

**ATTACHMENT 1  
INACTIVATION FORM**



Colorado Department  
of Public Health  
and Environment

# Water Quality Control Division Safe Drinking Water Information System (SDWIS) Inactivation Form

This form is used to collect the information regarding system or facility inactivation necessary to maintain an accurate database and to ensure public health. Please fill out and return to the division as soon as possible.

System Name: \_\_\_\_\_ Public Water System ID: CO0 \_\_\_\_\_

Check appropriate box:

**Water System** is currently inactive. Date of Inactivation: \_\_\_\_\_

Reason for Inactivation:  Closure  Hooked up to other water system as tap  Privatized

Are there plans to reopen system in future or other details? \_\_\_\_\_

**Facility** (e.g. well, storage tank) has been removed from the Water System.

Facility ID: \_\_\_\_\_ Facility Description: \_\_\_\_\_ Date of Inactivation: \_\_\_\_\_

Type of facility inactivation:  Permanent  Temporary  Emergency Use Only

If temporary, when do you expect facility to be brought back online? \_\_\_\_\_

Facility ID: \_\_\_\_\_ Facility Description: \_\_\_\_\_ Date of Inactivation: \_\_\_\_\_

Type of facility inactivation:  Permanent  Temporary  Emergency Use Only

If temporary, when do you expect facility to be brought back online? \_\_\_\_\_

### Certification of Accuracy

*"By signing this document, I hereby certify that the information above is true, accurate, and complete to the best of my knowledge and belief.*

*I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment."*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: WQCD-DW CAS  
4300 Cherry Creek Dr South  
Denver, CO 80246-1530  
Fax: 303-758-1398

For Dept. Use Only:	
Entered By: _____	Date: _____

E-mail: [cdphe.drinkingwater@state.co.us](mailto:cdphe.drinkingwater@state.co.us)

ATTACHMENT 2  
EXAMPLE COMPREHENSIVE REPORT

&

COMPREHENSIVE REPORT SDWIS CODE  
DEFINITIONS GUIDANCE

## Comprehensive Water System Report

Water System	Water System Status	Fed Type	Fed Primary Source	Owner Type	Principal County Served	Annual Operating Period	Population Type	Population by Type	Total Population
CO0225333 - ROADHOUSE BAR AND GRILL	A	NC	GW	P	GRAND	1/1 to 12/31	NT	4	204
						1/1 to 12/31	T	200	

### Contacts

Contact Type	Contact Name	Address 1	Address 2	City	State	Zipcode	Business Phone	Extension
AC	DENOFRIO, AMY		PO BOX 2141	GRAND LAKE	CO	80447	970-531-4234	
EC	DONOFRIO, SAL		P.O. BOX 2125	GRAND LAKE	CO	80447	970-531-0348	
OW	WALLER, JOHN E		PO BOX 707	GRANBY	CO	80446	970-531-0348	

### Facilities

WSF Number	Water System Facility (WSF) Name	WSF Type	Constructed Date	WSF Status	Availability	Water Type	Annual Operating Period	
001	WELL 1	WL		A	6/1/1974	P	GW	1/1 to 12/31
002	WELL 2	WL		A	6/1/1974	P	GW	1/1 to 12/31
003	CHLORINATOR FOR WELLS	TP		A	6/1/1974	P	GW	1/1 to 12/31
004	TANK	ST		A	2/2/2010	P	GW	1/1 to 12/31
005	BOOSTER PUMP	PF	11/5/2010	A	11/5/2010	P		1/1 to 12/31
006	PRESSURE TANK	PC		I	11/5/2010	P		1/1 to 12/31
DS001	DISTRIBUTION SYSTEM	DS		A	6/1/1974	P	GW	1/1 to 12/31

### Sample Points

WSF Number	WSF Type	Water System Facility (WSF) Name	Sampling Point	Sampling Point Type	Sampling Point Description	Sampling Point Status
001	WL	WELL 1	001	RW	RAW	A 1/1/2002
002	WL	WELL 2	002	RW	RAW	A 1/1/2002
003	TP	CHLORINATOR FOR WELLS	003	WS	NON ENTRY POINT	A 1/1/2002
004	ST	TANK	004	EP	ENTRY POINT	A 2/2/2010
DS001	DS	DISTRIBUTION SYSTEM	RPOR	DS	REPEAT ORIGINAL	A 6/1/1974
DS001	DS	DISTRIBUTION SYSTEM	RPOT	DS	REPEAT OTHER	A 6/1/1974
DS001	DS	DISTRIBUTION SYSTEM	RTOR	DS	ROUTINE ORIGINAL	A 6/1/1974

### Water Purchases (no data)

**Treatment Processes**

Facility: 003 - CHLORINATOR FOR WELLS

Facility Type: TP

Facility Status: A

**Treatment Unit**

341 FILTRATION, CARTRIDGE  
421 HYPOCHLORINATION, POST

**Objective**

P PARTICULATE REMOVAL  
D DISINFECTION

**Unit Process**

FI FILTRATION  
DI DISINFECTION

**Facility Flows**

**SUPPLY FACILITY**

WSF Status	WSF Number	WSF Type	Water System Facility (WSF) Name
A	001	WL	WELL 1
A	002	WL	WELL 2
A	003	TP	CHLORINATOR FOR WELLS
A	004	ST	TANK

**RECEIVING FACILITY**

WSF Status	WSF Number	WSF Type	Water System Facility (WSF) Name
A	003	TP	CHLORINATOR FOR WELLS
A	003	TP	CHLORINATOR FOR WELLS
A	004	ST	TANK
A	DS001	DS	DISTRIBUTION SYSTEM

**Locational Info**

<b>WSF</b> 005	BOOSTER PUMP	<b>WSF Type</b>	PF	<b>WSF Status</b> A	<b>Data Coll. Date</b> 11/5/2010	<b>Horiz. Accuracy</b> +/- 012 meter(s)
<b>DMS Lat.</b>	40° 12' 19.9979"	<b>DMS Long.</b>	-105° 52' 29.0028"	<b>Lat. Measure</b>	40.205555	<b>Long. Measure</b> -105.874723
<b>Horiz. Coll. Method</b>	012 - Global positioning system (GPS) carrier phase static relative positioning technique			<b>Coord. Data Source</b>	008 - Colorado	
<b>Reference Point</b>	002 - Plant entrance (general)			<b>Horiz. Ref. Datum</b>	002 - NAD 83	
<b>Verification Method</b>	011 - Ground truth conducted			<b>Source Map Scale</b>	NA - Scale not applicable to collection method	
<b>Geometric Type</b>	001 - Point (default)			<b>Comment</b>		

<b>WSF</b> 003	CHLORINATOR FOR WELLS	<b>WSF Type</b>	TP	<b>WSF Status</b> A	<b>Data Coll. Date</b> 5/21/2002	<b>Horiz. Accuracy</b> +/- 012 meter(s)
<b>DMS Lat.</b>	40° 11' 49.2000"	<b>DMS Long.</b>	-105° 52' 15.6000"	<b>Lat. Measure</b>	40.197000	<b>Long. Measure</b> -105.871000
<b>Horiz. Coll. Method</b>	012 - Global positioning system (GPS) carrier phase static relative positioning technique			<b>Coord. Data Source</b>	008 - Colorado	
<b>Reference Point</b>	002 - Plant entrance (general)			<b>Horiz. Ref. Datum</b>	003 - WGS 84	
<b>Verification Method</b>	-			<b>Source Map Scale</b>	8 - Between 1:50,000 and 1:100,000	
<b>Geometric Type</b>	001 - Point (default)			<b>Comment</b>		

<b>WSF</b>	DS001	DISTRIBUTION SYSTEM	<b>WSF Type</b>	DS	<b>WSF Status</b>	A	<b>Data Coll. Date</b>		<b>Horiz. Accuracy</b>	+/- meter(s)
<b>DMS Lat.</b>		<b>DMS Long.</b>			<b>Lat. Measure</b>		<b>Long. Measure</b>			
<b>Horiz. Coll. Method</b>	-				<b>Coord. Data Source</b>	-				
<b>Reference Point</b>	-				<b>Horiz. Ref. Datum</b>	-				
<b>Verification Method</b>	-				<b>Source Map Scale</b>	-				
<b>Geometric Type</b>	-				<b>Comment</b>					
<b>WSF</b>	006	PRESSURE TANK	<b>WSF Type</b>	PC	<b>WSF Status</b>	I	<b>Data Coll. Date</b>		<b>Horiz. Accuracy</b>	+/- meter(s)
<b>DMS Lat.</b>		<b>DMS Long.</b>			<b>Lat. Measure</b>		<b>Long. Measure</b>			
<b>Horiz. Coll. Method</b>	-				<b>Coord. Data Source</b>	-				
<b>Reference Point</b>	-				<b>Horiz. Ref. Datum</b>	-				
<b>Verification Method</b>	-				<b>Source Map Scale</b>	-				
<b>Geometric Type</b>	-				<b>Comment</b>					
<b>WSF</b>	004	TANK	<b>WSF Type</b>	ST	<b>WSF Status</b>	A	<b>Data Coll. Date</b>	11/5/2010	<b>Horiz. Accuracy</b>	+/- 012 meter(s)
<b>DMS Lat.</b>	40° 12' 19.9979"	<b>DMS Long.</b>	-105° 52' 29.0028"		<b>Lat. Measure</b>	40.205555	<b>Long. Measure</b>	-105.874723		
<b>Horiz. Coll. Method</b>	012 - Global positioning system (GPS) carrier phase static relative positioning technique				<b>Coord. Data Source</b>	008 - Colorado				
<b>Reference Point</b>	002 - Plant entrance (general)				<b>Horiz. Ref. Datum</b>	002 - NAD 83				
<b>Verification Method</b>	011 - Ground truth conducted				<b>Source Map Scale</b>	NA - Scale not applicable to collection method				
<b>Geometric Type</b>	001 - Point (default)				<b>Comment</b>					
<b>WSF</b>	001	WELL 1	<b>WSF Type</b>	WL	<b>WSF Status</b>	A	<b>Data Coll. Date</b>	5/21/2002	<b>Horiz. Accuracy</b>	+/- 012 meter(s)
<b>DMS Lat.</b>	40° 11' 49.2000"	<b>DMS Long.</b>	-105° 52' 15.6000"		<b>Lat. Measure</b>	40.197000	<b>Long. Measure</b>	-105.871000		
<b>Horiz. Coll. Method</b>	012 - Global positioning system (GPS) carrier phase static relative positioning technique				<b>Coord. Data Source</b>	008 - Colorado				
<b>Reference Point</b>	026 - Well				<b>Horiz. Ref. Datum</b>	003 - WGS 84				
<b>Verification Method</b>	-				<b>Source Map Scale</b>	8 - Between 1:50,000 and 1:100,000				
<b>Geometric Type</b>	001 - Point (default)				<b>Comment</b>	GRANBY - BIG RAYS CHOP HOUSE- 80446				

<b>WSF</b> 002	WELL 2	<b>WSF Type</b>	WL	<b>WSF Status</b>	A	<b>Data Coll. Date</b>	5/21/2002	<b>Horiz. Accuracy</b>	+/- 012 meter(s)
<b>DMS Lat.</b>	40° 11' 48.6000"	<b>DMS Long.</b>	-105° 52' 17.4000"	<b>Lat. Measure</b>	40.196833	<b>Long. Measure</b>	-105.871500		
<b>Horiz. Coll. Method</b>	012 - Global positioning system (GPS) carrier phase static relative positioning technique			<b>Coord. Data Source</b>	008 - Colorado				
<b>Reference Point</b>	026 - Well			<b>Horiz. Ref. Datum</b>	003 - WGS 84				
<b>Verification Method</b>	-			<b>Source Map Scale</b>	8 - Between 1:50,000 and 1:100,000				
<b>Geometric Type</b>	001 - Point (default)			<b>Comment</b>	GRANBY - BIG RAYS CHOP HOUSE- 80446				

**Compliance Schedules (Due Date = today +/- 1 year)**

Schedule Number	State Assigned ID	Compliance Officer	Schedule Type	Effective Date	Closed Date	Status	Status Date	Schedule Description
3		DESIREE G JONES	PS	10/31/2011	2/21/2012	F	10/3/2011	PKA Johnsons Landing. New Owner Pkt sent 10/3/11 dgj; Formerly Johnsons Landing. Discovered system by Amy Schultz. New Owner Pkt with Contact Change Form sent 10/3/11 dgj
	<b>Activity Name</b>		<b>Category</b>	<b>Due Date</b>	<b>Projected</b>	<b>Achieved</b>	<b>Reported</b>	<b>Comment</b>
	FOLLOW UP			10/31/2011		10/31/2011		PKA Johnsons Landing. New Owner Pkt sent 10/3/11 dgj; New Owner Contact Change Form due

**Violation History (State Violation Period Begin Date between 1/1/2002 and current date)**

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4014203	2003	23 - MONITORING (TCR), ROUTINE MAJOR		10/1/2002 - 12/31/2002	2/27/2003	3100 - COLIFORM (TCR)
	<b>Enforcement Action -</b>	ST PUBLIC NOTIF REQUESTED		<b>Status Date -</b>	2/27/2003	<b>Enf. Action Type -</b> SIE
	<b>Enforcement Action -</b>	ST VIOLATION/REMINDER NOTICE		<b>Status Date -</b>	2/27/2003	<b>Enf. Action Type -</b> SIA
	<b>Enforcement Action -</b>	ST PUBLIC NOTIF RECEIVED		<b>Status Date -</b>	4/9/2003	<b>Enf. Action Type -</b> SIF
	<b>Enforcement Action -</b>	ST COMPLIANCE ACHIEVED		<b>Status Date -</b>	7/1/2006	<b>Enf. Action Type -</b> SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
90	2004	03 - MONITORING, ROUTINE MAJOR		1/1/2003 - 12/31/2003	2/6/2004	CNO3 - NITRATE
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	2/6/2004	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	2/6/2004	Enf. Action Type -	SIA
		Enforcement Action - ST AO (W/O PENALTY) ISSUED	Status Date -	4/20/2005	Enf. Action Type -	SFL
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	4/20/2005	Enf. Action Type -	SIE
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	6/1/2005	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4014304	2004	23 - MONITORING (TCR), ROUTINE MAJOR		7/1/2003 - 9/30/2003	11/5/2003	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	11/5/2003	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	11/5/2003	Enf. Action Type -	SIA
		Enforcement Action - ST AO (W/O PENALTY) ISSUED	Status Date -	4/20/2005	Enf. Action Type -	SFL
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	4/20/2005	Enf. Action Type -	SIE
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	7/1/2006	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4014404	2004	23 - MONITORING (TCR), ROUTINE MAJOR		10/1/2003 - 12/31/2003	2/3/2004	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	2/3/2004	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	2/3/2004	Enf. Action Type -	SIA
		Enforcement Action - ST AO (W/O PENALTY) ISSUED	Status Date -	4/20/2005	Enf. Action Type -	SFL
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	4/20/2005	Enf. Action Type -	SIE
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	7/1/2006	Enf. Action Type -	SOX



FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
343	2005	03 - MONITORING, ROUTINE MAJOR	003	1/1/2004 - 12/31/2004	2/11/2005	CNO3 - NITRATE
		Enforcement Action - ST OTHER	Status Date -	2/11/2005	Enf. Action Type -	SO8
		Enforcement Action - ST AO (W/O PENALTY) ISSUED	Status Date -	4/20/2005	Enf. Action Type -	SFL
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	4/20/2005	Enf. Action Type -	SIE
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	6/1/2005	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4014605	2005	23 - MONITORING (TCR), ROUTINE MAJOR		7/1/2004 - 9/30/2004	11/8/2004	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	11/8/2004	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	11/8/2004	Enf. Action Type -	SIA
		Enforcement Action - ST AO (W/O PENALTY) ISSUED	Status Date -	4/20/2005	Enf. Action Type -	SFL
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	4/20/2005	Enf. Action Type -	SIE
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	7/1/2006	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4014805	2005	23 - MONITORING (TCR), ROUTINE MAJOR		10/1/2004 - 12/31/2004	2/17/2005	3100 - COLIFORM (TCR)
		Enforcement Action - ST OTHER	Status Date -	2/17/2005	Enf. Action Type -	SO8
		Enforcement Action - ST AO (W/O PENALTY) ISSUED	Status Date -	4/20/2005	Enf. Action Type -	SFL
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	4/20/2005	Enf. Action Type -	SIE
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	7/1/2006	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4014905	2005	23 - MONITORING (TCR), ROUTINE MAJOR		1/1/2005 - 3/31/2005	5/9/2005	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	5/9/2005	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	5/9/2005	Enf. Action Type -	SIA
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	7/1/2006	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015005	2005	23 - MONITORING (TCR), ROUTINE MAJOR		4/1/2005 - 6/30/2005	8/12/2005	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	8/12/2005	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	8/12/2005	Enf. Action Type -	SIA
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	7/1/2006	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015106	2006	23 - MONITORING (TCR), ROUTINE MAJOR		7/1/2005 - 9/30/2005	11/10/2005	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	11/10/2005	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	11/10/2005	Enf. Action Type -	SIA
		Enforcement Action - ST COMPLIANCE ACHIEVED	Status Date -	7/1/2006	Enf. Action Type -	SOX

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015107	2011	23 - MONITORING (TCR), ROUTINE MAJOR		1/1/2011 - 3/31/2011	5/3/2011	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	5/3/2011	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	5/3/2011	Enf. Action Type -	SIA

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015108	2011	MS - STATE MONITORING		1/1/2011 - 3/31/2011	5/13/2011	0999 - CHLORINE
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	5/13/2011	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	5/13/2011	Enf. Action Type -	SIA

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015109	2011	23 - MONITORING (TCR), ROUTINE MAJOR		4/1/2011 - 6/30/2011	8/3/2011	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	8/3/2011	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	8/3/2011	Enf. Action Type -	SIA

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015110	2011	MS - STATE MONITORING		4/1/2011 - 6/30/2011	8/3/2011	0999 - CHLORINE
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	8/3/2011	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	8/3/2011	Enf. Action Type -	SIA

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015111	2012	23 - MONITORING (TCR), ROUTINE MAJOR		7/1/2011 - 9/30/2011	11/4/2011	3100 - COLIFORM (TCR)
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	11/4/2011	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	11/4/2011	Enf. Action Type -	SIA

FedRep ID	Fiscal Year	Violation Type	WSF No.	State Violation Period	Determ. Date	Analyte / Analyte Group
4015112	2012	MS - STATE MONITORING		7/1/2011 - 9/30/2011	11/4/2011	0999 - CHLORINE
		Enforcement Action - ST PUBLIC NOTIF REQUESTED	Status Date -	11/4/2011	Enf. Action Type -	SIE
		Enforcement Action - ST VIOLATION/REMINDER NOTICE	Status Date -	11/4/2011	Enf. Action Type -	SIA

**TCR Samples and Sample Summaries (Collection Date >= 1/1/2002)**

Collection/Mon Prd Begin Date	Lab Sample No.	Sampling Point	Type	Monitoring Prd	FF Chlorine Res.	Count	Analyte	Present?
11/14/2011	1111-6598	RTOR	RT	4Q2011	2.200		3100 - COLIFORM (TCR)	A
11/14/2011	6598	RTOR	RT	4Q2011			3100 - COLIFORM (TCR)	A
12/1/2010	2773A	RTOR	RT	4Q2010	0.190		3100 - COLIFORM (TCR)	A
8/4/2010	2440	RTOR	RT	3Q2010	0.210		3100 - COLIFORM (TCR)	A
4/7/2010	2133	RTOR	RT	2Q2010	0.330		3100 - COLIFORM (TCR)	A
3/9/2010	2034	RTOR	RT	1Q2010	1.670		3100 - COLIFORM (TCR)	A
7/8/2007		RTOR	RT	3Q2007	0.120		3100 - COLIFORM (TCR)	A
4/5/2007		RTOR	RT	2Q2007	0.130		3100 - COLIFORM (TCR)	A
1/16/2007		RTOR	RT	1Q2007	0.190		3100 - COLIFORM (TCR)	A
10/9/2006	06100915-01	RTOR	RT	4Q2006	0.220		3100 - COLIFORM (TCR)	A
7/11/2006		RTOR	RT	3Q2006	0.120		3100 - COLIFORM (TCR)	A

4/19/2006		RTOR	RT	2Q2006	0.430	3100 - COLIFORM (TCR)	A
2/15/2006		RTOR	RT	1Q2006	0.170	3100 - COLIFORM (TCR)	A
12/19/2005		RTOR	RT	4Q2005	1.410	3100 - COLIFORM (TCR)	A
5/13/2004	161	RTOR	RT	2Q2004		3100 - COLIFORM (TCR)	A
3/15/2004	81	RTOR	RT	1Q2004		3100 - COLIFORM (TCR)	A
11/20/2003	ENW-2003008832	RTOR	RT	4Q2003		3100 - COLIFORM (TCR)	A
4/14/2003	ENW-2003002517-000-A	RTOR	RT	2Q2003		3100 - COLIFORM (TCR)	A

**Non-TCR Sample Summaries (no data)**

**Individual Non-TCR Samples (Collection Date >= 1/1/2002)**

Facility 003 CHLORINATOR FOR WELLS			Sampling Point 003		NON ENTRY POINT				
Collection Date	Analyte		Lab Sample No.	Type	Concentration	Less than	Detection Limit	RMDL	MCL/FANL
4/5/2007	1038	NITRATE-NITRITE	07040559-01	RT	3.190000000 MG/L			1.000000000 MG/L	10.000000000 MG/L
4/5/2007	1040	NITRATE	07040559-01	RT	3.190000000 MG/L	No		1.000000000 MG/L	10.000000000 MG/L
4/5/2007	1041	NITRITE	07040559-01	RT		<	0.020000000 MG/L	0.050000000 MG/L	1.000000000 MG/L
5/3/2006	1038	NITRATE-NITRITE	06050348-01	RT	2.360000000 MG/L			1.000000000 MG/L	10.000000000 MG/L
5/3/2006	1040	NITRATE	06050348-01	RT	2.360000000 MG/L	No		1.000000000 MG/L	10.000000000 MG/L
5/3/2006	1041	NITRITE	06050348-01	RT		<	0.010000000 MG/L	0.050000000 MG/L	1.000000000 MG/L
12/13/2005	1038	NITRATE-NITRITE	05121421-01	RT	1.800000000 MG/L			1.000000000 MG/L	10.000000000 MG/L
12/13/2005	1040	NITRATE	05121421-01	RT	1.800000000 MG/L	No		1.000000000 MG/L	10.000000000 MG/L
12/13/2005	1041	NITRITE	05121421-01	RT		<	0.010000000 MG/L	0.050000000 MG/L	1.000000000 MG/L
6/1/2005	1040	NITRATE	05-3776-01	RT	2.100000000 MG/L	No		1.000000000 MG/L	10.000000000 MG/L
5/21/2002	1040	NITRATE	20021756	RT	3.500000000 MG/L	No		1.000000000 MG/L	10.000000000 MG/L

Facility 004 TANK			Sampling Point 004		ENTRY POINT				
Collection Date	Analyte		Lab Sample No.	Type	Concentration	Less than	Detection Limit	RMDL	MCL/FANL
12/6/2011	1040	NITRATE	ENS111208-014	RT	1.130000000 MG/L	No		1.000000000 MG/L	10.000000000 MG/L
12/1/2010	1041	NITRITE	101203006-01	RT		<	0.020000000 MG/L	0.050000000 MG/L	1.000000000 MG/L
8/12/2010	1040	NITRATE	100813020	RT	1.820000000 MG/L	No		1.000000000 MG/L	10.000000000 MG/L

**MDBP Summaries (no data)**

# COMPREHENSIVE REPORT SDWIS CODE DEFINITIONS

## **WATER SYSTEM CODES** (Top Section of the Comprehensive Report)

### **Water System Status**

A = Active  
I = Inactive  
P = Proposed

### **Fed Type**

C = Community  
NTNC = Non-transient/Non-community  
NP = Non-public  
TNC = Transient Non-community

### **Fed Primary Source**

GW = Groundwater  
GU = Groundwater under the influence of surface water  
SW = Surface water

Any of the above followed by the letter "P" means the system purchases that type of water from another system

### **Owner Type**

L = Local  
F = Federal Government  
M = Mixed (Public/Private)  
N = Native American  
P = Private  
S = State Government

### **Population Type**

R = Residential (year around)  
NT = Non-Transient (for at least 180 days/year)  
T = Transient  
W = Wholesale

### **Contact Type**

AC = Administrative Contact  
DO = Designated Operator  
EC = Emergency Contact  
FC = Financial Contact  
LC = Legal Contact  
LE = Lead Engineer  
OP = Operator  
OT = Other  
OW = Owner  
PL = Physical Location Contact  
SA = Sampler  
UN = Utility Representative  
RD = Ranger District

## **FACILITIES CODES**

**WSF Number** = Water System Facility Number assigned by the WQCD Compliance Assurance Section (CAS)

**Water System Facility (WSF) Name** = Facility name assigned by the WQCD Compliance Assurance Section (CAS)

### **WSF Type**

CS – Cistern  
CW – Clear Well  
CH – Common Headers  
CC – Consecutive Connection  
DS – Dist System Zone  
IG – Infiltration Gallery  
IN – Intake  
NN – Non-piped, Non-purchased  
NP – Non-piped, Purchased  
OT – Other  
PC – Pressure Control  
PF – Pump Facility  
RS – Reservoir  
RC – Roof Catchment  
SS – Sampling Station  
SP – Spring  
ST – Storage  
SI – Surface Impoundment  
TM – Transmission Main (Manifold)  
TP – Treatment Plant  
WL – Well  
WH – Well head

**Constructed Date** = typically not used but date facility was constructed/installed

**WSF Status** = Water system facility status

A = Active  
I = Inactive  
P = Proposed

### **Availability**

P = Permanent  
S = Seasonal  
I = Interim  
E = Emergency  
O = Other

### **Water Type**

GW = Groundwater  
GU = Groundwater under the influence of surface water  
SW = Surface water

**Annual Operating Period** = Time period that the system is active and operating

## **SAMPLE POINT CODES**

### **Sample Point Type**

DS = Distribution System  
EP = Entry point  
FC = First Customer  
MD = Mid Point in the Distribution System  
MR = Point of Maximum Retention  
RW = Raw  
WS = Water System facility

### **Sampling Point Status**

A = Active  
I = Inactive  
P = Proposed

### **Sample Type Codes**

RT = Routine  
RP = Repeat  
CO = Confirmation  
SP = Special Purpose (not for compliance)

## **VIOLATION HISTORY CODES**

SIA = Violation Reminder Notice  
SIE = Public Notification Requested  
SIF = Public Notification Received  
SFL = Administrative Order without Penalty Issued  
SFO = Administrative Order with Penalty Issued  
SOX = Compliance Achieved

**ATTACHMENT 3  
NCGW SANITARY SURVEY OBSERVATIONS AND  
DEFICIENCIES/VIOLATIONS CODES CHECKLIST & GUIDANCE**



## Engineering Section - IY 2012 NCGW Sanitary Survey Observations and Significant Deficiency/Violation Codes Guidance & Checklist

