



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 155
Seattle, Washington 98101-3140

OFFICE OF
COMPLIANCE AND ENFORCEMENT

FEB - 6 2019

Reply To: OCE-201

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Brad Hill
Director
U.S. Forest Service
Fort Simcoe Job Corps Center
40 Abella Lane
White Swan, WA 98952

RE: Administrative Order to Address Safe Drinking Water Act Violation at Fort Simcoe Public Water System, PWS ID #105300127

Dear Mr. Hill:

The U.S. Environmental Protection Agency (EPA) has determined that a violation of the Safe Drinking Water Act (SDWA) has occurred at the public water system referenced above ("System") and an Administrative Compliance Order is necessary to protect public health. Enclosed you will find the Unilateral Administrative Compliance Order ("Order"), which sets forth the violations at the System and requires the U.S. Forest Service, as owner and operator of the System, to comply with the SDWA.

Pursuant to the Order, the U.S. Forest Service has the opportunity to confer with EPA. The purpose and scope of the conference shall be to discuss the issue(s) which the U.S. Forest Service would like EPA to consider regarding this Order. Such a request must be received within three days of the receipt of the Order. Any such conference will be held no later than 10 days after receipt of the Order unless a different date is confirmed by EPA. Requests for an opportunity to confer shall be submitted to:

U.S. EPA – Region 10
Office of Compliance and Enforcement – OCE 201
Attn: Eric Winiecki
1200 Sixth Avenue Suite 155
Seattle, Washington 98101-3140

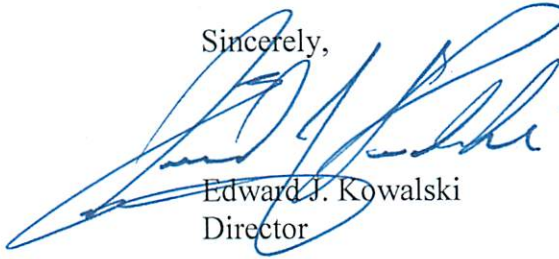
phone: (206) 553-6904
email: wyniecki.eric@epa.gov

Failure to comply with the Order may subject the U.S. Forest Service to a civil penalty of up to but not more than \$38,954 per day per violation, pursuant to Section 1447(b)(2) of the SDWA, 42 U.S.C. § 300j-6(b)(2) and 40 C.F.R. Part 19.4.

The EPA is interested in seeing the System come into compliance at the earliest possible opportunity.

If the U.S. Forest Service has questions about the Order, please contact me at (206) 553-6695, or Eric Winiecki using contact information provided above or have your legal counsel contact Matthew Moore at (206) 553-6266 or moore.john@epa.gov. Thank you for your prompt attention to this important matter.

Sincerely,



Edward J. Kowalski
Director

Enclosure

cc: Honorable JoDe L. Goudy, Chairman of the Yakama Nation
Ms. Elizabeth Sanchey, Environmental Program Manager of the Yakama Nation
Jerry Ford, Water System Operator of Fort Simcoe Job Corps Center
Ladd Folster, Tribal Utility Consultant of the Indian Health Service

BEFORE THE
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

In the Matter of:

UNITED STATES FOREST SERVICE
FORT SIMCOE JOB CORPS CIVILIAN
CONSERVATION CENTER,

Respondent.

DOCKET NO. SDWA-10-2019-0021

ADMINISTRATIVE COMPLIANCE
ORDER

I. JURISDICTION

1.1. This Administrative Compliance Order (“Order”) is issued pursuant to the authority vested in the Administrator of the United States Environmental Protection Agency (“EPA”) by Section 1414(g) of the Safe Drinking Water Act (“SDWA”), 42 U.S.C. § 300g-3(g). The Administrator has delegated this authority to the Regional Administrator, Region 10, who in turn delegated this authority to the Director of the Office of Compliance and Enforcement.

1.2. EPA has primary enforcement responsibility for public water systems on the Yakama Indian Reservation pursuant to the regulations for implementation and enforcement of the National Primary Drinking Water Regulations set forth in 40 C.F.R. Parts 141-142.

1.3 EPA has provided notice to the Yakama Nation before the issuance of this Order pursuant to SDWA Section 1414(a)(2)(B), 42 U.S.C. § 300g-3(a)(2)(B).

1.4 Each department, agency, and instrumentality of the federal government that owns or operates a public water system is subject to and must comply with all Federal, State, interstate, and local requirements respecting public water systems pursuant to SDWA Section 1447(a), 42 U.S.C. § 300j-6(a).

II. FINDINGS

2.1. The U.S. Forest Service ("Respondent") is a "Federal agency" within the meaning of SDWA Section 1401(11), 42 U.S.C. 300f(11), and is a "person" within the meaning of SDWA Section 1401(12), 42 U.S.C. § 300f(12), and 40 C.F.R. § 141.2.

2.2. Respondent owns and/or operates the Fort Simcoe Job Corps Civilian Conservation Center Public Water System ("System"), which is located on the Yakama Indian Reservation in Washington and provides water for human consumption. The U.S. Environmental Protection Agency public water system identification number for the System is 105300127.

2.3. The System serves approximately 230 consumers through 47 service connections, including service connections at eight residential homes and 39 non-residential buildings.

2.4. The System is a "public water system" within the meaning of SDWA Section 1401(4), 42 U.S.C. § 300(f)(4), and 40 C.F.R. § 141.2.

2.5. The System serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents and is therefore a "community water system" within the meaning of SDWA Section 1401(15), 42 U.S.C. § 300f(15), and 40 C.F.R. § 141.2.

2.6 Respondent owns and/or operates the System and therefore is a "supplier of water" within the meaning of SDWA Section 1401(5), 42 U.S.C. § 300f(5), and 40 C.F.R. § 141.2. Pursuant to SDWA Section 1411, 42 U.S.C. § 300g, Respondent is required to comply with Part B of SDWA and its implementing regulations at 40 C.F.R. Part 141.

2.7 The System is supplied solely by a groundwater source. Therefore, the System is a "ground water system" as defined in 40 C.F.R. § 141.400, and Respondent is required to comply with the Ground Water Rule in 40 C.F.R. Part 141, Subpart S.

2.8 In accordance with an Interagency Agreement for the Tribal Drinking Water Program between Region 10 of the EPA and the Portland Area Office of the Indian Health Services, the Indian Health Service (IHS) conducted a sanitary survey of the System on August 25, 2015.

2.9 On August 31, 2015, IHS provided Respondent written notice of significant deficiencies. *See* Attachment A.

2.10 On August 9, 2017, EPA approved Respondent's corrective action plan and schedule ("Corrective Action Plan") to address the System's significant deficiencies. *See* Attachment B.

