, pesticides, and fertilizers)storage, usage, or application)
- Fuel transfer or storage
- Mineral resource extraction
- Vehicle or machinery maintenance or long term storage
- Junk / auto / scrap yard
- Cemetery
- Unapproved well
- Well that has not been properly abandoned or of unknown or suspect construction
- Source of pathogenic organisms
- Any other similar public health hazards

The following are not allowed within 50 feet of a well or spring:

- Gravity sewer line
- Septic Tank

Exemptions to these setbacks must be listed and documented within the plan approval letter and in an approved construction waiver standard.

If a surface water source is located within 500 feet of a well or spring, please note the water body name and the distance to the well or spring. All groundwater sources within 500 feet to a surface water source should be considered for potential surface water influence. Check the file for correspondence. If a review has been done indicate results in comment section. If not, contact the Springfield office 541-726-2587.

Disinfection

No #	Disinfection Method*	Location	Disinfection Source Water	Residual Maintenance	Other Purpose	Proportional to Flow	Dosage Recorded
1	Sodium Hypochlorite	At the well head	☐	☒		☐	☒
			☐	☐		☐	☐
			☐	☐		☐	☐

Chlorine residuals ☐ N/A

Yes	No	
☒	☐	• Is a DPD or other EPA approved method used?
☒	☐	• NSF 60/61 certified (or equivalent)?
☐	☐	• Are entry point residuals recorded at least once per day (SWTR, GWR 4-log)? ☒N/A
☐	☐	• Is entry point residual monitoring continuous if population > 3,300? ☒N/A
☒	☐	• Are distribution residuals recorded at least twice weekly?
☐	☐	Are on-line chlorine analyzers verified weekly with DPD type or EPA approved test kit? ☒N/A

Chlorine gas ☒ N/A

Yes	No		Yes	No	
☐	☐	Separate room for gas storage and feeder?	☐	☐	Gas cylinders properly secured?
☐	☐	Fan with on/off switch outside?	☐	☐	Door that opens out?
☐	☐	Vent located next to the floor?	☐	☐	Self-contained breathing apparatus?
☐	☐	Door with a window?	☐	☐	Air scrubber system?

UV ☒ N/A

Yes	No	
☐	☐	• Does all water contact UV (no bypass)?
☐	☐	• Is lamp sleeve cleaned?
☐	☐	• Is lamp replaced per manufacturer?
☐	☐	• Intensity sensor with alarm or shut-off?

CT Evaluation for disinfection ☒ N/A

Yes	No	
☐	☐	• Is contact time based on a tracer study or adequate alternative? ☐ N/A
		Describe adequate alternative method for contact time: _____
☐	☐	• Is there a flow meter on effluent side of clearwell /contact chamber or adequate alternative?
		Describe adequate alternative method for flow rate: _____
		Tracer study demand flow (gpm): _____
☐	☐	Have tracer study parameters changed?
☐	☐	• (SW only) Are pH, temp, and chlorine residual measured daily before or at the first user?
☐	☐	• Are CT values being calculated correctly?
☐	☐	• Are CT values met at all times (SWTR, GWR 4-log)?

Comments:
Chlorine residual ideal starts from 0.7 ppm at the well head and ends at about 0.3 ppm by the time it reaches the reservoir.

Storage and Pressure Tanks

Number	Name	Tank Type*	Tank Material	Year Built	Volume (gal.)
1	Reservoir	(G) Ground	Concrete	unk	6000
1	Pressure tank #1	(P) Pressure	Steel	unk	315
2	Pressure tank #2	(P) Pressure	Steel	unk	315

Total Volume: 6630

Reservoir Number:	1									
Reservoir Features	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Fence/gate?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
● Hatch secured (e.g. locked, bolted, etc)?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
● All tank access points watertight?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
● Screened vent?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Overflow?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
● Overflow protected (screen/flap/valve)?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Drain to daylight?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Water level gauge?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bypass piping?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Alarm for high or low levels?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Separate inlet/outlet?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Approved interior coating?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Exterior in good condition?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Annual interior/exterior inspection?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cleaning schedule?	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐
Continuously disinfected? (● post '81 redwood)	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐
Pressure Tanks	1		2							
Accessible for maintenance?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐
Bypass piping?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐
Drain?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐
Pressure relief device?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐
Air bladder/diaphragm?	☐	☒	☐	☒	☐	☐	☐	☐	☐	☐
Valve for adding air?	☒	☐	☒	☐	☐	☐	☐	☐	☐	☐

Comments

Distribution System Information

Service Area and Facility Map

Yes	No	
☒	☐	Does the system have a service area and facility map (indicate features on map):

- ☒ Water lines (including size and material)
- ☒ Treatment facilities
- ☒ Storage facilities (reservoirs)
- ☒ Sampling points
- ☒ Sources-wells & withdrawal points
- ☒ Pressure zones
- ☒ Pressure regulating valves
- ☒ Booster pumps

Distribution Data

Yes	No		Comments
☒	☐	• System pressure ≥ 20 psi?	35 minimum
☒	☐	Water system leakage <10%?	
☒	☐	Hydrants or blowoffs on all dead ends? ☐ N/A	
☒	☐	Routine flushing? (How often)	
☒	☐	Adequate valving?	
☒	☐	Routine valve turning? (How often)	
☐	☒	Does the distribution system have asbestos cement (AC) pipe? *If yes, verify asbestos sampling is completed on Water Quality Monitoring Page (CWS, NTNC).*	Should be changed on monitoring schedule

Cross Connection Control (CWS, NTNC, and TNC)

Yes	No	N/A		Comments
☒	☐	☐	• Devices tested annually? (CWS, NTNC, TNC)	
☒	☐	☐	• Ordinance or enabling authority? (CWS)	
☒	☐	☐	• Annual Summary Report submitted? (CWS)	
☒	☐	☐	• Certified Cross Connection Control Specialist? (CWS ≥ 300 connections)	

Comments:
No previous testing done for asbestos in distribution in system. No asbestos piping is used in distribution to the operators knowledge. Asbestos is on the chemical sampling schedule for this system due in 2022 but shall request to remove.