Category	Code	Description	Description Text	Severity	Guidance
<b>Management Observations</b>					
<b>Management</b>	M610	CROSS CONNECTION CONTROL	System has not implemented appropriate cross-connection control methods. This is an alleged violation of CPDWR 12.1	Violation	<p>The system should have a cross connection control plan identifying:</p> <ul style="list-style-type: none"> <li>- potentially uncontrolled hazardous cross connections</li> <li>- plan for controlling hazardous cross-connections (backflow, etc)</li> <li>- inventory of all the existing cross-connection control devices</li> <li>- periodic (annual) system-wide survey to identify uncontrolled cross-connections,</li> <li>- annual testing of any backflow prevention devices that require testing,</li> <li>- must retain maintenance records of all backflow prevention containment devices for three years</li> </ul> <p>Cross-connection control program template for small systems available at:  <a href="http://www.cdphe.state.co.us/wq/drinkingwater/pdf/cross_connection_control.pdf">http://www.cdphe.state.co.us/wq/drinkingwater/pdf/cross_connection_control.pdf</a></p>
	R510	GENERAL MONITORING PLAN	The system lacks a monitoring plan or the plan does not include the required content. This is an alleged violation of CPDWR 1.12.1	Violation	<p>Inspectors should review monitoring plans for completeness as per the regs. The plans need to contain:</p> <ul style="list-style-type: none"> <li>-Part 1: <u>System Summary</u> (name, PWSID #, address, population, etc) - denotes location of records</li> <li>-Part 2: <u>Water Source Details</u> - description and details on the system's source, treatment, and distribution and a schematic depicting how the flow from the source(s) is connected to the treatment processes and distribution.</li> <li>-Part 3: <u>Water Treatment Details</u> - Process flow diagram for treatment with summary</li> <li>-Part 4: <u>Distribution System Details</u> - Schematic with all entry points to the distribution, all post entry point treatment facilities, storage facilities, monitoring points, master meters, and pump stations</li> <li>-Part 5: <u>Individual Rule Sampling Plans</u> - System should have an individual plan for each rule they are subject to (which are listed in their annual Monitoring Schedule) that covers each rule's monitoring requirements. TNC systems are required to have plans for total coliform and distribution chlorine residual, nitrate/nitrite (inorganic chemicals), and the GWR. NTNC systems are required to have these same plans plus plans for Disinfectants and Disinfection Byproducts, Lead and Copper, Inorganic Chemicals (full suite), and Organic (volatile and synthetic full suite) Chemicals.</li> </ul> <p>New updated GMP template available at:  <a href="http://www.cdphe.state.co.us/wq/drinkingwater/PublicWaterSystemReportingForms.html">http://www.cdphe.state.co.us/wq/drinkingwater/PublicWaterSystemReportingForms.html</a></p>
<b>M&amp;R And Data Verification</b>	R520	RECORD KEEPING	System does not maintain records according to the minimum requirements. This is an alleged violation of CPDWR 1.6.3	Violation	<p>Inspector should evaluate the system's record keeping. Do they have file folders, filing cabinets or just stacks of paper? Can they produce any public notices or Division letters and the following records on demand: TCR, chlorine residual, nitrate/nitrite (inorganics) for TNC and additionally the full suite of inorganics, VOCs, SOCs, lead &amp; copper and DBP for NTNC systems?</p> <p><b>PLEASE NOTE:</b> The well permit and well construction log are not required as part of Section 1.6.3 recordkeeping requirements. Thus, it is not a violation if they do not have copies. However, you can add a recommendation that the system maintain a copy of the well permit and construction log.</p>
	R525	MONITORING RESIDUAL DISINFECTANT	System is not properly monitoring and recording residual disinfectant concentration. This is a violation of CPDWR 13.2.	Violation	<p>Inspector should check to see if the water system monitors and records entry point residual disinfectant properly? Effective July 1, 2011, PWS are required to sample and record chlorine residual at the entry point weekly. The residual can't be below 0.2 mg/L for longer than 72 hours. If the PWS does not correct within 72 hours, notification to the Division must be made if they can't correct it.</p> <p>The inspector is required to test the chlorine residual at the entry point and the system should also test during the sanitary survey. Results of both tests should be included in the Comments/ Recommendations section of the letter.</p>

## Engineering Section - IY 2012 NCGW Sanitary Survey Observations and Significant Deficiency/Violation Codes Guidance & Checklist

Category	Code	Description	Description Text	Severity	Guidance
<b>Operator Certifi</b>	R540	DESIGN APPROVAL	System has not received plans & specs approval for the system or for renovations to the system, including the addition of new sources, changes in treatment or changes in the distribution system. This is an alleged violation of CPDWR 1.11.2(b)	Violation	<p>It is a violation of the CPDWR if the PWS has constructed any new waterworks or initiated the use of a new source on or sometime after October 1, 1999 without Division approval. In addition, it is a violation of the CPDWR if the System has made any modifications/improvements/upgrades to the water system on or sometime after October 1, 1999 without Division approval. The inspector should ask when the system constructed their water system including when the source (e.g., well) was constructed in addition to when the treatment system was installed. It is a violation if it occurred without approval on or sometime after October 1, 1999. If the system does not know when the system was initially constructed, the inspector should ask if any recent changes/modifications/upgrades were made (within the last several years) or since October 1, 1999. It is a violation if changes were made without Division approval. If the inspector observes that changes have been made since the last sanitary survey, the inspector should ask whether the changes were approved. If not, it is a violation.</p> <p>The inspector should ask if anything has been built or modified since the last sanitary survey or if any chemical treatment modified. The Comp Report provides an inventory of all the existing facilities that the Division has in SDWIS and it can be used to cross check what the system physically has versus what is in the inventory.</p>
	O710	CERTIFIED OPERATOR	The system does not have a certified operator. This is an alleged violation of Regulation 100 and CPDWR 7.1.1 (c). (SW)	Violation	<p>Not having certified operators leads to improper/inadequate treatment on many occasions.</p> <p>This code also includes if the certified operator does not have the appropriate certification level (required level for the type water system) or if the certification has expired.</p>

### Facility Observations

<b>Source Water</b>	S030	SRC CONSTRUCTION	Well or Spring source does not provide adequate protection of source water. DCPWS 2.1	Significant Deficiency	<p>Is the source (spring or well) constructed to adequately protect the source water from contamination?</p> <p>Inspector should critically evaluate the well head including the sanitary seals, vent screens, above ground casing and area surrounding well head to ensure contamination can't enter the well.</p> <p>Inspector should evaluate the spring box to ensure that no possible contamination is entering the spring.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	S031	SRC LOCATION	System has located a well or spring in a location that causes it to be impacted by contamination. DCPWS 2.1.2, 2.1.4, 2.1.9	Significant Deficiency	<p>Inspector should critically evaluate the well or spring location with regard to flood events, surface sources, waste ponds, potential sources of contamination, etc.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p> <p>Please Note: Do not use this code for groundwater under the influence (GWUDI) of surface water issues (e.g., a shallow well is located 50 feet from a river). GWUDI issues can be included as an observation in the sanitary survey letter.</p>
	T112	GROUNDWATER DISINFECTION	No disinfection equipment present, equipment not operating, or inadequate disinfection or methods. This is an alleged violation of the CPDWR 13.2 (GW).	Violation	<p>Inspector must verify that the system has disinfection and that the disinfection equipment is operational.</p> <p><b>PHOTOGRAPH(S) MANDATORY FOR INOPERABLE EQUIPMENT OR INADEQUATE DISINFECTION - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>

## Engineering Section - IY 2012 NCGW Sanitary Survey Observations and Significant Deficiency/Violation Codes Guidance & Checklist

Category	Code	Description	Description Text	Severity	Guidance
Treatment	T116	GROUNDWATER TREATMENT (OTHER THAN CHLORINATION)	System could not demonstrate adequate operation of approved groundwater treatment processes which are being used for compliance with the CPDWR.	Significant Deficiency	<p>If groundwater treatment exists for compliance with CPDWR, other than chlorination, is it properly operated per design approval? This code targets treatment systems for MCL exceedances such as for nitrate, arsenic and selenium removal. Inspector should check to see if the disinfection treatment is being adequately operated (per the design approval if approved). Inspector should evaluate whether the treatment appears to be properly functioning. Can the system explain how it is operated and maintained?</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	T161	SECONDARY CONTAINMENT	Chemical storage exists without secondary containment or appropriate measures to mitigate risks to operators or finished water. DCPWS 7.13	Significant Deficiency	<p>This is a significant deficiency only if an accidental spill of treatment chemicals (e.g., sodium hypochlorite) has the potential to impact treated water or untreated source water (e.g., liquid chemical container located immediately next to the well head). If this is the case, then appropriate secondary containment must be present to protect the treated/raw water.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	T162	NON ANSI NSF MATERIALS OR AWWA STDS	Chemicals and materials in contact with the water must be ANSI-NSF Standard 60 or 61 certified, respectively. Liquid chemicals must be stored in appropriate containers that are chemically compatible. State of Colorado Design Criteria for Potable Water Systems (DCPWS), Sections 1.2.11, 7.13 and 7.20	Significant Deficiency	<p>Do treatment chemicals and materials meet ANSI-NSF 60 and 61 standards? Inspector should specifically check chlorination chemicals (e.g., regular chlorox bleach versus a generic brand) but all chemicals to ensure proper certification.</p> <p>In addition, the sodium hypochlorite solution must be stored in a container that is chemically compatible with the solution. This container does not have to be ANSI-NSF Standard 61 certified, which is for the storage of potable water. For sodium hypochlorite that is stored in inappropriate containers (e.g., rubbermaid trash cans), please cite the reason for the deficiency as not being chemically compatible. Do not state that the container does not meet the ANSI 61 standard.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	T901	CROSS CONNECTION	System has an uncontrolled cross-connection that can or may allow contamination to enter drinking water that will cause an immediate sanitary risk. This is an alleged violation of the CPDWR 12.1 (a)	Violation	<p>Cross-connections associated with treatment could include: inadequately gapped filter backwash waste lines, refill hoses that are submerged in the receiving vessel.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	D210	RAW WATER TAPS	System has customer service connections that serve untreated drinking water. This is an alleged violation of the CPDWR 13.2 (Groundwater).	Violation	<p>This code signifies that a service connection (tap) exists where there is no treatment process and raw water is being delivered directly to customers.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	D220	RAW WATER BYPASS	System has a bypass water line around the water treatment process from the raw water to the finished water. This is an alleged violation of the CPDWR 7.1 (SW) and 13.2 (GW).	Violation	<p>This code indicates the presence of piping and valving where treatment can be bypassed.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	D230	INADEQUATE DISINFECTION RESIDUALS	At the time of inspection, no disinfection residual was detected in the distribution system. This may be an alleged violation of CPDWR 7.1.2(c)3, 13.2(c)1.	Violation	<p>Every inspector should take at least one chlorine residual. Chlorine residual measuring less than 0.05 mg/L is a non detect.</p> <p>Please note: The system should take a chlorine residual at the same time the inspector does. Both results should be included in the Comments/Observations section of the sanitary survey letter.</p>

## Engineering Section - IY 2012 NCGW Sanitary Survey Observations and Significant Deficiency/Violation Codes Guidance & Checklist

Category	Code	Description	Description Text	Severity	Guidance
<b>Distribution</b>	D240	INADEQUATE PRESSURE LESS THAN 20 PSI	System does not maintain a minimum distribution pressure of 20 psi. DCPWS Appx I, 2.1	Significant Deficiency	<p>Every inspector should measure pressure in the distribution system if possible or at a minimum ask the system if they measure and record pressure or evaluate any pressure gages to ensure they are operational and check the pressure level. It is a significant deficiency, if the pressure gage(s) indicates a level less than 20 psi or if the measured level (with a gage) is less than 20 psi.</p> <p><b>INCLUDE PHOTOGRAPH(S) OF THE GAGE SHOWING A PRESSURE LESS THAN 20 PSI IF POSSIBLE</b></p> <p>PLEASE NOTE: <u>It is not a significant deficiency if the System does not have a pressure gage.</u> The inspector can include a recommendation in the sanitary survey letter that the System install pressure gage(s) as a means of monitoring pressure in their system. Alternatively, the inspector can recommend that the system purchase a pressure gage and routinely measure and record the distribution pressure.</p>
	D300	NON ANSI NSF MATERIALS OR AWWA STDS	Distribution system components do not meet NSF/ANSI Standard 61 or AWWA material standards DCPWS 1.2.11	Significant Deficiency	<p>Ask the system if they are aware if their distribution lines and any other materials in the distribution system meet NSF/ANSI Standard 61. System should be aware of the need to conform to materials standards and understand the risk of not adhering to these standards.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	D901	CROSS CONNECTION	System has an uncontrolled cross-connection that can or may allow contamination to enter drinking water that will cause an immediate sanitary risk. This is an alleged violation of the CPDWR 12.1 (a)	Violation	<p>Inspectors should check for cross connections concerning water served to any out buildings connected to the system, as well as, all yard hydrants and outdoor spigots where garden hoses are connected and submerged in a receiving vessel. Inspectors should be checking air gaps on waste lines. Inspectors should check irrigation systems to ensure no uncontrolled cross-connections exist.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	D902	INADEQUATE BACKFLOW ASSEMBLY TESTING	Backflow prevention assemblies on uncontrolled hazardous cross-connections are not tested and maintained annually. This is an alleged violation of the CPDWR 12.1(b)(4),(c).	Violation	<p>Systems with testable backflow prevention assemblies are required to have them tested annually by a certified cross-connection technician. Understanding that hazardous cross connections are the key items to be inspected annually has to be communicated to the system. A list of certified testers by geographic region is available on the "Backflow Prevention Education Council of Colorado" web site at: <a href="http://www.bpecc.org/">http://www.bpecc.org/</a></p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	F310	STORAGE CONDITION	The condition of the storage structure may allow potential sources of contamination to enter the tank. DCPWS Appx I, 1.0.9	Significant Deficiency	<p>Any holes, gaps, open seams or other damage that can cause entry of animals, debris or other contamination is a Significant Deficiency.</p> <p>Inspectors must take photographs of any storage tank condition issues.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>
	F317	AIR VENT OPENING	Air vents are not turned down or covered to prevent entrance of rainwater or contaminants. DCPWS Appx I, 1.0.8	Significant Deficiency	<p>This is significant because it is a direct opening into the storage tank from above - bird waste, etc.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b></p>

## Engineering Section - IY 2012 NCGW Sanitary Survey Observations and Significant Deficiency/Violation Codes Guidance & Checklist