III. VIOLATIONS

3.1. 40 C.F.R. § 141.404(a) requires a groundwater system, within 120 calendar days of receiving written notice of significant deficiencies, either to correct the significant deficiencies, or to develop and maintain compliance with an EPA-approved corrective action plan and schedule. Respondent failed to correct all significant deficiencies within 120 calendar days of receiving IHS's notice of significant deficiency, and to maintain compliance with an EPA-approved corrective action plan and schedule, in violation of 40 C.F.R. § 141.404(a).

3.2 40 C.F.R. § 141.404(d) requires that Respondent give public notification in accordance with Subpart Q for any treatment technique violation specified in 40 C.F.R § 141.404. Respondent failed to provide timely public notification of the treatment technique violations described in Paragraph 3.1 above.

3.3 40 C.F.R. § 141.23(d)(1) requires all community water systems served by groundwater sources to sample for nitrate annually. Respondent failed to monitor for nitrate in 2015 and 2016, in violation of 40 C.F.R. § 141.23(d)(1).

3.4 40 C.F.R. § 141.23(a)(1) requires that groundwater systems take a minimum of one sample at every entry point to the distribution system which is representative of each well after treatment. Pursuant to Respondent's August 2016 Water Quality Monitoring Program, Respondent must take one nitrate sample from Well #1 at location FS-01.1, and one nitrate sample from Well #2 at location FS-02.1. In November 2017, Respondent monitored once for nitrate at an incorrect location, FS-11. Therefore, Respondent failed to monitor for nitrate at the two entry points of the distribution system, in violation of 40 C.F.R. § 141.23(a)(1).

3.5 40 C.F.R. § 141.21 requires Respondent to collect total coliform samples at sites which are representative of water throughout the distribution system according to a written sampling plan. Pursuant to Respondent's August 2016 Water Quality Monitoring Program, Respondent is required to collect one monthly coliform sample from distribution system sampling sites FS-04 through FS-15, in accordance with the schedule in Section 2.0 of the Water Quality Monitoring Program. The schedule requires Respondent to, *inter alia*, collect one coliform sample from location FS-04 in January, FS-05 in February, FS-06 in March, and FS-07 in April. In 2018, Respondent collected one coliform sample from location FS-01 in January, FS-02 in February, FS-03 in March, and FS-04 in April. Therefore, Respondent failed to collect coliform samples according to its written sampling plan, in violation of 40 C.F.R. § 141.21.

IV. ORDER

Based upon the foregoing Findings and Violations, and pursuant to SDWA Section 1414(g), 42 U.S.C. § 300(g)-3(g), it is hereby ordered as follows:

4.1. In accordance with the Corrective Action Plan, Respondent shall submit to EPA complete copies of the following documents within 30 calendar days of the effective date of this Order: Standard Operating Procedures, Operations and Maintenance Manual, and the Emergency Response Plan.

4.2. In accordance with the Corrective Action Plan, Respondent shall complete the installation of source meters at Well #1 and at Well #2 no later than March 31, 2019. No later than April 31, 2019, Respondent shall provide to EPA written documentation of the timely installation of the source meters, including photographs of the installed meters.

4.3. Within 30 calendar days of the effective date of this Order, Respondent shall conduct nitrate sampling at each entry point to the distribution system, and submit the sampling results to EPA. Respondent shall collect the nitrate samples at the two locations that are defined in Section 1 of the System's August 2016 Water Quality Monitoring Program: one nitrate sample of treated water from Well #1 at location FS-01.1, and one nitrate sample of treated water from Well #2 at location FS-02.1.

4.4. Respondent shall monitor the System's water monthly for total coliform bacteria and, in the event of any result that is positive for total coliform, conduct repeat and additional routine monitoring, as required by 40 C.F.R. § 141.21. Respondent shall report analytical results to EPA within the first 10 calendar days following the month in which sample results were received, as required by 40 C.F.R. § 141.31(a). Respondent shall report any violation of the total

coliform monitoring requirements to EPA within 10 calendar days after discovering the violation, as required by 40 C.F.R. § 141.21(g)(2).

4.5. The Respondent shall at all times comply with Part B of SDWA, 42 U.S.C. §§ 1401-1420, and its implementing regulations at 40 C.F.R. Part 141, including the public notification requirements at 40 C.F.R. Part 141, Subpart Q.

V. OPPORTUNITY TO CONFER

5.1. Within three business days of receipt of this Order, Respondent may request a conference with the Director of the Office of Compliance and Enforcement for EPA Region 10 to be held no later than 10 business days after receipt of this Order. Request for a conference should be submitted to:

U.S. EPA – Region 10
Office of Compliance and Enforcement
Attn: Eric Winiecki
1200 Sixth Avenue
Suite 155, OCE-201
Seattle, WA 98101-3140
phone: (206) 553-6904
email: winiecki.eric@epa.gov

5.2. The purpose and scope of the conference shall be to discuss the issue(s) which Respondent would like EPA to consider regarding this Order. Respondent may submit any appropriate information regarding the issues to be discussed. The conference is not an evidentiary or adversarial hearing and is not part of any proceeding to enforce or challenge the Order. At any conference held pursuant to this paragraph, the Respondent may appear in person or by attorney or other representative, and the conference may be held over the phone or in person.

VI. TERMINATION

6.1 No sooner than 24 months after the effective date of this Order, Respondent may request termination of this Order and submit to EPA a written certification of completion summarizing all actions taken to comply with all requirements of this Order.

6.2 EPA will review Respondent's certification of completion to determine whether Respondent complied with the terms of this Order, including Paragraphs 4.1 through 4.5. If EPA concludes that Respondent has failed to comply with any requirement of this Order, EPA (1) may pursue administrative penalties and (2) may deny Respondent's request for termination, in which case the terms of this Order remain effective.

6.3 If EPA denies a request for termination, Respondent may submit a subsequent request for termination and certification of completion to EPA for review and approval six months after receiving EPA's denial.

6.4 This Order will terminate when Respondent receives notification from EPA that its request for termination has been approved.

VII. NOTICES

7.1 Respondent shall direct all communications required by this Order, and submissions pertaining to Sections 4.1, 4.2, and 6.1 of this Order, to the address below. All other monitoring results required by this Order shall be submitted to EPA in accordance with applicable regulations.

Eric Winiecki
EPA Compliance Officer
U.S. Environmental Protection Agency, Region 10
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
Mailstop: OCE-201

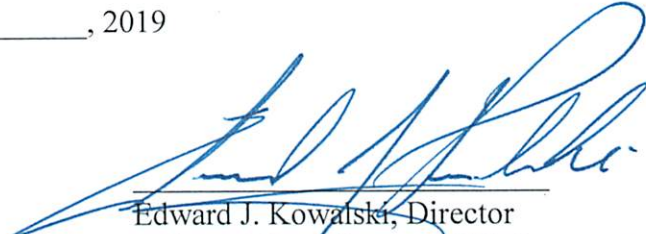
VIII. SANCTIONS

8.1. For violations of this Order, the SDWA, or the implementing regulations at 40 C.F.R. Part 141, Respondent may be subject to a civil penalty of not more than \$38,954 per calendar day per violation pursuant to SDWA Section 1447(b)(2), 42 U.S.C. § 300j-6(b)(2), and 40 C.F.R. Part 19.4.