Water Quality Monitoring

Contaminant	N/A	Frequency	Next Tests Due
Entry Point Sampling: Upper Well L94686			
Nitrate	☐	Yearly	2018
Arsenic	☐	9 years	2022
Inorganic Chemicals (Including Nitrite) (sw)	☒		
Inorganic Chemicals (Including Nitrite) (gw)	☐	9 years	2021
SOCs	☐	3 years	2019
VOCs (sw)	☒		
VOCs (gw)	☐	3 years	2019
Radionuclides (Community Water Systems Only):			
Gross Alpha	☐	6 years	2019
Radium 226/228	☐	9 years	2025
Uranium	☐	6 years	2019
Distribution System Sampling:			
Coliform Bacteria	☐	monthly	April 2018
Asbestos (for AC pipe/asbestos geologic areas)	☐	9 years	2022
TTHMs and HAA5s	☒		
Lead and Copper, # sites: 5	☐	3 years	2018
Other Sampling:			
TOC	☒		
Turbidity	☒		
Source Water Coliform	☐	yearly	2018
Other (specify) _____	☒		

Yes **No**

☒ ☐ • Is all required monitoring current?

☒ ☐ Are samples collected at the correct locations in the system?

Yes **No**

☐ ☐ • Have all MCL violations or LCR AL exceedances been addressed? ☒ N/A

☐ ☐ DBP's collected at correct locations? ☒ N/A

☒ ☐ • Does the system have a written coliform sampling plan?

Does the plan include:

Yes	No		Yes	No	
☐	☐	Brief narrative	☐	☐	Rotation schedule
☐	☐	Distribution map	☐	☐	Repeat locations
☐	☐	Sample site locations	☐	☐	Source locations ☐ N/A

Comments:
Brief window for Lead and Copper sampling coming up from only 06/01 to 09/30 for the three year period.

Management & Operations

O&M Manual and Emergency Response Plan

Yes	No	
☒	☐	Does system have an operation and maintenance manual?
☒	☐	Does system have an emergency response plan?
☐	☒	Do any system components have auxiliary power?
		If yes, describe:

Operator Certification

Yes	No	N/A	
☒	☐		Is the DRC identified and certified at the appropriate level?
		☐	If the DRC is a contract operator, how do they work with the system? Hiland water co.
☐	☐	☒	Does system have written protocols for under-certified operators?

Plan Review/Master Plan

Yes	No	N/A	
☐	☐	☒	Have all major modifications been approved by DWS?
☐	☐	☒	Does the system have a current (<20 yr. old) master plan? (Not required if < 300 connections)
			What year was the plan completed?

Compliance Status

Yes	No	N/A	
☒	☐		Is water system in compliance (all orders resolved and not a priority non-complier)?
☐	☐	☒	Does the system issue public notice as required?
☒	☐	☐	Are consumer confidence reports sent to users each year?

Comments:
Hiland water company is contracted out to take care of the system. They handle all maintenance and operations of the well besides the weekly testing of the residual chlorine levels at the reservoir. This is done by a board member for Tooley and recorded at the site. This member is instucted to make Hiland aware if the levels of chlorine are not correct which they would then respond.
Consumer confidence report due 7/1/2018 for year 2017.

Water Quality Monitoring

Contaminant	N/A	Frequency	Next Tests Due
Entry Point Sampling: Lower Well L94687			
Nitrate	☐	Quarterly	June 2018
Arsenic	☐	9 years	2022
Inorganic Chemicals (Including Nitrite) ..... (sw)	☒		
Inorganic Chemicals (Including Nitrite) ..... (gw)	☐	9 years	2022
SOCs	☐	3 years	2019
VOCs (sw)	☒		
VOCs (gw)	☐	3 years	2019
Radionuclides (Community Water Systems Only):			
Gross Alpha	☐	9 years	2025
Radium 226/228	☐	9 years	2025
Uranium	☐	6 years	2022
Distribution System Sampling:			
Coliform Bacteria	☐	monthly	April 2018
Asbestos (for AC pipe/asbestos geologic areas) ...	☐	9 years	2022
TTHMs and HAA5s	☒		
Lead and Copper, # sites: 5	☐	3 years	2018
Other Sampling:			
TOC	☒		
Turbidity	☒		
Source Water Coliform	☐	yearly	2018
Other (specify) _____	☒		

Yes **No**

☒ ☐ • Is all required monitoring current?

☒ ☐ Are samples collected at the correct locations in the system?

*****Discuss correct sampling locations for all sampling (SRC, EP, DIST)*****

*****Discuss proper way to collect representative samples at all locations*****

*****Discuss possible sample reductions*****

Yes **No**

☐ ☐ • Have all MCL violations or LCR AL exceedances been addressed? ☒ N/A

☐ ☐ DBP's collected at correct locations? ☒ N/A

☒ ☐ • Does the system have a written coliform sampling plan?

Does the plan include:

Yes	No		Yes	No	
☐	☐	Brief narrative	☐	☐	Rotation schedule
☐	☐	Distribution map	☐	☐	Repeat locations
☐	☐	Sample site locations	☐	☐	Source locations ☐ N/A

Comments:
Brief window for Lead and Copper sampling coming up from only 06/01 to 09/30 for the three year period.