Category	Code	Description	Description Text	Severity	Guidance
<b>Finished Water Storage</b>	F333	NON ANSI NSF MATERIALS OR AWWA STDS	Interior surface coatings and materials in contact with drinking water must be ANSI-NSF Standard 61 certified. DCPWS 1.2.11	Significant Deficiency	<p>This has to do with the interior epoxy coating and any other materials that are in contact with the stored drinking water. The inspector should first ask whether the system has coated or recoated the interior of the tank. If they have, the inspector should ask whether the system used an ANSI Standard 61 certified coating. If they did, the system should provide documentation of the certification. If they did not, it is a significant deficiency. If they do not know, the significant deficiency can state that they need to investigate what type of coating was used and provide specification documentation as evidence of the deficiency resolution.</p> <p>A second question that the inspector should ask is whether the tank is ANSI Standard 61 certified. Although unlikely, it is a significant deficiency if the system indicates that the tank(s) is not ANSI Standard 61 certified. If it is readily obvious to the inspector that the tank is not certified, it is a significant deficiency. Some examples of obvious tanks that are not certified are re-used tanks that can include: petroleum, gasoline, frac or chemical (just to provide a few examples).</p> <p>The majority of the time, the system does not know whether their tank(s) are ANSI Standard 61 certified. If they do not, the inspector can include a recommendation that the system investigate the tank to determine whether it is ANSI Standard 61 certified.</p> <p><b>PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER</b> (at a minimum, take a photograph of the tank as a whole)</p> <p>PLEASE NOTE: The WQCD Engineering Section started approving water system storage tanks January 1, 2010. If the system installed a tank after this date, you should ask them if it was approved. If it was then it should meet ANSI 61 standards (evaluated as part of the design review). If the tank was not approved (and installed on or after January 1, 2010), the system must demonstrate that the tank specifications meet ANSI standards. In the latter case, the system incurs a R540 violation (modified water system without design approval). For storage tanks that pre-date January 1, 2010, the inspector should ask whether the tank meets ANSI 61 standards. If the system does not know, the inspector can include a recommendation that the system investigate whether the tank (interior coating) is ANSI Standard 61 certified.</p>

Identified Issue?	Code	Category	Description	Severity
	S030	Source	Well or spring source does not provide adequate protection of source water. Colorado Design Criteria for Potable Water Systems (DCPWS), Section 2.1  [INSERT SPECIFIC COMMENTS HERE]	S
	S031	Source	System has located a well (or spring) in a location that causes it to be impacted by contamination. Colorado Design Criteria for Potable Water Systems (DCPWS), Sections 2.1.2, 2.1.4 and 2.1.9	S
	T112	Treatment	No disinfection equipment present, equipment not operating, or inadequate disinfection or methods. This is a violation of the CPDWR, Section 13.2 (Ground Water).	V
	T116	Treatment	System could not demonstrate adequate operation of approved groundwater treatment processes which are being used for compliance with the CPDWR.	S
	T161	Treatment	Chemical storage existed without secondary containment or appropriate measures to mitigate risks to operators or finished water. Colorado Design Criteria for Potable Water Systems (DCPWS), Sections 7.13	S
	T162	Treatment	Chemicals and materials in contact with the water must be ANSI-NSF Standard 60 or 61 certified, respectively. Liquid chemicals must be stored in appropriate containers that are chemically compatible. Colorado Design Criteria for Potable Water Systems (DCPWS), Sections 1.2.11, 7.13 and 7.20	S
	F310	Treatment	The condition of the storage structure may allow potential sources of contamination to enter the tank. Colorado Design Criteria for Potable Water Systems (DCPWS), Appendix I, Section 1.0.9	S
	T901	Treatment	System had an uncontrolled cross-connection that can or may allow contamination to enter drinking water that will cause an immediate sanitary risk. This is a violation of the CPDWR, Section 12.1 (a).	V
	D210	Distribution	System had customer service connections that serve untreated drinking water. This is a violation of the CPDWR, Section 13.2 (Ground Water).	V
	D220	Distribution	System had a bypass water line around the water treatment process from the raw water to the finished water. This is a violation of the CPDWR, Section 13.2 (Ground Water).	V
	D230	Distribution	At the time of the sanitary survey, no disinfection residual was detected in the distribution system. This may be a violation of the CPDWR, Sections 7.1.2(c)3 and 13.2(c)1.	V

Identified Issue	Code	Category	Description	Severity
	D240	Distribution	System did not maintain a minimum distribution pressure of 20 psi. Colorado Design Criteria for Potable Water Systems (DCPWS), Appendix I, Section 2.1	S
	D300	Distribution	Distribution system components do not meet NSF/ANSI Standard 61 or AWWA material standards. Colorado Design Criteria for Potable Water Systems (DCPWS), Section 1.2.11	S
	D901	Distribution	System had an uncontrolled cross-connection that can or may allow contamination to enter drinking water that will cause an immediate sanitary risk. This is a violation of the CPDWR, Section 12.1 (a).	V
	F310	Finished Water Storage	The condition of the storage structure may allow potential sources of contamination to enter the tank. DCPWS Appx I, 1.0.9	S
	F317	Finished Water Storage	Air vents were not turned down or covered to prevent entrance of rainwater or contaminants. Colorado Design Criteria for Potable Water Systems (DCPWS), Appendix I, Section 1.0.8	S
	F333	Finished Water Storage	Interior surface coatings and materials in contact with drinking water must be ANSI-NSF Standard 61 certified. DCPWS 1.2.11	S
	M610	Management	Interior surface coatings and materials in contact with drinking water must be ANSI-NSF Standard 61 certified. Colorado Design Criteria for Potable Water Systems (DCPWS), Section 1.2.11	V
	D902	Management	Backflow prevention assemblies on uncontrolled hazardous cross-connections were not tested and maintained annually. This is a violation of the CPDWR, Sections 12.1(b)(4) and 12.1(c).	V
	R510	Monitoring, Reporting, and Data Verification	The System lacked a monitoring plan, the plan did not include the required content, the plan had not been updated for facility changes, or the plan had not been submitted. This is a violation of the CPDWR, Section 1.12.1.	V
	R525	Monitoring, Reporting, and Data Verification	System was not properly monitoring and recording residual disinfectant concentration. This is a violation of the CPDWR, Sections 7.1.4, 7.2.5, 7.3.5 and 13.2.	V
	R540	Monitoring, Reporting, and Data Verification	System had not received plans & specifications approval by the Division prior to construction of renovations to the water system, including the addition of new sources, modifications of treatment or addition of storage tanks. This is a violation of the CPDWR, Section 1.11.2(b).	V

Identified Issue	Code	Category	Description	Severity
	R520	Monitoring, Reporting, and Data Verification	System did not maintain records according to the minimum requirements. This is a violation of the CPDWR, Section 1.6.3.	V
	O710	Operator	The System did not have a certified operator. This is a violation of Regulation 100 and the CPDWR, Section 7.1.1.c. (Surface Water).	V



**Significant Deficiencies**

**Violations**

<b>Deficiency Number</b>	<b>Deficiency Code</b>	<b>Category</b>	<b>Description of Deficiency</b>	<b>Violation Number</b>	<b>Violation Code</b>	<b>Category</b>	<b>Description of Violation</b>
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**ATTACHMENT 4  
ENGINEERING SECTION CONTACT INFORMATION LIST**

<u>WQCD ENGINEERING SECTION CONTACT INFORMATION</u>				
<u>Jennifer Miller</u>		<b>Section Manager</b>	<b>303-692-3507</b>	<u>Denver Office</u>
<u>John Payne</u>	Insp Coordinator		303-692-3532	
<u>Christopher Etcheson</u>	C GW Inspector		303-692-3551	
<u>Dan Romero</u>	San Survey Technician		303-692-3574	
<u>Nicole Noble</u>	Administrative Support	Primary Admin for Engineering Review Unit	303-692-3568	
<u>Tyson Ingels</u>		<b>DW Lead Engineer</b>	<b>303-692-3002</b>	<u>Denver Office</u>
<u>Cathy Heald</u>	NC GW Program Coordinator		303-692-3613	
<u>Thomas Valenta</u>	NC GW Inspector		303-692-2988	
<u>David Kurz</u>		<b>WW Lead Engineer</b>	<b>303-692-3552</b>	<u>Denver Office</u>
<u>Barbara Dallemand</u>	OWS/ISDS Coordinator		303-692-2366	
<u>Engineering Review Unit, Unit Manager: Bret Icenogle</u>			<b>303-692-3278</b>	
<u>Kelly Jacques</u>	Senior Review Engineer		303-692-3588	<u>Engineering Review Unit Address/Mailing Information</u>
<u>Doug Camrud</u>	Senior Review Engineer		303-692-3271	
<u>Paul Kim</u>	Senior Review Engineer		303-692-3279	
<u>Amy Zimmerman</u>	Senior Review Engineer		303-692-3545	
<u>Melanie Criswell</u>	Senior Review Engineer		303-692-3603	
<u>Dave Knope (Pueblo)</u>	Senior Review Engineer		719-545-4650 x 113	
<u>Andrew Rice (Buena Vista)</u>	Senior Review Engineer		719-395-1790	<u>Buena Vista Office</u>
<u>Andy Poirot (Steamboat)</u>	Senior Review Engineer		970-879-7479	<u>Steamboat Springs Office</u>
Vacant	Senior Review Engineer			
Vacant	Senior Review Engineer			
<u>Denver Field Engineering Unit, Unit Manager: Bret Icenogle</u>			<b>303-692-3278</b>	
<u>Paul Kosik</u>	Staff Field Engineer		303-692-3327	<u>Denver Field Engineering Office Address/Mailing Information</u>
<u>Jon Erickson</u>	Senior Field Engineer		303-692-3593	
<u>Jorge Delgado</u>	Staff Field Engineer		303-692-3511	
Vacant	Staff Field Engineer			
<u>Gary Halbersleben</u>	Eng/PhySci Tech		303-692-3561	
<u>Cameron Wilkins</u>	Staff Field Engineer		303-691-4018	
<u>Anne Marie Goolsby</u>	Administrative Support		303-692-3650	
<u>Southern Field Engineering Unit, Unit Manager: Heather Drissel</u>			<b>719-545-4650 x 103</b>	
<u>Joseph Talbott</u>	Senior Field Engineer		719-545-4650 x 101	<u>Southern Field Engineering Office/Mailing Information</u>
<u>Clayton Moores</u>	Staff Field Engineer		719-545-4650 x 105	
<u>Monique Morey</u>	Staff Field Engineer		719-545-4650 x 110	
<u>Carol Keever</u>	Administrative Support		719-545-4650 x 100	
<u>Western Field Engineering Unit, Unit Manager: Tom Schaffer</u>			<b>970-248-7152</b>	
Vacant	Senior Field Engineer			<u>Western Field Engineering Office/Mailing Information</u>
<u>Christine Lukasik</u>	Associate Field Engineer		970-248-7156	
<u>Rob Cribbs</u>	Environmental Protection Specialist	Swimming Pools Contact	970-248-7199	
<u>Casey Kay</u>	Physical Science Technician		970-248-7154	
<u>Michelle Thiebaud</u>	Administrative Support		970-248-7150	
<i>For an Adobe Copy of the Engineering Contacts Map</i>			<a href="#">click here</a>	
				REVISED 120221



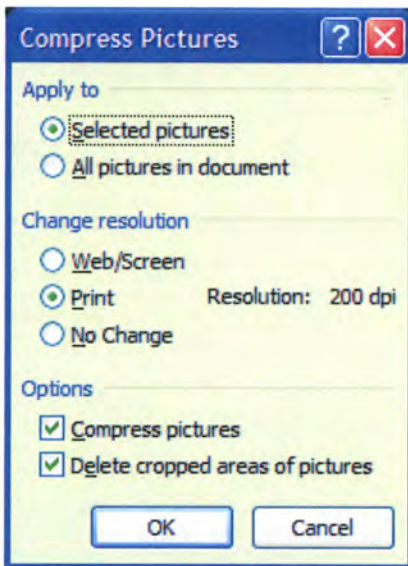
**ATTACHMENT 5**  
**COMPRESSING PHOTOGRAPHS IN WORD GUIDANCE**

## Compressing Photographs in Word

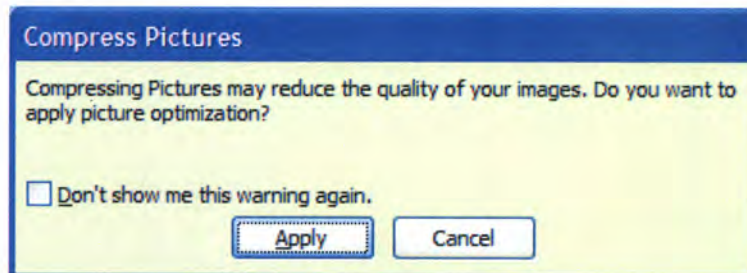
Sanitary survey letters that include photographs may cause problems when e-mailing the letter due to large file sizes. In addition, the PDF of such letters are slow to open. To get around these issues, you can minimize the file size by compressing the photos in your letter. This should be done before they are converted to PDF for the final e-mail submittal.

To Compress Photographs in Word

1. Click on any photo in your letter
2. A 'Picture Tools' toolbar will appear at the top of the window.
3. At the far left of the Picture Tools toolbar is an Adjust toolbox.
4. Click on the Compress Pictures option and the box below with the selected default values will pop up.



5. Click on 'All pictures in document' and hit enter. The following dialog box will pop up.



6. Click Apply.
7. The photographs are compressed and the file size is reduced.

**ATTACHMENT 6  
SANITARY SURVEY LETTER TEMPLATE**

[INSERT COUNTY LETTERHEAD HERE]

[DATE LETTER IS ISSUED]

[PUBLIC WATER SYSTEM CONTACT PERSON]

[PWS NAME]

[PWS ADDRESS]

[CITY], CO [ZIP]

Subject: Sanitary Survey of [PWSNAME]  
Public Water System Identification (PWSID) No. [PWSID]  
[COUNTY NAME] County

Dear [MR. OR MS. PWS CONTACT PERSON]:

This letter serves to report the findings of the sanitary survey conducted by the [COUNTY HEALTH AGENCY NAME] on behalf of the Engineering Section of the Colorado Department of Public Health Department's Water Quality Control Division ("the Division") at [Name of PWS] ("the System") on [DATE OF SANITARY SURVEY]. The assistance that was provided was very helpful and is greatly appreciated. Table 1 identifies the parties present during the sanitary survey.

**Table 1: Parties Present**

Name	Organization
[System Representative]	[PWSName]
[Inspector]	[LHDName]

The findings below have been identified as significant deficiencies and/or alleged violations of the Colorado Primary Drinking Water Regulations (CPDWR). In some cases, the inspector refers to the Colorado Design Criteria for Public Water Systems (CDPWS).

**Significant Deficiencies**

[INSERT SIGNIFICANT DEFICIENCY LIST FROM EXCEL SUMMARY TABLE FILE HERE. IF NONE WERE FOUND, PLEASE STATE THAT 'NO SIGNIFICANT DEFICIENCIES WERE IDENTIFIED DURING THE SANITARY SURVEY'.]

**Violations of the CPDWR**

[INSERT VIOLATIONS FROM EXCEL SUMMARY TABLE FILE HERE. IF NONE WERE FOUND, PLEASE STATE THAT 'NO VIOLATIONS WERE IDENTIFIED DURING THE SANITARY SURVEY'.]