8.2. Nothing in this Order shall be construed to relieve Respondent of any applicable requirements of federal, state, tribal, or local law. EPA reserves the right to take enforcement action as authorized by law for any violation of this Order, and for any future or past violation of any applicable legal requirements of the SDWA including, but not limited to, the violations identified in Part III of this Order.

8.3. This Order shall become effective within four (4) business days of receipt of this Order if no conference with the Director of the Office of Compliance and Enforcement for EPA Region 10 is requested pursuant to Section V of this Order. If a conference with the Director of the Office of Compliance and Enforcement for EPA Region 10 is requested in the time and manner provided in Section V, this Order shall become effective within three (3) calendar days of the conference unless the Director of the Office of Compliance and Enforcement for EPA Region 10 sets some other effective date. All times for performance of work under this Order shall be calculated from the effective date.

Issued: 2/6, 2019



Edward J. Kowalski, Director
Office of Compliance and Enforcement



August 31, 2015

Steven Selam
Director, Ft. Simcoe Job Corps Center
40 Abella Lane
White Swan, WA 98925

Re: Sanitary Survey (PWSID: 105300127)

Dear Mr. Selam:

I would like to thank your operator, Jerry Ford, for assisting me in completing the sanitary survey for the Ft. Simcoe Job Corps Center Community Water System. The assessment of the water system is intended as a tool for identifying areas requiring improvement. Enclosed is a copy of the Water System Sanitary Survey report conducted on August 25, 2015.

The sanitary survey for the Ft. Simcoe water system revealed significant deficiencies, which are listed below. Beyond these deficiencies, the system seems to be well maintained and in good condition.

Significant Deficiency:

*Page 2, **Groundwater Sources (Well #1), Item #8** – The source is not metered. A water meter is recommended to be installed to determine water usage. Changes in water usage will allow the operator to determine if there are problems with the pump or possible leaks in the water system.*

*Page 3, **Groundwater Sources (Well #2), Item #2** – Casing less than 18-inches above the final ground surface and/or 12-inches above the pump house floor or slab. The well casing is close to this requirement. Due to the location of the well, excavation around the well casing can achieve the requirement. Ensure that the ground is sloped away from the well.*

*Page 3, **Groundwater Sources (Well #2), Item #4** – No sample tap following treatment. Install a sample tap.*

*Page 3, **Groundwater Sources (Well #2), Item #8** – The source is not metered. A water meter is recommended to be installed on the plumbing tree to determine water usage. Changes in water usage will allow the operator to determine if there are problems with the pump or possible leaks in the water system.*

*Pg. 8, **Management/Operation Capacity, Item #210** – The water system does not have an operations and maintenance (O&M) manual or written protocol for operators. O&M manuals and written operator procedures provide procedures and guidance on standard methods to maintain and operate the water system. O&M manuals contain the basic information related to the water system and its components, including system maps, schematic drawings, startup procedures, normal operations, safety, and maintenance schedules. The development of an O&M*

manual enables water operators to access system information, perform general maintenance, and ensure the health of the public is protected with the delivery of safe drinking water.

Pg. 8, Management/Operation Capacity, Item #211 – *The water system does not have a written standard operating protocol. Standard operating procedures are essential in order to provide consistency of water system operations and maintenance repair. Written procedures should cover items such as daily operations/inspections (checklist), start-up and shut-down procedures, and responses to equipment failure and other emergency conditions (contingency plans). A written standard operation and maintenance protocol should be developed and adopted.*

Pg. 8, Management/Operation Capacity, Item #212 – *The water system does not have an emergency response plan. An emergency response plan ensures safe water is available to residents at times of emergency and natural disaster. I am available to assist you in the development of an emergency response plan and can provide a template response plan.*

Pg. 8, Management/Operation Capacity, Item #213 – *The water system does not have a cross-connection control program. The development of a cross-connection control program ensures public health is protected by identifying potential sources of backflow, locations of cross-connection control devices and establishing annual testing requirements for back flow prevention devices. I am available to assist you in the development of cross connection control plan and can provide a template plan.*

Feel free to call me at (360) 792-1235 x114 with any questions, comments, or concerns regarding this survey.

Sincerely,



Sandy Redsteer
Tribal Utility Consultant
Indian Health Service

Cc: Jerry Ford, Water Operator, Ft. Simcoe Job Corps Center
Steve Anderson, IHS Supervisory Utility Consultant
John Butler, IHS Acting Seattle District Engineer
Shawn Blackshear, IHS Environmental Health Officer

PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY

SITE VISIT INFORMATION

SURVEY DATE

PWS ID

0 8 2 5 2 0 1 5

1 0 5 3 0 0 1 2 7

Sanitary Survey includes: (1) Groundwater Source <input checked="" type="checkbox"/> (2) Well Water Treatment: Part A <input checked="" type="checkbox"/> Part B <input type="checkbox"/>		(3) Distribution <input checked="" type="checkbox"/> (4) Finished Water Storage <input checked="" type="checkbox"/>	
(Check all that apply) (5) Pumps, Pump Facilities and Controls <input checked="" type="checkbox"/> (6) Monitoring <input checked="" type="checkbox"/> (7) Management/Operation Capacity <input checked="" type="checkbox"/> (8) Operator Compliance <input checked="" type="checkbox"/> (9) Consecutive System <input type="checkbox"/>			
Date of last survey 25NOV2011	System Type: Federal Government <input checked="" type="checkbox"/> State Government <input type="checkbox"/> Local <input type="checkbox"/> Mixed (Public/Private) <input type="checkbox"/> District Private <input type="checkbox"/> Native American Government <input type="checkbox"/> Other <input type="checkbox"/> Seattle		
# of Residential Connections —	# of Non-Residential Connections 35	Population ~170 - students ~60 staff ~240	# of Storage Facilities 2
Name of Water Supply Ft. Simcoe Job Corps CWS		Water Purchased From: Name N/A PWS _____ Water Sold To: Name N/A PWS _____	Combined Sources: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Type: Well field <input checked="" type="checkbox"/> Lake <input type="checkbox"/> River/stream <input type="checkbox"/> Infiltration Gallery <input type="checkbox"/> Other <input type="checkbox"/>
Address 40 Abella Lane		Owner Name U.S. Department of Labor/Job Corps & U.S. Forest Service	
Mailing Address (if different from above)		Owner Address 40 Abella Lane	
City, State and Zip Code White Swan, WA 98925	Telephone (509) 874-2244	City, State and Zip Code White Swan, WA 98925	Telephone (509) 874-2244
Plant Location (if different than mailing address)		<input checked="" type="checkbox"/> WERE VISUAL STRUCTURAL DEFICIENCIES NOTED DURING THIS SURVEY: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, SEE PAGE(S) _____ OF _____	
System Manager's Last Name: Ford		Individuals present during inspection:	
System Manager's First Name: Jerry		Name: Jerry Ford Title: Water Operator	
System Manager's Address: 40 Abella Lane		Name: Sandy Redsteer Title: IHS TUC	
System Manager's City: White Swan		Name: Shawn Blackshear Title: IHS EHS	
System Manager's State: WA		Name: _____ Title: _____	
System Manager's Telephone Number: (509) 874-2244			
		Water System Classification Service Category Community Water System <input checked="" type="checkbox"/> Non-transient Non-community <input type="checkbox"/> Transient Non-community <input type="checkbox"/>	
		Surveyors Agency Indian Health Service	

Comments: No longer using residential/staff housing.

Surveyed by Sandy Redsteer	Date 8/25/15	Reviewed with Surveyor GRD	Date 8/25/15
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PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

1. GROUNDWATER SOURCES

SURVEY DATE 08252015 PWS ID 105300127

Source Name: Ft. Simcoe Job Corps CWS - Well #1

Physical Address: Ft. Simcoe Rd

Treatment Objective: Disinfection

Seasonal Operation Dates: Start N/A End N/A

Status: Active ☒ Standby ☐ Inactive ☐ Emergency ☐ Source Type: Ground water non-purchased ☐ Water Purchased from N/A Water Sold to N/A

Treatment Methods: Hypochlorination

Has well-log been submitted to EPA? YES ☒ NO ☐ UNKNOWN ☐

Well / Spring Yield (GPM) UNKNOWN

Casing Size (in) 8-inch

Casing Depth (ft) UNKNOWN

LAT +/- 46.34022

Nature of Recharge Area: Confined ☐ Unconfined ☐ UNKNOWN ☒

Formation/Rock Type: Unknown

Design Daily Production (GPD) UNKNOWN

Grout Depth (ft) UNKNOWN

Section 19: Township 10N Range 17E Date Drilled UNKNOWN

Quarter/Quarter SE 1/4 NE 1/4

Is there a Well Head Protection Plan of this area? YES ☐ NO ☐ UNKNOWN ☒

If yes, is this for all water sources? YES ☐ NO ☐ UNKNOWN ☐

Are chemical contaminants source in sanitary control area? YES ☐ NO ☒ UNKNOWN ☐

Are static and pumping water levels measured regularly? YES ☐ NO ☐ UNKNOWN ☒

Agriculture

SIGNIFICANT DEFICIENCY

YES NO NA UNK

1. Is the well provided with a sanitary cap, vent, and seal that are properly installed? ☒ ☐ ☐ ☐

2. Does the casing extend a minimum of 18-inches above the final ground surface and/or 12-inches above the pump house floor or slab? ☒ ☐ ☐ ☐

3. Is there a sample tap provided on the well discharge pipe prior to treatment? Smooth ☐ Threaded ☒

4. Is there a sample tap provided on the well discharge pipe following treatment? Smooth ☒ Threaded ☐

5. Is the well cased and grout sealed at least 18 feet or in such a manner that surface water cannot enter the well? ☒ ☐ ☐ ☐

6. Is well vent screened with the return bend facing downward and terminating 18 inches above ground level or above maximum flood level, whichever is higher? ☒ ☐ ☐ ☐

7. Are conduits and junction boxes sealed to prevent contaminants from entering the well casing? ☒ ☐ ☐ ☐

8. Is the source metered? ☐ ☒ ☐ ☐

HAVE THE FOLLOWING MIN SET-BACK FROM THE PWS WELL BEEN MET?

9. Gravity sewer line (50 ft) ☒ ☐ ☐ ☐

10. Pressure sewer line (100 ft) ☒ ☐ ☐ ☐

11. Individual home septic tank (100 ft) ☒ ☐ ☐ ☐

12. Individual home disposal field (100 ft) ☒ ☐ ☐ ☐

13. Livestock (100 ft) ☒ ☐ ☐ ☐

14. Individual home seepage pit (100 ft) ☒ ☐ ☐ ☐

15. Is a GWUDI determination necessary for this source? ☒ ☐ ☐ ☐

MINOR DEFICIENCY

16. Are pressure tanks, check valves, blow-off valves, water meters, etc., maintained and operating properly? ☒ ☐ ☐ ☐

17. Is well site properly drained and protected from unauthorized entry? ☒ ☐ ☐ ☐

18. Is well site protected against flooding? ☒ ☐ ☐ ☐

19. Can the well be pumped to waste at the design capacity of the well via an approved air gap at a location prior to the first service connection? ☒ ☐ ☐ ☐

20. Is standby or auxiliary power available? ☒ ☐ ☐ ☐

21. Is a pressure gauge or other means of measuring water level provided at the installation and is it maintained and working properly? ☒ ☐ ☐ ☐

RECOMMENDATION

22. Has there been a source water assessment conducted for this source? ☐ ☒ ☐ ☐

ARE WELL HOUSE BUILDINGS CONSTRUCTED OR MAINTAINED TO PROVIDE:

23. Lighting ☒ ☐ ☐ ☐

24. Venting ☒ ☐ ☐ ☐

25. No storage of toxic/hazard chemical ☒ ☐ ☐ ☐

26. Locked to prevent unauthorized entry ☒ ☐ ☐ ☐

27. Protection from rodent infestation ☒ ☐ ☐ ☐

Surveyed by: Sandra Rudek Date: 8/25/15 Reviewed with Surveyor: RLL Date: 8/25/15

Comments: Official Form SS 2

Keep For Your File Page 2 of 12

PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

1. GROUNDWATER SOURCES

Source Name: Ft. Simcoe Job Corps CWS - Well #2		SURVEY DATE: 08/25/15		PWS ID: 105300127	
Physical Address: Simcoe Lane		Status: Active <input checked="" type="checkbox"/> Standby <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Source Type: <input type="checkbox"/> Ground water not-purchased <input type="checkbox"/>		Water Sold to: N/A	
Treatment Objective: Disinfection		Treatment Methods: Hypochlorination			
Has well-log been submitted to EPA? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		Well / Spring Yield (GPM) UNKNOWN		Design Daily Production (GPD) UNKNOWN	
Casing Size (in) 10-inch		Casing Depth (ft) UNKNOWN		Grout Depth (ft) UNKNOWN	
LAT +/- 46.33682		LONG +/- 120.85661		Quarter/Quarter NW1/4 SW1/4	
Nature of Recharge Area: Confined <input type="checkbox"/> Unconfined <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/>		Formation/Rock Type: Unknown		Township 10N Range 16E Section 20	
Source of Potential Pollution: Agriculture		Are static and pumping water levels measured regularly? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		If yes, is this for all water sources? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
		Are chemical contaminants source in sanitary control area? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>			