This letter is the System's notification that the significant deficiencies and/or violations of the CPDWR listed above were identified during the sanitary survey. The System must contact the inspector either by phone or email to discuss the findings and the appropriate corrective actions and schedule for implementing those actions by <<PLUS30DAYS>>. In addition, the System must provide a written response addressing these findings by <<PLUS45DAYS>>. This response must outline the course of actions that has or will be taken and the date by which the System proposes to correct the significant deficiencies and/or violations. **The System must correct all significant deficiencies and/or violations by <<PLUS120DAYS>>.**

A significant deficiency or violation of the CPDWR represents an unacceptable risk or a potential risk to health or the safe delivery of drinking water. Failure to provide a written response to significant deficiencies or violations within 45 days is a violation of the CPDWR Article 11.4 (c). *[Delete the previous two paragraphs if there are no significant deficiencies or violations of the CPDWR.]*



**Other Observations//Comments**

The following observations, compliance assistance, and comments will enable your system to better conform to the requirements of applicable design criteria or other industry standards:

**[INCLUDE ANY RECOMMENDATIONS, COMPLIANCE ASSISTANCE, COMMENTS, OBSERVATIONS, THAT YOU MAY ELECT TO OFFER]**

**Reminders**

- Article 1.11.2 (Prior Approval Required) requires the Department's approval prior to commencement of construction of any improvements, treatment process modifications, or the addition of new water sources.
- Most regulations, guidance documents, and forms are available via Internet on the Department's website. Please link to [www.cdphe.state.co.us/wq](http://www.cdphe.state.co.us/wq) for further information. You can link directly to the Engineering Section's webpages at <http://www.cdphe.state.co.us/wq/engineering/techhom.html> and to the Drinking Water Program webpages at <http://www.cdphe.state.co.us/wq/drinkingwater/index.html>

Attached is a form that the System may use to document the required written response to this letter. While using this form is optional, it will fulfill the requirement to provide a written response if completed and submitted to me by the written response due date of <<SAME PLUS 45DAYS DATE FROM ABOVE>>. For any significant deficiency and/or violation correction(s) that have been corrected within the 45-day timeframe and documented in the response form, please include photographs, documents or other material that that will function as proof that the deficiency has been resolved.

If you have any questions, please contact me by phone at <<INSPHONE>> or via e-mail at <<INSEMAIL>>. Thank you for your time and cooperation.

Sincerely,

[INSPECTOR NAME]  
[TITLE]  
[COUNTY HEALTH AGENCY NAME]

- cc: Drinking Water File, PWSID# CO-[PWS #]  
Cathy Heald, CDPHE-WQCD NCGW System Inspection Coordinator  
(Hard copy only required if you can't email a complete signed sanitary survey report to Cathy. If you can email a copy, do not list Cathy for a cc:)  
**[PWS CERTIFIED OPERATOR OR OTHER ENTITY]**  
(optional to list the certified operator or other entity)
- cc: Cathy Heald, CDPHE-WQCD NCGW System Inspection Coordinator, [catherine.heald@state.co.us](mailto:catherine.heald@state.co.us)  
Name of County Senior Review Engineer, Senior Review Engineer, CDPHE-WQCD-Engineering Section  
**[Include county review engineer only if design review issues or R540 violation exists.]**  
Jackie Whelan, CDPHE-WQCD Operator Certification Program, [jackie.whelan@state.co.us](mailto:jackie.whelan@state.co.us)  
**[Include Ms. Whelan only if operator issues exist (O710).]**

[PWS CONTACT NAME]  
[PWSNAME]

[DATE OF LETTER]  
Page 3 of 3

**Attachments**

(for any **photographs – mandatory for significant deficiencies/violations** when it is possible to take a photograph, e.g., all physical structures versus written plans/records)

**ATTACHMENT 7  
SANITARY SURVEY FORMS  
(PARTS I, Ia, II)**



# Non-Community Ground Water Sanitary Survey Report – Part I

<b>System Name:</b>	<b>PWSID Number:</b>	<b>Date:</b>
---------------------	----------------------	--------------

**SOURCE WATER: WELLS/SPRINGS – Complete Separate Sheet for Each Well/Spring – Write N/A if Not Applicable**

<b>Source ID:</b>			<b>Source Name:</b>	
CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030, S031 & S012)
S030	Source Construction			
S031	Source Location			
S012	<i>GWUDI Potential</i>			

**TREATMENT – Complete Separate Sheet for Each Treatment System – Write N/A if Not Applicable**

<b>Facility ID:</b>				<b>Facility Name:</b>			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
T112	Disinfection Equipment Methods			T162	Non ANSI/NSF Materials or AWWA Standards		
T116	Groundwater Treatment (other than chlorination)			T901	Cross Connection		
T161	Secondary Containment			R525	Entry Point Cl <sub>2</sub> Reading		

**DISTRIBUTION – Write N/A if Not Applicable**

<b>Facility ID:</b>				<b>Facility Name:</b>			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
D210	Untreated Water Customer Service Connection (Tap)			D901	Cross Connection		
D220	Raw Water Bypass			D902	Inadequate Backflow Assembly Testing		
D230	Inadequate Disinfection Residuals						
D240	Inadequate Pressure Less than 20 PSI						
D300	Non ANSI/NSF Materials or AWWA Standards						

CODE	COMMENTS (more space for comments on Part Ia)





**ATTACHMENT 8  
EXAMPLE COPY OF A COMPLETE  
SANITARY SURVEY REPORT**



**Montrose County**  
**Health & Human Services**  
 1845 S. Townsend  
 Montrose, CO 81401

August 18, 2011

Mr. Mark Schumacher  
 Three Rivers Resort  
 P.O. Box 339  
 Almont, CO 81210

Subject: Sanitary Survey of Three Rivers Resort  
 Public Water System Identification (PWSID) No. CO0226742  
 Gunnison County

Dear Mr. Schumacher:

This letter serves to report the results of the sanitary survey conducted by the Montrose County Health and Human Services Department on behalf of the Engineering Section of the Colorado Department of Public Health Department's Water Quality Control Division ("the Division") at Three Rivers Resort ("the System") on July 20, 2011. The assistance that you, Jack Dietrich and Nick Mirolli provided was very helpful and is greatly appreciated.

**Parties Present**

Name	Organization
Mark Schumacher	Three Rivers Resort Owner
Jack Dietrich	Three Rivers Resort Designated Operator in Responsible Charge
Nick Mirolli	Three Rivers Resort Operator
Danace Arthur	Montrose County Inspector
Kathryn Schrinier	Montrose County Inspector
Catherine Heald	CDPHE, WQCD

The findings below have been identified as significant deficiencies and/or alleged violations of the Colorado Primary Drinking Water Regulations (CPDWR). In some cases, the inspector refers to the Colorado Design Criteria for Public Water Systems (CDPWS). The system consists of five wells, a separate chlorination system for each well and the associated distribution systems.

**Significant Deficiencies and/or Violations of the CPDWR**

The following items are significant deficiencies or violations that require immediate attention:

Deficiency Number	Deficiency Code	Category	Description of Deficiency/Observation
1	S030	Source	Well (or Spring) does not provide adequate protection of source water. DCPWS 2.1
		Well 002	At the time of the sanitary survey, the inspector observed the following conditions at the well head for Well 002:



		Well 003	<ul style="list-style-type: none"> <li>• The spilt cap showed signs of deterioration and it did not appear that the cap was gasketed</li> <li>• a piece of the split cap was missing around the edge of the cap (possibly due to deterioration)</li> <li>• electrical inlet was gapped where it was connected to the well head. The System packed this gap with steel wool.</li> <li>• The water outlet pipe was gapped where it was connected to the well head.</li> </ul> <p>The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated. <b>See Attachment # 1</b></p> <p>At the time of the sanitary survey, the inspector observed that the electrical conduit box for Well 003 had small pre-drilled openings that could potentially allow the entry of contaminants. <b>See attachment # 2</b></p> <p>The System should investigate whether these openings could potentially allow contaminants to enter the source water. If this is the case, these openings shall be screened or somehow eliminated.</p>
		Well 005	<p>At the time of the sanitary survey, the inspector observed that the conduit box on the well head for Well 005 was disconnected and thus created an opening. This well head had a metal rod that extended into the well head. There was a gap where the rod penetrated into the well head, which was stuffed with steel wool at the time of the sanitary survey. This opening and gap provides a possible entry of contaminants.</p> <p>The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated. <b>See Attachments # 3, # 4 and # 5.</b></p>
2	T162	Treatment	Chemicals and materials in contact with the water must be ANSI-NSF Standard 60 or 61 certified, respectively. DCPWS 1.2.11, 7.20
		Well 003	At the time of the sanitary survey, the inspector observed that the System was using a generic brand of bleach as a disinfectant. However, the inspector observed that they also had a supply of regular Clorox bleach in the plant. The System removed the generic bleach from the treatment plant and indicated that for future use they would use Clorox bleach only. This violation was immediately corrected and no further action is required from the System.
3	D901	Distribution	System has an uncontrolled cross-connection that can or may allow contamination to enter drinking water that will cause an immediate sanitary risk. This is a violation of the CPDWR 12.1 (a)
		Well 001	The distribution system for Well 001 supplies a restaurant. At the time of sanitary survey, the inspector observed that the drain line from the ice machine extended down into a pipe in the floor with no air gap. The System shall address this issue to protect from potential back siphonage into the ice machine ice bin.

		Well 002	<p>At the time of the sanitary survey, the inspector observed a cross-connection at an outdoor spigot located on the well house for Well 002. This spigot was hard piped underground for irrigation and did not contain a backflow prevention device.</p> <p>The System should check with their local plumbing code on what type of backflow prevention device is needed for this irrigation line. If Gunnison County does not implement their own code, the State of Colorado Plumbing Code (which adopted the International Plumbing Code, current version is 2009) permits an atmospheric vacuum breaker for this type of irrigation system. Atmospheric vacuum breakers are not required to be annually tested.</p>
4	R510	Monitoring, Reporting, and Data Verification	<p>The System lacks a monitoring plan, the plan does not include the required content, the plan has not been updated for facility changes, or the plan has not been submitted. This is a violation of CPDWR 1.12.1.</p> <p>At the time of inspection, the inspector reviewed the System's monitoring plan. The monitoring plan did not contain all the required elements as defined by the CPDWR regulations. The System shall update their monitoring plan to include all the required elements. The division recommends that the System utilize the division monitoring plan template, available at:  <a href="http://www.cdphe.state.co.us/wq/drinkingwater/WordDocs/TransNonCommGroundwaterSys.doc">http://www.cdphe.state.co.us/wq/drinkingwater/WordDocs/TransNonCommGroundwaterSys.doc</a></p> <p>Upon completing the update of the plan, please submit a copy to the inspector.</p>

This letter is the System's notification that the significant deficiencies and/or violations of the CPDWR listed above were identified during the sanitary survey. The System must contact the inspector either by phone or email to discuss the findings and the appropriate corrective actions and schedule for implementing those actions by September 17, 2011. In addition, the System must provide a written response addressing these findings by **October 02, 2011**. This response must outline the course of actions that has or will be taken and the date by which the System proposes to correct the significant deficiencies and/or violations. The System must correct all significant deficiencies and/or violations by **December 16, 2011**.

A significant deficiency or violation of the CPDWR represents an unacceptable risk or a potential risk to health or the safe delivery of drinking water. Failure to provide a written response to significant deficiencies or violations within 45 days is a violation of the CPDWR Article 11.4 (c).

**Other Observations//Comments**

The following observations, compliance assistance, and comments will enable your system to better conform to the requirements of applicable design criteria or other industry standards:

- Three Rivers Resort consists of five separate water/distribution systems:
  - Well 001: Permit 11484F, is 30 ft deep and static depth is 9 ft. Distribution supplies the Dance Hall, the Store Cabins 7-11, 13, 31-39, 44 and 49. Pressure at the treatment plant was 41 psi.

- Well 002: Permit 9181F, is 33 ft deep and static depth is 18 ft. Distribution supplies Cabins 1, 3-5, 57-67 and 115. Pressure at the treatment facility was 32 psi.
  - Well 003: Permit 53154, is 59 ft deep and static depth is 36 ft. Distribution supplies Cabins 6, 14, and 17-21. Pressure at the treatment facility was 45 psi.
  - Well 004: Permit 5143F, is 79 ft deep and static depth is 57 ft. Distribution supplies the mobile home park. Pressure at the treatment facility was 62 psi.
  - Well 005: Permit 035302F, is 57 ft deep and static depth is 31 ft. Distribution supplies Cabins 23-30. Pressure at the treatment facility was 45 psi.
- Well 001: Rubber gasket between cap and casing was not visible. System used a pocket knife to verify that the rubber gasket between the cap and casing was present. The treatment facility had a 500 gal. galvanized steel storage tank for treated water that will be added to the inventory.
  - Well 002: Treatment facility had a 315 gal ANSI/NSF 61 certified storage tank for treated water that will be added to the inventory.
  - Well 003: Located approximately 25 feet from the Taylor River and has a static water depth of 36 feet. The Division will evaluate this source well for potential surface water influence and will follow up with the System under separate cover. **See Attachment # 7** The treatment facility had a 400 gal storage tank for treated water that will be added to the inventory.
  - Well 004: It is recommended that the system closely monitor the corrosion and cracks for further deterioration at the well head. **See Attachment # 6** This is an old original vault well that has been extended above ground and appears solid. System stated the gasket is ok. The treatment facility had two Team Amitrol 315 gal storage tanks in a manifold configuration for treated water that will be added to the inventory.
  - Well 005: Located near a parking lot area and thus is susceptible to accidental vehicle damage. At the time of the sanitary survey, the well head was partially protected on two sides. The system indicated that they would add large boulders to the unprotected side to protect the well. The treatment facility had a 400 gal galvanized storage tank for treated water that will be added to the inventory.
  - The system has no testable backflow devices.
  - Chlorine residual sampling at each well's entry point was conducted at the time of inspection. Chlorine Test Kit used by the System is DR 100 Colorimeter and the inspector used a HACH Test Kit.