SIGNIFICANT DEFICIENCY		MINOR DEFICIENCY	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY**

1. GROUNDWATER SOURCES

SURVEY DATE

PWS ID

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Source Name: Ft. Simcoe Job Corps CWS - Well #3				Status: Active <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Standby <input type="checkbox"/> Emergency <input type="checkbox"/>		Source Type: Ground water non-purchased <input type="checkbox"/>	
Physical Address: Job Corps Lane		Seasonal Operation Dates Start N/A End N/A		Water Purchased from N/A		Water Sold to N/A	
Treatment Objective Disinfection				Treatment Methods Hypochlorination			
Has well-log been submitted to EPA? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>							
Well / Spring Yield (GPM) Unknown		Pump Capacity (GPM) Unknown		Design Daily Production (GPD) Unknown			
Casing Size (In) 6-inch		Casing Depth (Ft) Unknown		Interval Screen Depth (Ft) Unknown		Grout Depth (Ft) Unknown	
LAT +/-		LONG +/-		Meridian WM		Date Drilled Unknown	
Nature of Recharge Area Confined <input type="checkbox"/> Unconfined <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>		Formation/Rock Type Unknown		Township 10N Range 16E		Section 20	
Source of Potential Pollution Near paint and oil storage		Are static and pumping water levels measured regularly? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		If yes, is this for all water sources? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			
				Are chemical contaminants source in sanitary control area? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			

SIGNIFICANT DEFICIENCY				MINOR DEFICIENCY			
YES	NO	NA	UNK	YES	NO	NA	UNK
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PART A

SURVEY DATE _____

PWS ID

Source treated by station Ft. Simcoe Job Corps - Well #1				Physical Address Ft. Simcoe Rd.			
Lat-Long		Date Online Unknown		Daily Output Unknown		Schematic of plant readily available and up-to-date YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Check all disinfection type used:							
Gas <input type="checkbox"/>		Sodium hypochlorite (12 1/2 %) <input checked="" type="checkbox"/>		Calcium hypochlorite <input type="checkbox"/>		Bleach (5 1/4 %) <input type="checkbox"/>	
Ozone <input type="checkbox"/>		UV light <input type="checkbox"/>		Chlorine dioxide <input type="checkbox"/>		Other <input type="checkbox"/>	
SIGNIFICANT DEFICIENCY							
YES	NO	NA	UNK				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Is the building in good structural condition?			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Is the building orderly and clean?			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Are chemical shipping containers fully labeled to include chemical name, purity, concentration, etc., and ANSI/NSF certification?			

				MINOR DEFICIENCY	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56.	Are critical spare parts on hand?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57.	How are the feeders set? <input checked="" type="checkbox"/> Flow paced <input type="checkbox"/> Manual
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58.	Are chemical solution tanks kept covered?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59.	Is there an adequate quantity of disinfection on hand?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60.	Is there a flow meter in order to determine chemical feed rate?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61.	Are backup chemical feed pumps available and operational?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62.	Is the operator trained to use and conduct monitoring of disinfectant properly?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63.	Is a deluge shower and/or eye washing device installed where strong acids and/or alkalis are used or stored?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64.	Are chemical feed pumps controlled by a flow sensing device so that injection of the chemicals will not continue when flow of the water stops?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65.	Are cross connection controls provided so the liquid chemical solutions cannot be siphoned through the solution feeders into the water supply?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66.	PPE equipment -- are at least one pair of rubber gloves, a dust respirator of a type certified by NIOSH for toxic dusts, an apron or other protective clothing and goggles or face mask provided for each operator?

				RECOMMENDATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Is the chemical feed equipment readily accessible for servicing, repair and observation of operation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Have any changes been made to this treatment facility since the last survey?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	69. When more than one (1) chemical is stored or handled, are tanks and pipelines clearly labeled to identify the chemical they contain?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Have there been any interruptions in disinfection in the past year?

Source treated by station Fl. Simcoe Job Corps - Well #2				Physical Address Simcoe Lane			
Lat-Long		Date Online Unknown		Daily Output Unknown		Schematic of plant readily available and up-to-date YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Check all disinfection type used:							
Gas <input type="checkbox"/>		Sodium hypochlorite (12 1/2 %) <input checked="" type="checkbox"/>		Calcium hypochlorite <input type="checkbox"/>		Bleach (5 1/4 %) <input type="checkbox"/>	
Ozone <input type="checkbox"/>		UV light <input type="checkbox"/>		Chlorine dioxide <input type="checkbox"/>		Other <input type="checkbox"/>	
SIGNIFICANT DEFICIENCY							
YES	NO	NA	UNK				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71.	Is the building in good structural condition?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72.	Is the building orderly and clean?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73.	Are chemical shipping containers fully labeled to include chemical name, purity, concentration, etc., and ANSI/NSF certification?		

MINOR DEFICIENCY			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74. Are critical spare parts on hand?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. Are the feeders flow paced? <input checked="" type="checkbox"/> Flow paced <input type="checkbox"/> Manual
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Are chemical solution tanks kept covered?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. Is there an adequate quantity of disinfection on hand?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Is there a flow meter in order to determine chemical feed rate?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. Are backup chemical feed pumps available and operational?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. Is the operator trained to use and conduct monitoring of disinfectant properly?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	81. Is a deluge shower and/or eye washing device installed where strong acids and/or alkalis are used or stored?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82. Are chemical feed pumps controlled by a flow sensing device so that injection of the chemicals will not continue when flow of the water stops? <i>Same power supply as well pump</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83. Are cross connection controls provided so the liquid chemical solutions cannot be siphoned through the solution feeders into the water supply?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84. PPE equipment – are at least one pair of rubber gloves, a dust respirator of a type certified by NIOSH for toxic dusts, an apron or other protective clothing and goggles or face mask provided for each operator?

RECOMMENDATION				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85. Is the chemical feed equipment readily accessible for servicing, repair and observation of operation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86. Have any changes been made to this treatment facility since the last survey?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	87. When more than one (1) chemical is stored or handled, are tanks and pipelines clearly labeled to identify the chemical they contain?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88. Have there been any interruptions in disinfection in the past year?

Surveyed by <i>Samuel R. De</i>	Date <i>8/25/15</i>	Reviewed with Surveyor <i>Q.R.D.</i>	Date <i>8/25/15</i>	Comments:
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PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

3. DISTRIBUTION

What type of material are the pipe(s):	PVC <input checked="" type="checkbox"/>	AC <input checked="" type="checkbox"/>	PE <input type="checkbox"/>	C/D/I <input type="checkbox"/>
Distribution lines (Diameter and type)	Service Lines (Diameter and type)			
1. 4-inch	1. 1 1/2-inch			
2.	2. 1 1/4-inch			
How many services are metered	Number of Fire Hydrants (types if known)			
0 out of 0	1. 6			
	2.			

SURVEY DATE

0 8 2 5 2 0 1 5

PWS ID

1 0 5 3 0 0 1 2 7

MINOR DEFICIENCY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. Are accurate O&M records being maintained (check records)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120. Are valves periodically exercised? <i>Twice/yr</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. Are customer complaints and investigation reports kept?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	122. Are all automatic air relief valves equipped with a means of backflow protection?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	123. Are ARV's turned down, screened, and protected from cross connection?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124. Is there a routine main and dead-end water flushing program?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125. Are backflow prevention devices installed at all appropriate locations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126. Is the operator trained in cross connection control?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127. Are proper procedures followed for disinfection of new construction or repairs?

RECOMMENDATION

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128. Is there an inspection of new construction as well as follow-up inspections?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129. Is there a leak detection program?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130. Are all service metered and are meters routinely read?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131. Was asbestos/cement pipe used in the system?

SIGNIFICANT DEFICIENCY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110. Are there hydrants or adequate blow-offs to flush all dead-end on the system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111. Are disinfectant residual measurements being made and recorded at the entry point of the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112. Is there a disinfectant residual of at least 0.2 mg/l at the entry point of the distribution system? <i>0.7</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113. Is a detectable free chlorine residual being maintained throughout the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114. Are proper residual test kits available and well-stocked with reagents (DPD)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115. Is the PWS able to maintain a minimum pressure of twenty (20) psi throughout the distribution system (including fire flow)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116. Is the system protected from obvious cross connection observed during the survey?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	117. Is there a requirement for annual testing of installed backflow prevention devices?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118. Is there sufficient contact time between the disinfection point and first point in use? If not, is the system performing triggered monitoring?

Comments:

AC pipe is an assumption based on the age of the facility; operator has not encountered any AC pipe yet.

Surveyed by <i>Sandy Budak</i>	Date <i>8/25/15</i>	Reviewed with Surveyor <i>J. R. L.</i>	Date <i>8/25/15</i>
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Rev May 2015

Official Form SS 6

Keep For Your File

Page 6 of 12

**PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY**

4. FINISHED WATER STORAGE

Total Storage Capacity (gals) 55,000 gal each (2 tanks)

SURVEY DATE

PWS ID

Storage structure name WSTs		Physical location of storage structure on hill	
Type of corrosion control None		Storage type Welded steel	
Date in service: Unknown	Type of material: Steel	Volume (gal): 110,000 total	
Total days of supply approx. 2 days	Date last: Cleaned 2003	Inspected 2011	

SIGNIFICANT DEFICIENCY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132. Is treated water storage covered or enclosed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133. Is the storage structure clean and free from contamination?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134. Is the storage structure structurally sound?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135. Is the storage structure safely accessible to inspector?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136. Is an overflow provided that discharges to daylight in a way that will preclude the possibility of backflow to the reservoir and, where practical, provided with a metal screen or flapper valve?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	137. Are access manhole openings for the storage structure 4 inches or greater above the reservoir roof surface, with a lid 2 inches overlapping, water tight and locked?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	138. Are overflow lines, air vents, drainage lines or clean out pipe turned downward or covered, screened and terminated a minimum of 2 times the diameter of the water outlet above the ground or storage structure surface?

MINOR DEFICIENCY

YES	NO	NA	UNK	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139. Is leakage evident at time of inspection?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140. Is the storage structure interior coating or liner peeling or cracked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	141. Can the storage structure be isolated from the system for repairs or cleaning?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	142. Is the storage structure protected against flooding?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	143. Do all vents open downward and are they fitted with a 4-mesh non-corrodible screen?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	144. Is the storage structure secured from unauthorized access?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	145. Does the overflow have a splash pad?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	146. Is there a separate drain line on the storage structure?

RECOMMENDATION

YES	NO	NA	UNK	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	147. Is there a water-sampling tap provided at the storage structure outlet?
				148. Is storage structure lined? <u>No</u> Line Type?

Pressure tank name		Physical location of storage structure	
Type of hydropneumatic system: Non-Bladder <input type="checkbox"/> Bladder <input type="checkbox"/>			
Date in service:	Type of material	Volume (gal)	
Total design capacity	Date last: Cleaned	Inspected	

SIGNIFICANT DEFICIENCY

YES	NO	NA	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	151. Can the hydropneumatic tank(s) be isolated from the system, permitting operation of the systems?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	152. Is/are tank(s) located above normal ground surface and completely housed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	153. Do the tank(s) maintain adequate distribution system pressure?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	154. Is there a pressure gauge and pressure operated start-stop control?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	155. Is the pressure tank being inspected?

MINOR DEFICIENCY

YES	NO	NA	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	156. Can the tank(s) be isolated with a shut-off valve for repairs or replacement?

NON-BLADDER

YES	NO	NA	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	157. Is an oil-less air compressor in service for the hydropneumatic pressure tank?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	158. Has the non-bladder pressure tank(s) been tested for structural integrity in the past 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	159. Do all non-bladder hydro pneumatic tank(s) have the following? Check all that apply: Water sight glass <input type="checkbox"/> A drain <input type="checkbox"/> Means to add air <input type="checkbox"/> Automatic or manual air blow-off <input type="checkbox"/> An access manhole (24 inch diameter where practical) <input type="checkbox"/>

RECOMMENDATION

YES	NO	NA	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	160. Are the interior and/or exterior surfaces in good condition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	161. Is there a drain line on each tank? What is the make and model of the tanks? Number and tank(s) in gallon

Surveyed by <u>Sandy Pickett</u>	Date <u>8/25/15</u>	Reviewed with Surveyor <u>RLQ</u>	Date <u>8/25/15</u>	Comments:
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PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY

5. PUMPS, PUMP FACILITIES AND CONTROLS

SURVEY DATE

PWS ID

0 8 2 5 2 0 1 5 1 0 5 3 0 0 1 2 7

Source treated by station:
Well #1

Physical Address:
Ft. Simcoe Rd.

SIGNIFICANT DEFICIENCY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	162. Is adequate ventilation provided in the pump house for dissipation of excess heat and moisture from the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	163. Is the building in good structural condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	164. Is the building orderly and clean?

MINOR DEFICIENCY

PUMPHOUSE

YES	NO	NA	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	165. Are all non-sample taps installed in the pump house equipped with an appropriate backflow prevention device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	166. Is the pump house protected from flooding, have adequate drainage and is the floor surface at least six (6) inches above the final ground surface?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	167. Is the sump for the pump house floor drain closer than 30 feet from the well?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	168. Is the pump house protected from unauthorized personnel?