	EP Well #1	EP Well #2	EP Well #3	EP Well #4	EP Well #5
System	0.40 mg/l	0.38 mg/l	0.325 mg/l	0.375 mg/l	0.385 mg/l
Inspector	0.33 mg/l	0.42 mg/l	0.36 mg/l	0.35 mg/l	0.39 mg/l

- Designated operator, Jack Dietrich, has certifications for water treatment #1503 and distribution system # 1638, both with an expiration date of April 26, 2013.

Mr. Mark Schumacher  
Three Rivers Resort  
August 18, 2011  
Page 5

- Please contact Lori-Billeisen Moore at 303.692.3510 or via email to [lori.moore@state.co.us](mailto:lori.moore@state.co.us) for information on how to become a certified water operator.
- It is recommended that the System develop a written cross connection control program. In order to aid in the development of a written program, the Division's website has available a publication entitled 'Sample Cross Connection Control Program for Small Systems'.  
[http://www.cdphe.state.co.us/wq/drinkingwater/pdf/cross\\_connection\\_control.pdf](http://www.cdphe.state.co.us/wq/drinkingwater/pdf/cross_connection_control.pdf).
- The System should keep all hoses disconnected from spigots/yard hydrants unless in use. Alternatively, the System can install vacuum hose breakers on all spigots/hydrants for a more robust measure. It is also recommended that the system routinely check the outdoor spigots located at mobile homes for potential cross-connections (e.g., connected hose submerged into a bucket of dirty water).

#### **Reminders**

- Article 1.11.2 (Prior Approval Required) requires the Department's approval prior to commencement of construction of any improvements, treatment process modifications, or the addition of new water sources.
- Most regulations, guidance documents, and forms are available via Internet on the Department's website. Please link to [www.cdphe.state.co.us/wq](http://www.cdphe.state.co.us/wq) for further information. You can link directly to the Engineering Section's webpages at <http://www.cdphe.state.co.us/wq/engineering/techhom.html> and to the Drinking Water Program webpages at <http://www.cdphe.state.co.us/wq/drinkingwater/index.html>

Attached is a form that the System may use to document the required written response to this letter. While using this form is optional, it will fulfill the requirement to provide a written response if completed and submitted to me by the written response due date of **October 02, 2011**.

If you have any questions, please contact me by phone at 970.252.5040 or via e-mail at [kschriner@montrosecounty.net](mailto:kschriner@montrosecounty.net). Thank you for your time and cooperation.

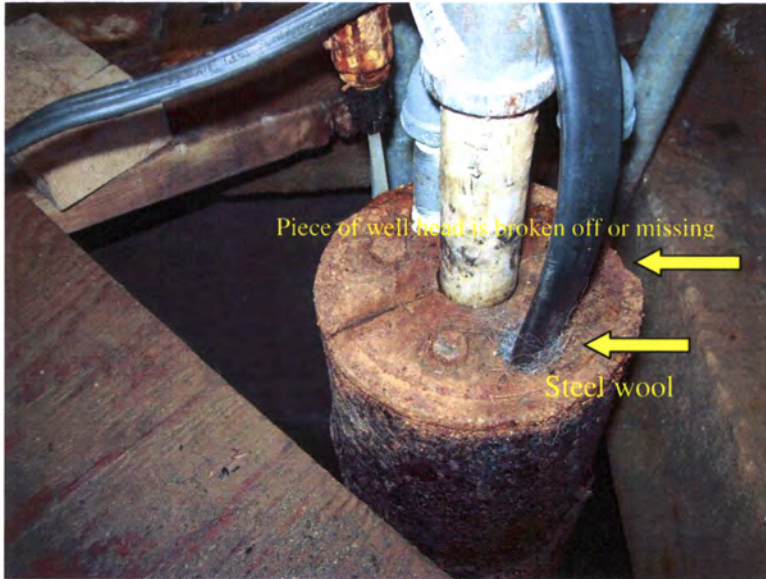
Sincerely,



Kathryn Schrinier  
Environmental Health Specialist  
Montrose County Health and Human Services

cc: Drinking Water File, PWSID# CO-0226742

ec: Jack Dietrich, Three Rivers Resort Designated Operator, [jackdietrich@crestedbutte.net](mailto:jackdietrich@crestedbutte.net)  
Nick Mirolli, Three Rivers Resort Operator, [mirolli74@hotmail.com](mailto:mirolli74@hotmail.com)  
Cathy Heald, CDPHE-WQCD NCGW System Inspection Coordinator, [catherine.heald@state.co.us](mailto:catherine.heald@state.co.us)  
Jocelyn Mullen, CDPHE- WQCD District County Engineer, [jocelynmullen@state.co.us](mailto:jocelynmullen@state.co.us)  
Lori Billeisen-Moore, CDPHE-WQCD Operator Certification Program, [luretta.billeisen@state.co.us](mailto:luretta.billeisen@state.co.us)  
Serenity Valdez, Compliance Specialist, CDPHE-WQCD, [serenity.valdez@state.co.us](mailto:serenity.valdez@state.co.us)



Attachment # 1 - Well 002: Steel wool used to fill gap around the electrical inlet and an opening around the water outlet pipe. A piece of the well cap was missing around the edge of the cap.



Attachment # 2 - Well 003: Small pre-drilled holes in the electrical conduit box.

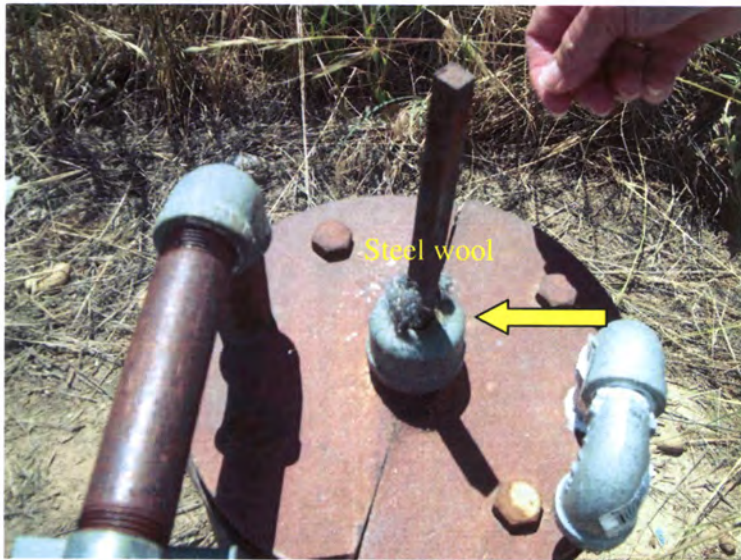


Electric box is detached and provides an opening

Attachment # 3 - Well 005: Conduit box is detached and provides an opening for potential contaminants.



Attachment # 4 - Well 005: Electrical conduit box is detached.



Attachment # 5 - Well 005: Square rod in well head with steel wool to fill an existing gap.



Attachment # 6 - Well 004: Due to the extent of the corrosion/deterioration the system should closely monitor this well head.



Attachment # 7 - Well 003: Approximately 25 feet from the Taylor River and has a static water depth of 36 feet



Colorado Department of Public Health and Environment  
 Water Quality Control Division  
 4300 Cherry Creek Drive South, B2  
 Denver, Colorado 80246-1530  
 Phone: 303-692-3500 Fax: 303-692-039

Safe Drinking Water Program  
 Engineering Section

Montrose County Health & Human Services  
 1845 S Townsend Avenue  
 Montrose, Colorado 81401  
 Phone: 970-252-5000 Fax: 970-252-5060

### Sanitary Survey Response Form

In accordance with Article 11.4.c of the *Colorado Primary Drinking Water Regulations (CPDWR)*, "within 45 days of receiving notice of significant deficiencies or violations, the system must submit a written response to the Department indicating the corrective action the system will take to address the significant deficiencies or violation, and include a proposed schedule for completing those actions. The Department will review this response. If approved, this response shall constitute a Department approved corrective action plan..."

Please note that this form is intended to help a public water system submit information required in Article 11 of the CPDWR. Use of the form is **not required**. Please provide documentation of any corrective actions taken (e.g., monitoring plan submitted on 1/1/2011, mesh screen fixed photo is attached).

System and Sanitary Survey Information	
System Name	Three Rivers Resort
PWSID	CO-0226742
Date of Sanitary Survey Letter	August 18, 2011
Inspector Name	Kathryn Schriener

Brief description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?
<p>S030  <i>Well (or Spring) does not provide adequate protection of source water. DCPWS 2.1</i></p> <p><b>Well # 002</b></p> <p>At the time of the sanitary survey, the inspector observed the following conditions at the well head for Well 002:</p> <ul style="list-style-type: none"> <li>The spilt cap showed signs of deterioration and it did not appear that the cap was gasketed</li> <li>a piece of the split cap was missing around the edge of the cap (possibly due to deterioration)</li> <li>electrical inlet was gapped where it was connected to the well head. The System packed this gap with steel wool.</li> <li>The water outlet pipe was gapped where it</li> </ul>			

Brief description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?
<p>was connected to the well head.</p> <p>The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated.</p> <p><b>Well # 003</b></p> <p>At the time of the sanitary survey, the inspector observed that the electrical conduit box for Well 003 had small pre-drilled openings that could potentially allow the entry of contaminants</p> <p>The System should investigate whether these openings could potentially allow contaminants to enter the source water. If this is the case, these openings shall be screened or somehow eliminated.</p> <p><b>Well # 005</b></p> <p>At the time of the sanitary survey, the inspector observed that the conduit box on the well head for Well 005 was disconnected and thus created an opening. This well head had a metal rod that extended into the well head. There was a gap where the rod penetrated into the well head, which was stuffed with steel wool at the time of the sanitary survey. This opening and gap provides a possible entry of contaminants.</p> <p>The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated.</p>			

Brief description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?
<p><b>D901</b>  <i>System has an uncontrolled cross-connection that can or may allow contamination to enter drinking water that will cause an immediate sanitary risk. This is a violation of the CPDWR 12.1 (a)</i></p> <p><b>Well # 001</b></p> <p>The distribution system for Well 001 supplies a restaurant. At the time of sanitary survey, the inspector observed that the drain line from the ice machine extended down into a pipe in the floor with no air gap. The System shall address this issue to protect from potential back siphonage into the ice machine ice bin.</p> <p><b>Well # 002</b></p> <p>At the time of the sanitary survey, the inspector observed a cross-connection at an outdoor spigot located on the well house for Well 002. This spigot was hard piped underground for irrigation and did not contain a backflow prevention device.</p>			
<p><b>R510</b>  <i>The System lacks a monitoring plan, the plan does not include the required content, the plan has not been updated for facility changes, or the plan has not been submitted. This is a violation of CPDWR 1.12.1.</i></p> <p>At the time of inspection, the inspector reviewed the System's monitoring plan. The monitoring plan did not contain all the required elements as defined by the CPDWR regulations. The System shall update their monitoring plan to include all the required elements.</p>			





Colorado Department  
of Public Health  
and Environment

## Non-Community Ground Water Sanitary Survey Report – Part I

System Name: Three Rivers Resort			PWSID Number: CO 0226742		Date: 07/20/2011		
<b>SOURCE WATER: WELLS/SPRINGS – Complete Separate Sheet for Each Well/Spring – Write N/A if Not Applicable</b>							
Source ID: 001 (11484-F)			Source Name: Well No. 1 Store and upper RV				
CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030 & S031)			
S030	Source Construction	Yes	No				
S031	Source Location	Yes	No	raised above ground on concrete pad.			
<b>TREATMENT – Complete Separate Sheet for Each Treatment System – Write N/A if Not Applicable</b>							
Facility ID:				Facility Name:			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
T112	Disinfection Equipment Methods	Yes	No	T162	Non ANSI/NSF Materials or AWWA Standards	Yes	No
T116	Groundwater Treatment (other than chlorination)	N/A		T901	Cross Connection	Yes	No
T161	Secondary Containment	N/A					
<b>DISTRIBUTION – Write N/A if Not Applicable</b>							
Facility ID:				Facility Name:			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
D210	Untreated Water Customer Service Connection (Tap)	N/A		D901	Cross Connection	Yes	Yes
D220	Raw Water Bypass	Yes	No	D902	Inadequate Backflow Assembly Testing	N/A	
D230	Inadequate Disinfection Residuals	Yes	No				
D240	Inadequate Pressure Less than 20 PSI	Yes	No				
D300	Non ANSI/NSF Materials or AWWA Standards						
CODE	COMMENTS (more space for comments on Part Ia)						
	well depth 30 ft. static depth 9 ft permit 11484F						
S030	rubber gasket between cap & casing but not visible - felt with pocket knife (system)						
T112	Test kit system uses is DR 100 colorimeter, Inspector Haeh						
	EP cl = Insp 0.41 system 0.40 furthest point Drop 0.33 sup 0.40						
D240	Insp pressure gauge at treatment is 41 psi.						
<del>D901</del>	- see Ia						
D901							



Colorado Department of Public Health and Environment

# Non-Community Ground Water Sanitary Survey Report - Part I

System Name: Three Rivers Resort	PWSID Number: CO 0226742	Date: 07/20/2011
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**SOURCE WATER: WELLS/SPRINGS - Complete Separate Sheet for Each Well/Spring - Write N/A if Not Applicable**

Source ID: 002		Source Name: Lower RV (57-67) + (1-5)		
CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030 & S031)
S030	Source Construction	Yes	Yes	eroded and piece missing
S031	Source Location	Yes	No	

**TREATMENT - Complete Separate Sheet for Each Treatment System - Write N/A if Not Applicable**

Facility ID:				Facility Name:			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
T112	Disinfection Equipment Methods	Yes	No	T162	Non ANSI/NSF Materials or AWWA Standards	N/A	
T116	Groundwater Treatment (other than chlorination)	N/A		T901	Cross Connection	Yes	No.
T161	Secondary Containment	Yes	No		40 psi		

**DISTRIBUTION - Write N/A if Not Applicable**

Facility ID:				Facility Name:			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
D210	Untreated Water Customer Service Connection (Tap)	N/A		D901	Cross Connection	Yes	Dringator
D220	Raw Water Bypass	Yes	No	D902	Inadequate Backflow Assembly Testing		
D230	Inadequate Disinfection Residuals	Yes	No				
D240	Inadequate Pressure Less than 20 PSI	Yes	30psi				
D300	Non ANSI/NSF Materials or AWWA Standards		N/A				