BOOSTER PUMP

YES	NO	NA	UNK	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	169. Are backup pumps, motors or other critical spare parts kept on-site?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	170. Are pump records maintained?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	171. Are all pumps capable of providing the max pumping demand of the system?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	172. Does the pump(s) cycle excessively?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	173. Are all pumps provided with readily available spare parts and tools?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	174. Do all pumps maintain an operating pressure of 20 psi or greater?

RECOMMENDATION

YES	NO	NA	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	175. Is a water pressure relief valve installed where the pump is directly connected to the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	176. Is the pump house kept clean and in good repairs?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	177. Does the pump house have adequate lighting throughout?

SOURCE PUMP INSTALLED

Pump type: Submersible ☒ Centrifugal ☐ Variable Frequency Drive (VFD) ☐

Pump Nomenclature: Make: unknown Model: unknown Date Installed: unknown

Pump Capacity: Hp: unknown GPM: unknown

Pump Controls have: Float Switch ☐ Run Hour Meter ☐ Pump Protector ☐ Pressure Switch ☐
Lead/Lag ☐ Manual ☐ Sequencer ☐ Other ☒

What are the most frequent Complaints?

Surveyed by <u>Samy P. A. B.</u>	Date <u>8/25/15</u>	Reviewed with Surveyor <u>Q. E. D.</u>	Date <u>8/25/15</u>
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Comments:

PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY

5. PUMPS, PUMP FACILITIES AND CONTROLS

SURVEY DATE

PWS ID

0 8 2 5 2 0 1 5 1 0 5 3 0 0 1 2 7

Source treated by station: Well #2 Physical Address: Simcoe Lane

Comments:

SIGNIFICANT DEFICIENCY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	162. Is adequate ventilation provided in the pump house for dissipation of excess heat and moisture from the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	163. Is the building in good structural condition?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	164. Is the building orderly and clean?

MINOR DEFICIENCY

PUMPHOUSE

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	165. Are all non-sample taps installed in the pump house equipped with an appropriate backflow prevention device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	166. Is the pump house protected from flooding, have adequate drainage and is the floor surface at least six (6) inches above the final ground surface?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	167. Is the sump for the pump house floor drain closer than 30 feet from the well?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	168. Is the pump house protected from unauthorized personnel?

BOOSTER PUMP

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	169. Are backup pumps, motors or other critical spare parts kept on-site?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	170. Are pump records maintained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	171. Are all pumps capable of providing the max pumping demand of the system?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	172. Does the pump(s) cycle excessively?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	173. Are all pumps provided with readily available spare parts and tools?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	174. Do all pumps maintain an operating pressure of 20 psi or greater?

RECOMMENDATION

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	175. Is a water pressure relief valve installed where the pump is directly connected to the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	176. Is the pump house kept clean and in good repairs?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	177. Does the pump house have adequate lighting throughout?

SOURCE PUMP INSTALLED

Pump type: Submersible ☒ Centrifugal ☐ Variable Frequency Drive (VFD) ☐

Pump Nomenclature: Make: UNKNOWN Model: UNKNOWN Date Installed: UNKNOWN

Pump Capacity: Hp: UNKNOWN GPM: UNKNOWN

Pump Controls have: Float Switch ☐ Run Hour Meter ☐ Pump Protector ☐ Pressure Switch ☐
Lead/Lag ☐ Manual ☐ Sequencer ☐ Other ☒

What are the most frequent Complaints?

Surveyed by <u>Sumedh Reddy</u>	Date <u>8/25/15</u>	Reviewed with Surveyor <u>[Signature]</u>	Date <u>8/25/15</u>
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PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY

5. PUMPS, PUMP FACILITIES AND CONTROLS

SURVEY DATE

PWS ID

0 8 2 5 2 0 1 5 1 0 5 3 0 0 1 2 7

Source treated by station:

Well #3

Physical Address:

Job Corps Lane

SIGNIFICANT DEFICIENCY

- | YES | NO | NA | UNK | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 162. Is adequate ventilation provided in the pump house for dissipation of excess heat and moisture from the equipment? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 163. Is the building in good structural condition? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 164. Is the building orderly and clean? |

MINOR DEFICIENCY

PUMPHOUSE

- | YES | NO | NA | UNK | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 165. Are all non-sample taps installed in the pump house equipped with an appropriate backflow prevention device? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 166. Is the pump house protected from flooding, have adequate drainage and is the floor surface at least six (6) inches above the final ground surface? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 167. Is the sump for the pump house floor drain closer than 30 feet from the well? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 168. Is the pump house protected from unauthorized personnel? |

BOOSTER PUMP

- | YES | NO | NA | UNK | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 169. Are backup pumps, motors or other critical spare parts kept on-site? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 170. Are pump records maintained? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 171. Are all pumps capable of providing the max pumping demand of the system? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 172. Does the pump(s) cycle excessively? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 173. Are all pumps provided with readily available spare parts and tools? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 174. Do all pumps maintain an operating pressure of 20 psi or greater? |

RECOMMENDATION

- | YES | NO | NA | UNK | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 175. Is a water pressure relief valve installed where the pump is directly connected to the distribution system? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 176. Is the pump house kept clean and in good repairs? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 177. Does the pump house have adequate lighting throughout? |

SOURCE PUMP INSTALLED

- Pump type: Submersible ☐ Centrifugal ☐ Variable Frequency Drive (VFD) ☐
- Pump Nomenclature: Make: _____ Model: _____ Date Installed: _____
- Pump Capacity: Hp: _____ GPM: _____
- Pump Controls have: Float Switch ☐ Run Hour Meter ☐ Pump Protector ☐ Pressure Switch ☐
Lead/Lag ☐ Manual ☐ Sequencer ☐ Other ☐

What are the most frequent Complaints?

Surveyed by

Date

Reviewed with Surveyor

Date

Sandy Redst 8/25/15

GRD 8/25/15

Comments:

Well #3 is no longer
connected to water
system.

PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY

6. MONITORING

SURVEY DATE

PWS ID

0 8 2 5 2 0 1 5 1 0 5 3 0 0 1 2 7

Name of Water Supply:
Ft. Simcoe Job Corps CWS

Tribe:
Yakama

SIGNIFICANT DEFICIENCY

Is the system in monitoring compliance for the following parameters:

AT THE ENTRY POINT

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	178. Nitrate
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	179. Inorganics (including nitrates)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180. Gross Alpha Screen & Uranium
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	181. VOC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	182. SOC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	183. Arsenic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	184. CT Value (for systems avoiding triggered monitoring)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	185. Turbidity
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	186. Fluoride
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	187. Bromate ozone (if required)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	188. Radium 228/226

IN THE DISTRIBUTION

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	189. Coliform
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	190. Lead & Copper (# of sites) 5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	191. Asbestos
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	192. TTHM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	193. HAA5s
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	194. Maximum Residual Disinfectant level
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	195. Are copies of public notices available?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	196. Is all required monitoring current?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	197. Are TTHM samples taken at location of maximum residence time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	198. Are HAA5 samples taken at location of maximum residence time?