CODE	COMMENTS (more space for comments on Part Ia)
	Permit 9181F depth 33 ft 18 ft. depth to water <sup>static</sup>
S030	1) well head has a piece missing 2) open at electrical inlet - steel wool. 3) opening around outlet pipe 4) gasket is questionable - possible deterioration
D230	Inspector 0.42 system 0.38.
D901	See Ia



# Non-Community Ground Water Sanitary Survey Report – Part I

System Name: Three Rivers Resort	PWSID Number: CO 0226742	Date: 07/20/2011
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**SOURCE WATER: WELLS/SPRINGS – Complete Separate Sheet for Each Well/Spring – Write N/A if Not Applicable**

Source ID: 003		Source Name: Well #3 Cabens 14-22		
CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030 & S031)
S030	Source Construction	Yes	Yes	electrical box / conduit openings
S031	Source Location	Yes	No	near river approx 25 ft

**TREATMENT – Complete Separate Sheet for Each Treatment System – Write N/A if Not Applicable**

Facility ID:		Facility Name:					
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
T112	Disinfection Equipment Methods	yes	No	T162	Non ANSI/NSF Materials or AWWA Standards	yes	yes
T116	Groundwater Treatment (other than chlorination)	N/A		T901	Cross Connection	yes	No
T161	Secondary Containment	Yes	No				

**DISTRIBUTION – Write N/A if Not Applicable**

Facility ID:		Facility Name:					
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
D210	Untreated Water Customer Service Connection (Tap)	N/A		D901	Cross Connection	yes	No
D220	Raw Water Bypass	N/A		D902	Inadequate Backflow Assembly Testing	N/A	
D230	Inadequate Disinfection Residuals	Yes	DNSP 0.36 Sup 0.305				
D240	Inadequate Pressure Less than 20 PSI	Yes	45psi				
D300	Non ANSI/NSF Materials or AWWA Standards	N/A					

CODE	COMMENTS (more space for comments on Part Ia)
	well permit 53154 depth 59 ft static 36 ft
S031	comment from CH on proximity to well - evaluated for influence under separate cover
S030	pump house has both irrigation system (pond) and drinking H <sub>2</sub> O
T162	- see ia forms



Colorado Department  
of Public Health  
and Environment

## Non-Community Ground Water Sanitary Survey Report – Part I

System Name: <b>Three Rivers Resort</b>		PWSID Number: <b>CO 0226742</b>		Date: <b>7/20/11</b>			
<b>SOURCE WATER: WELLS/SPRINGS – Complete Separate Sheet for Each Well/Spring – Write N/A if Not Applicable</b>							
Source ID: <b>004</b>			Source Name: <b>Mobile Home Park</b>				
CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030 & S031)			
S030	Source Construction	yes	NO				
S031	Source Location	yes	NO	<b>A</b>			
<b>TREATMENT – Complete Separate Sheet for Each Treatment System – Write N/A if Not Applicable</b>							
Facility ID:			Facility Name:				
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
T112	Disinfection Equipment Methods	yes	NO	T162	Non ANSI/NSF Materials or AWWA Standards	N/A	Handwritten note
T116	Groundwater Treatment (other than chlorination)	yes	NO	T901	Cross Connection	yes	NO
T161	Secondary Containment	yes	NO				
<b>DISTRIBUTION – Write N/A if Not Applicable</b>							
Facility ID:			Facility Name:				
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
D210	Untreated Water Customer Service Connection (Tap)	N/A		D901	Cross Connection	yes	Need vacuum breaks
D220	Raw Water Bypass	N/A		D902	Inadequate Backflow Assembly Testing	N/A	
D230	Inadequate Disinfection Residuals	yes	NO		underline plumbing		
D240	Inadequate Pressure Less than 20 PSI	yes	NO				
D300	Non ANSI/NSF Materials or AWWA Standards	N/A					
CODE	COMMENTS (more space for comments on Part Ia)						
	<p><b>5143 F depth 79ft static 57ft</b></p> <p><b>all original vaulted well head But has been extended above ground - appears solid</b></p> <p><b>Operator states gasket recommend monitor corrosion and cracks</b></p> <p><b>on well</b></p> <p><b>psi - 60 psi at treatment plant</b></p>						

**EP**  
 35 KS  
 375 OP





Colorado Department of Public Health and Environment

# Non-Community Ground Water Sanitary Survey Report - Part I

*split head casks*

System Name: <b>Three Rivers Resort</b>	PWSID Number: <b>00226742</b>	Date: <b>7/20/11</b>
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**SOURCE WATER: WELLS/SPRINGS - Complete Separate Sheet for Each Well/Spring - Write N/A if Not Applicable**

Source ID: <b>005</b>	Source Name: <b>Cabins 23-30</b>	Comments (for S030 & S031) <i>port is disconnected</i>	
CODE	ELEMENT	Verified?	Identified issue?
S030	Source Construction	<b>Yes</b>	<b>Yes</b> <i>Issues with opening</i>
S031	Source Location	<b>Yes</b>	<b>No</b>

**TREATMENT - Complete Separate Sheet for Each Treatment System - Write N/A if Not Applicable**

Facility ID:				Facility Name:			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
T112	Disinfection Equipment Methods	<b>Yes</b>	<b>No</b>	T162	Non ANSI/NSF Materials or AWWA Standards	<b>N/A</b>	
T116	Groundwater Treatment (other than chlorination)	<b>Yes</b>	<b>No</b>	T901	Cross Connection	<b>Yes</b>	<b>No</b>
T161	Secondary Containment	<b>No</b>	<b>No</b>				

**DISTRIBUTION - Write N/A if Not Applicable**

Facility ID:				Facility Name:			
CODE	ELEMENT	Verified?	Identified issue?	CODE	ELEMENT	Verified?	Identified issue?
D210	Untreated Water Customer Service Connection (Tap)	<b>R</b>	<b>No</b>	D901	Cross Connection	<b>Yes</b>	<b>No</b>
D220	Raw Water Bypass	<b>R</b>	<b>No</b>	D902	Inadequate Backflow Assembly Testing	<b>N/A</b>	
D230	Inadequate Disinfection Residuals	<b>Yes</b>	<b>K</b>				
D240	Inadequate Pressure Less than 20 PSI	<b>Yes</b>	<b>45 psi</b>				
D300	Non ANSI/NSF Materials or AWWA Standards	<b>N/A</b>					

CODE	COMMENTS (more space for comments on Part Ia)
	<i>035302 E depth 57ft static 31ft</i>
	<i>no vacuum/hose bib on all cabins</i>
	<i>EP - chlorine</i>
	<i>0.39 RS</i>
	<i>0.285 OP</i>

*2" above ground*









Colorado Department of Public Health and Environment

004

# Non-Community Ground Water Sanitary Survey Report - Part Ia

System Name: Three Rivers Resort PWSID Number: 600226742 Date: 7/20/11

FINISHED WATER STORAGE - Complete Separate Sheet for Each Storage Tank - Write N/A if Not Applicable

Facility ID: 03 UNK Facility Name: Mobile Home Park

CODE	ELEMENT	Verified?	Identified issue?	Comments (for F310 - F333)
F310	Storage Condition	yes	NO	
F317	Air Vent Opening	yes	No	
F333	Non ANSI/NSF Materials or AWWA Standards	N/A	No	

CODE COMMENTS (F codes continued or continued from Part 1)

F310 RT series above ground  
 2 tanks Team Neutral  
~~375~~ 315 gallon epoxy coated  
manifold configuration

F317 well head ~~does~~ extend up to above ground  
 lower - concrete

F317 opening is screened inside

one pressure tank is filament wound  
 two are metal

D901 Recommend  
 check make home outside sprig  
 recall for vacuum breaker  
 comment ~~for~~ for facility



Colorado Department of Public Health and Environment

005

# Non-Community Ground Water Sanitary Survey Report - Part Ia

System Name: Three Rivers Resort PWSID Number: CO 022 6742 Date: 7/20/14

**FINISHED WATER STORAGE - Complete Separate Sheet for Each Storage Tank - Write N/A if Not Applicable**

Facility ID: UNK Facility Name: Cabins 23-30 well #5

CODE	ELEMENT	Verified?	Identified issue?	Comments (for F310 - F333)
F310	Storage Condition	<u>yes</u>	<u>No</u>	
F317	Air Vent Opening	<u>yes</u>	<u>No</u>	
F333	Non ANSI/NSF Materials or AWWA Standards		<u>N/A</u>	

CODE COMMENTS (F codes continued or continued from Part 1)

	<del>EP</del>
	galvanize above ground 400 gal Tank
5030	square Rd with steel wool stuffed into opening
5031	area is protected on 2 sides - system will add large bolder
	irrigation hose right off system vacuum attached
	Not an issue good observation



## Non-Community Ground Water Sanitary Survey Report – Part II

<b>MANAGEMENT– Complete only once for each PWS – Write N/A if Not Applicable</b>				
<b>System Name: Three Rivers Resort</b>			<b>PWSID Number: CO 0226742</b>	
			<b>Date: 07/20/2011</b>	
CODE	ELEMENT	Verified?	Identified issue?	Comments (M610, M620)
M610	X-Connect Control Program	yes	yes	no written plan
<b>MONITORING &amp; RECORDKEEPING AND DATA VERIFICATION - Write N/A if Not Applicable</b>				
CODE	ELEMENT	Verified?	Identified issue?	Comments (R510 – R540)
R510	General Monitoring Plan	yes	yes	update to new format - violation
R520	Record Keeping	yes	no	
R525	Monitoring Residual Disinfectant	yes	no	
R540	Design Approval	N/A		
<b>OPERATOR CERTIFICATION – Write N/A if Not Applicable</b>				
CODE	ELEMENT	Verified?	Identified issue?	Comments (Part II codes continued)
O710	Certified Operator	yes	no	
M610	Recommend the cross connection program be put into writing per CH a link will be provided on letter			
R540	purchased in 1984 chlorination added in 1986			
O710	Jack Dietrich water treatment # 1503, ds #1638 both expire 4/26/13			
Note	You to send study guide - CD - operator test schedule			

# Comprehensive Water System Report

Water System: CO0226742 - THREE RIVERS RESORT  
 Water System Status: A  
 Fed Type: NC  
 Fed Primary Source: GW  
 Owner Type: P  
 Principal County Served: GUNNISON  
 Annual Operating Period: 5/1 to 9/30  
 Population Type: T  
 Population by Type: 275  
 Total Population: 284

Contacts  
 Contact Type: AC  
 Contact Name: SCHUMACHER, MARK  
 Address 1: 130 CR 742  
 Address 2: PO BOX 339  
 City: ALMONT  
 State: CO  
 Zipcode: 81210  
 Business Phone: 970-641-1303  
 Extension: 970 275 2979

Contact Type: EC  
 Contact Name: SCHUMACHER, MARK  
 Address 1: 130 CR 742  
 Address 2: PO BOX 339  
 City: ALMONT  
 State: CO  
 Zipcode: 81210  
 Business Phone: 970-641-1303  
 Extension: 970 275 2979

Contact Type: OW  
 Contact Name: SCHUMACHER, MARK  
 Address 1: 130 CR 742  
 Address 2: PO BOX 339  
 City: ALMONT  
 State: CO  
 Zipcode: 81210  
 Business Phone: 970-641-1303  
 Extension: 970 275 2979

Contact Type: PL  
 Contact Name: THREE RIVERS RESORT  
 Address 1: 130 CR 742  
 Address 2: PO BOX 339  
 City: ALMONT  
 State: CO  
 Zipcode: 81210  
 Business Phone: 970-641-1303  
 Extension: 970 275 2979

Contact Type: OP  
 Contact Name: Mirolli, Nick  
 Address 1: 130 CR 742  
 Address 2: PO BOX 339  
 City: ALMONT  
 State: CO  
 Zipcode: 81210  
 Business Phone: 970-641-1303  
 Extension: 970 275 2979

WSF Number	Water System Facility (WSF) Name	WSF Type	Constructed Date	WSF Status	Availability	Water Type	Annual Operating Period
001	WELL NO 1 STORE AND UPPER RV	WL		A	P	GW	1/1 to 12/31
001T	CHLORINATOR FOR WELL 1	TP		A	P	GW	1/1 to 12/31
002	WELL NO 2 LOWER <del>257-674-15</del>	WL		A	P	GW	1/1 to 12/31
002T	CHLORINATOR FOR WELL 2	TP		A	P	GW	1/1 to 12/31
003	WELL NO 3 CABINS 14 TO 22	WL		A	P	GW	1/1 to 12/31
003T	CHLORINATOR FOR WELL 3	TP		A	P	GW	1/1 to 12/31
004	WELL NO 4 THREE RIVERS MHP	WL		A	P	GW	1/1 to 12/31
004T	CHLORINATOR FOR WELL 4	TP		A	P	GW	1/1 to 12/31
005	WELL NO 5 CABINS 23 TO 30	WL		A	P	GW	1/1 to 12/31
005T	CHLORINATOR FOR WELL 5	TP		A	P	GW	1/1 to 12/31
DS001	DISTRIBUTION SYSTEM	DS		A	P		1/1 to 12/31

400 gal galvanized storage tank at (0005T)

WSF Number	Water System Facility (WSF) Name	Sampling Point	Sampling Point Type	Sampling Point Description	Sampling Point Status
001	WELL NO 1 STORE AND UPPER RV	001	RW	RAW	A
001T	CHLORINATOR FOR WELL 1	001T	EP	ENTRY POINT	A
002	WELL NO 2 LOWER RV	002	RW	RAW	A

6/9/2011 9:06:44 AM  
 500 gal galvanized storage tank at 001T  
 315 gal ANS/NSF 61 certified storage tank at 002T  
 400 gal blue steel storage tank at 003T  
 2 ea. in manifold 315 gal epoxy coated storage tanks at 004T



**ATTACHMENT 9  
SANITARY SURVEY RESPONSE FORM**

**&**

**EXAMPLE COPY OF A COMPLETED RESPONSE FORM**

[COUNTY TO REPLACE ALL CDPHE INFO WITH THEIR INFO]

### Sanitary Survey Response Form

In accordance with Article 11.4.c of the *Colorado Primary Drinking Water Regulations (CPDWR)*, "within 45 days of receiving notice of significant deficiencies or violations, the system must submit a written response to the Department indicating the corrective action the system will take to address the significant deficiencies or violation, and include a proposed schedule for completing those actions. The Department will review this response. If approved, this response shall constitute a Department approved corrective action plan..."