MINOR DEFICIENCY

Are the following records maintained on-site or location nearby?

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	201. Bacteriological Analysis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	202. Chemical Analysis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	203. Violation records
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	204. Copies of past sanitary survey
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	205. Reports of variance or exemption
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	206. Copies of public notices
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	207. Daily free chlorine residuals
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	208. Are daily free/total chlorine residual taken?

Comments:

Surveyed by <i>Sandy Rudst</i>	Date 8/25/15	Reviewed with Surveyor <i>[Signature]</i>	Date 8/25/15
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**PORTLAND AREA INDIAN HEALTH SERVICE
PUBLIC WATER SYSTEM SANITARY SURVEY**

SURVEY DATE 08252015 PWS ID 105300127

7. MANAGEMENT/OPERATION CAPACITY

SIGNIFICANT DEFICIENCY				
YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		209. Is the Manager/Contractor certified at appropriate level?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		210. Does the Water System have an operation and maintenance manual?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		211. Does the system have written standard operating protocol for other operators?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		212. Does the water system have an emergency response plan?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	213. Does the Water System have a Cross-Connection Control Program?

MINOR DEFICIENCY				
YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	214. Is the Water System in compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	215. Does the system have more than 4 violations in the past two years?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	216. Does the Water System have a Wellhead Protection Program?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	217. Are consumer confidence reports sent to users each year?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	218. Does the Water System have a current master plan?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	219. Does the master plan include a water conservation plan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	220. What year was the master plan completed? 19____ 20____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	221. Is there a written Water Quality Monitoring site plan/program available for review?

RECOMMENDATION				
YES	NO	NA	UNK	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	222. Does the Water System have an Operating Budget?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	223. Does the Water System have a service area and facility map?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	224. Does the Water System have a water facilities inventory?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225. Has a capacity assessment been completed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	226. Does the PWS have a governing body or board of directors?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	227. Is there a clear plan of organization and control among the people responsible for management and operation of the Water System?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	228. Does the Water System have emergency power? <input type="checkbox"/> Generator, automatic switchover <input type="checkbox"/> Transfer switch only <input type="checkbox"/> Generator, manual switchover <input type="checkbox"/> Other <input checked="" type="checkbox"/> Portable with transfer switch Frequency of testing generator: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Infrequently <input type="checkbox"/> Never <u>2x yr</u>

8. OPERATOR COMPLIANCE

SIGNIFICANT DEFICIENCY						
229. Operator Qualification or Certification						
Operator(s) Name	Cert. by	Cert. No.	Cert. Level	Meets System Requirements	Date Issued	Date Expires
Jerry Ford						

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	230. Are Operators certified at the appropriate level?

MINOR DEFICIENCY				
YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	231. Is a properly certified operator available at all times?

9. OTHER

SIGNIFICANT DEFICIENCY				
YES	NO	NA	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	232.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	233.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	234.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	235.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	236.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	237.

Surveyed by <u>Sandy Ford</u>	Date <u>8/25/15</u>	Reviewed with Surveyor <u>[Signature]</u>	Date <u>8/25/15</u>	Comments #229 <u>Passed 8/13/15, copy of email stating that he passed (ITCA training)</u>
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Corrective Action Plan
EPA Region 10
Tribal Public Water System Supervision Program

All public water systems are required to undergo sanitary surveys. Public water systems using groundwater water must consult EPA about required corrective actions within 30 days of being notified of a significant deficiency and must complete corrective actions or be in compliance with an approved Corrective Action Plan within 120 days of receiving notice of significant deficiencies (40 CFR 141.403 (a)). Public water systems with surface water sources must be in compliance with a corrective action plan within 45 days of receiving notice of a significant deficiency (40 CFR 141.723).

EPA may specify shorter deadlines if the deficiency poses a high health risk. The corrective action plan must provide a written description of how and on what schedule significant deficiencies will be addressed. This Corrective Action Plan form will meet this requirement, other formats are acceptable.

PWSID:	105300127
System Name:	Ft. Simcoe Job Corps Center CWS
Primary Source:	Groundwater
Sanitary Survey Date:	8/25/2015
Surveyor:	Sandy Redsteer
Notice Date:	

Corrective Action Plan Due Date:	
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Deficiency	Schedule to Address Deficiency		Accomplishments (date completed)
	Milestone/Corrective Action Description	Scheduled Date	
Groundwater Sources - Well #1 - Sources - No source meter. - Provide Corrective Action Plan	No funding now; submitted grant app to DoL for multiple upgrades	12/31/2018	
Groundwater Sources - Well #2 - Sources - Casing less than 18 in. above ground or less than 12 in. above pump house floor. - Provide Corrective Action Plan	Done - photo received	8/9/17	
Groundwater Sources - Well #2 - Sources - No finished sample tap. - Correct Deficiency	Done	8/9/17	

Deficiency	Schedule to Address Deficiency		Accomplishments (date completed)
	Milestone/Corrective Action Description	Scheduled Date	
Groundwater Sources - Well #2 - Sources - No source meter. - Provide Corrective Action Plan		12/31/2018	
Management/Operation Capacity - Management - Improper operation and maintenance manual. - Provide Corrective Action Plan		9/30/2017	
Management/Operation Capacity - Management - Written standard operating protocol needed. - Provide Corrective Action Plan		9/30/2017	
Management/Operation Capacity - Management - Emergency response plan needed. - Provide Corrective Action Plan	EPA will send template	9/30/2017	
Management/Operation Capacity - Operator Compliance - Need operator certified at the appropriate level. - Provide Corrective Action Plan	Done		
-			
-			

List any additional attachments included with this plan:

Deficiency	Schedule to Address Deficiency		Accomplishments (date completed)
	Milestone/Corrective Action Description	Scheduled Date	

I understand that failing to meet an EPA approved Deficiency Corrective Action Plan may constitute a violation of the Safe Drinking Water Act.

JR FORD 40 ABELLA LN WHITE SWAN WA 98952
 Name (print) address
509-874-8989 JR FORD @ FS.FED.US
 Phone email

[Signature] 8/9/17
 Signature Date

EPA Use Only		
<u>Jenna Mandelma</u>		
approved by (print)	consultation date	closed date
<u>[Signature]</u>	<u>8/8/2017</u>	
Compliance Officer Signature	Date	