Please note that this form is intended to help a public water system submit information required in Article 11 of the CPDWR. Use of the form is **not required**. Please provide documentation of any corrective actions taken (e.g., monitoring plan submitted on 1/1/2011, mesh screen fixed photo is attached).

System and Sanitary Survey Information	
System Name	
PWSID	
Date of Sanitary Survey Letter	
Inspector Name	

Brief description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?

Brief description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?

Typed Name and Title	Signature	Date



A Christian Retreat & Conference Center

FACSIMILE TRANSMITTAL SHEET

TO: \_\_\_\_\_ FROM: N. CLAYTON HART

COMPANY: IRIS SHERMAN-BOEMKER DATE: \_\_\_\_\_

FAX NUMBER: BOULDER CO. PUBLIC HEALTH TOTAL NO. OF PAGES, INCLUDING COVER: 10-6-11

PHONE NUMBER: 303-441-1468 SENDER'S REFERENCE NUMBER: 4

RE: 303-441-1157 YOUR REFERENCE NUMBER: N/A

GLACIER VIEW RANCH PWSID CD 0207315 N/A

URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE REPLY  PLEASE RECYCLE

NOTES/COMMENTS:

Hi Iris,  
 ATTACHED TO THIS FAX PLEASE FIND 3  
 ADDITIONAL PAGES INCLUDING THE SANITARY  
 SURVEY RESPONSE FORM(2) PLUS THE CERTIFIED  
 OPERATOR'S CARD (COMPLETED). PLEASE LET ME  
 KNOW IF YOU NEED ANYTHING ELSE FOR NOW.

THANKS,  
 CLAYTON  
 clayton@glacierviewranch.com

Boulder County Public Health  
 3450 Broadway  
 Boulder, Colorado 80304  
 Phone: 303-441-1564 Fax: 303-441-1468

ATTN: IRIS SHERMAN-BOEMKER

### Sanitary Survey Response Form

In accordance with Article 11.4.c of the *Colorado Primary Drinking Water Regulations (CPDWR)*, "within 45 days of receiving notice of significant deficiencies or violations, the system must submit a written response to the Department indicating the corrective action the system will take to address the significant deficiencies or violation, and include a proposed schedule for completing those actions. The Department will review this response. If approved, this response shall constitute a Department approved corrective action plan..."

Please note that this form is intended to help a public water system submit information required in Article 11 of the CPDWR. Use of the form is not required. Please provide documentation of any corrective actions taken (e.g., monitoring plan submitted on 1/1/2011, mesh screen fixed photo is attached).

System and Sanitary Survey Information	
System Name	GLACIER VIEW RANCH
PWSID	C00207315
Date of Sanitary Survey Letter	AUGUST 21, 2011
Inspector Name	IRIS SHERMAN-BOEMKER

Brief description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?
METAL M.H. RISER POTTS-ROXY COATING CRACKED, RUSTED & FAILING & SHOULD BE REPLACED/REPAIRED.	METAL M.H. RISER WILL BE SCRAPPED/CLEANED & RE-COATED. A MOLDDED PLASTIC (FRP) LINER WILL BE INSTALLED OVER NEW FINISHED SURFACE & SEALED AT BOTH ENDS	Nov. 28, 2011	WILL FOLLOW INC. PHOTO'S
CHLORINE TUBES INTO CHLORINE TANK NOT SEALED.	CHLORINE TUBES WILL BE SEALED WITH SUITABLE RUBBER STOPPERS AT TANK OPENINGS	Nov. 28, 2011	WILL FOLLOW INC. PHOTO'S
SYSTEM DOES NOT MAINTAIN RECORDS.	ALL RECORDS ARE KEPT AT ORC (FORMERLY SOUTHWEST WATER) OFFICES AND WERE NOT CURRENT AT GLACIER VIEW RANCH. ALL DOCUMENTS HAVE BEEN PROVIDED & FILES ARE CURRENT	Aug. 3, 2011	N/A
NEITHER THE CERTIFIED OPERATOR NOR THEIR CERTIFICATION INFO. WAS PRESENT DURING THE INSPECTION.	A COPY OF THE CERTIFIED OPERATOR CERTIFICATION IS ATTACHED & ON SITE AT GVR. TERRY A. CHAMBERS, CWP IS WITH ORC & WORKS UNDER GABBY BEGEMAN.	Aug. 10, 2011	COPY IS ATTACHED

Brief description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?

Typed Name and Title	Signature	Date
N. CLAYTON HART (MANAGER) GLACIER VIEW RANCH	<i>N. Clayton Hart</i>	10-5-11



COLORADO WATER AND WASTEWATER FACILITY OPERATORS CERTIFICATION BOARD

ATTN: IRIS SHERMAN-BOEMKE

It is known that Terry A Chambers, CWP is hereby Certified as a Class D Water Operator, Certificate No. 22507, until 7/20/2013, in accordance with Article 9 of Title 25, C.R.S., and the rules and regulations of the Board.

Operator ID. 12797  
Certificate No. 22507  
Expires 7/20/2013

*[Signature]*  
Secretary

Colorado Facility Operators Certification Board



COLORADO WATER AND WASTEWATER FACILITY OPERATORS CERTIFICATION BOARD

It is known that Terry A Chambers, CWP is hereby Certified as a Class D Wastewater Operator, Certificate No. 22118, until 5/10/2013, in accordance with Article 9 of Title 25, C.R.S., and the rules and regulations of the Board.

Operator ID. 12797  
Certificate No. 22118  
Expires 5/10/2013

*[Signature]*  
Secretary

Colorado Facility Operators Certification Board

ORC (FORMERLY SOUTHWEST WATER)  
GLACIER VIEW RANCH (WATER/WASTEWATER OPERATOR)

**ATTACHMENT 10  
NCGW FAILURE TO RESPOND TO  
SANITARY SURVEY LETTER FORM**





Colorado Department  
of Public Health  
and Environment

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
Water Quality Control Division – Engineering Section**

**NCGW SYSTEM FAILURE TO RESPOND TO  
SANITARY SURVEY LETTER REFERRAL FORM**

**Instructions:** In the event that the public water system fails to submit the required 45-day written response to the sanitary survey deficiencies and/or violations, has submitted a written response that is deemed inadequate after consultation with the NCGW System Inspection Coordinator or has not responded to any communication despite efforts to obtain a response, please complete and submit this form to:

ATTN: Cathy Heald, NCGW System Inspection Coordinator  
CDPHE – WQCD  
4300 Cherry Creek Drive South, B2  
Denver, CO 80246  
[catherine.heald@state.co.us](mailto:catherine.heald@state.co.us)

Please contact Ms. Heald at 303.692.3613 or to the email listed above if you have any questions regarding the completion of this form.

1. System Information			
Name of NCGW System:		Name of Primary Contact During Sanitary Survey:	
PWSID #:		Contact Affiliation (AC, DO, EC, OW or OT)*:	
County:		Contact Telephone:	
System Location:		Contact Email:	

\*AC= Administrative Contact, DO = Designated Operator, EC = Emergency Other, OW = Owner and OT = Other

2. Sanitary Survey Information			
Lead Inspector:		Date 45-Day Written Response Due:	
Agency:		Date NCGW Coordinator Notified of Failure to Respond:	
Sanitary Survey Date:		Number of Significant Deficiencies:	
Sanitary Survey Letter Date:		Number of Violations:	



**ATTACHMENT 11  
NCGW SANITARY SURVEY DEFICIENCY/VIOLATION FOLLOW-UP  
TRACKING & RESOLUTION AND/OR REFERRAL FORM**



Colorado Department  
of Public Health  
and Environment

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
Water Quality Control Division – Engineering Section**

**NCGW SANITARY SURVEY DEFICIENCY/VIOLATION FOLLOW-UP  
TRACKING & RESOLUTION AND/OR REFERRAL FORM**

**Instructions:** Upon completion of follow-up activities concerning deficiencies and/or violations identified during a sanitary survey, please complete and submit this form along with the supporting documentation (including but not limited to copies of e-mails, letters, facsimiles, record of phone calls, and photographs) by e-mail (all supporting documentation must be included in the e-mail) or by U.S. mail if email is not possible to:

ATTN: Cathy Heald, NCGW System Inspection Coordinator  
CDPHE, WQCD-ES-B2  
4300 Cherry Creek Drive South  
Denver, CO 80246  
[catherine.heald@state.co.us](mailto:catherine.heald@state.co.us)

Please contact Ms. Heald at 303.692.3613 or to the email listed above if you have any questions regarding any follow-up activities or completion of this form.

1. System Information			
Name of NCGW System:		Name of Primary Contact for Resolution:	
PWSID #:		Contact Affiliation (AC, DO, EC, OW or OT) * :	
County:		Contact Telephone:	
System Location:		Contact Email:	

\* AC= Administrative Contact, DO = Designated Operator, EC = Emergency Other, OW = Owner and OT = Other

2. Sanitary Survey Information			
Lead Inspector:		Date 45-Day Written Response Due:	
Agency:		Date 45-Day Written Response Received <sup>±</sup> :	
Sanitary Survey Date:		Number of Significant Deficiencies:	
Sanitary Survey Letter Date:		Number of Violations:	

<sup>±</sup> If the system failed to submit the required 45-day written response to the sanitary survey deficiencies and/or violations and has not responded or communicated at all despite efforts to obtain a response, please complete a NCGW System Failure to Respond to Sanitary Survey Letter Form and submit it to the NCGW Coordinator.





ATTACHMENT 12  
EXAMPLE COPY OF A COMPLETE  
COMPLIANCE RECORD



Colorado Department  
of Public Health  
and Environment

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
Water Quality Control Division – Engineering Section**

**NCGW SANITARY SURVEY DEFICIENCY FOLLOW-UP  
TRACKING & RESOLUTION AND/OR REFERRAL FORM**

**Instructions:** Upon completion of follow-up activities concerning deficiencies identified during a sanitary survey, please complete and submit this form along with the supporting documentation (including but not limited to copies of e-mails, letters, facsimiles, record of phone calls, and photographs) either by U.S. Mail or e-mail (provided an electronic copy of all supporting documentation is included in the e-mail) to:

ATTN: Cathy Heald, NCGW System Inspection Coordinator  
CDPHE, WQCD-ES-B2  
4300 Cherry Creek Drive South  
Denver, CO 80246  
[catherine.heald@state.co.us](mailto:catherine.heald@state.co.us)

Please contact Ms. Heald at 303.692.3613 or to the email listed above if you have any questions regarding any follow-up activities or completion of this form.

1. System Information			
<b>Name of NCGW System:</b>	Northglenn Moose Lodge	<b>Name of Primary Contact for Resolution:</b>	Alan Michaud
<b>PWSID #:</b>	CO0201517	<b>Contact Affiliation (AC, DO, EC, OW or OT) * :</b>	EC
<b>County:</b>	Adams	<b>Contact Telephone:</b>	303 457 3391
<b>System Location:</b>	11449 York Street	<b>Contact Email:</b>	alanmich@aol.com

\* AC= Administrative Contact, DO = Designated Operator, EC = Emergency Other, OW = Owner and OT = Other

2. Sanitary Survey Information			
<b>Lead Inspector:</b>	Dylan Garrison	<b>Date 45-Day Written Response Due:</b>	October 24, 2011
<b>Agency:</b>	Tri County Health Department	<b>Date 45-Day Written Response Received ‡ :</b>	December 13, 2011
<b>Sanitary Survey Date:</b>	August 10 <sup>th</sup> , 2011	<b>Number of Significant Deficiencies:</b>	1
<b>Sanitary Survey Letter Date:</b>	September 9 <sup>th</sup> , 2011	<b>Number of Minor Deficiencies:</b>	4

‡ If the system failed to submit the required 45-day written response to the sanitary survey deficiencies, has not requested an extension of the 45-day deadline, has requested an extension but failed to respond by the extended date or has not responded or communicated at all despite efforts to obtain a response, please complete a NCGW System Referral Form for Failure to Respond to Sanitary Survey and submit it to the NCGW Coordinator.







**Figure I: Summary of Phone Conversation with Alan Michuad on 11/22/11**

Dylan Garrison spoke with Alan and informed him that his 45 day response was well past due that he would need to submit it as soon as possible. Alan sated that he had been in the hospital for three weeks and had fallen behind. Alan sated that he would work to have the paperwork to me by "next week". I also informed Alan that his 120 day deadline was 1/7/2012 and that if the outstanding violations had not been corrected by this date, the paperwork would be referred to CDPHE.

**Figure II: E-mail from Hope Dalton send to Alan Michaud on 12/13/11**


"Alan,  
I spoke to Don today and faxed him a request to complete and sign the response form. I also need a letter that states the status of your recordkeeping indicating that all water quality results can be easily located. I also need a photo of the backflow prevention device that was installed on the mop sink. Finally, I need a letter or a copy of your chlorine testing procedure showing the operator uses free chlorine DPD.  
I need all of these items by close of business tomorrow. I gave Alan my fax number (303-741-4021). If the system fails to respond by tomorrow, this matter will be referred to the Compliance Unit at the Colorado Department of Public Health and Environment.  
Sincerely,  
Hope"

**Figure III: Copy of faxes and fax verification sent/received by Hope Dalton to Don Brethour on 12/13/13**

7500578400 P. 01/01  
TRANSACTION REPORT DEC/13/2011/TUE 04:47 PM

FAX (TX)		COL. TIME PAGE		TYPE/NO.		FILE	
TO	DATE	STATUS	NO.	NO.	NO.	NO.	NO.
903	DEC/13	OK	4098	7202873325	9:01:03	3	REPLY OK

Fax sent 12/13/11  
Phone call discussing items prior to fax.



Fax

To: Don  
From: Hope  
Fax: 720-287-3325  
Pages: 3  
Date: 12/13/2011  
Re: Response Form

Urgent  For Review  Please Comment  Please Reply  Please Recycle

Comments: Please complete + sign. Then fax back to me at 303-741-4021  
FAX # for Hope

The information contained in or attached to this fax message is privileged and confidential information intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

Please also prepare a letter that states the status of your recordkeeping so that all water quality results can be easily located. Please send me a photo of the backflow prevent device on the mop sink. Finally, send me a letter or a copy of your chlorine test

Figure III Continued



Fax

To: Don From: Hope  
 Fax: 720-287-3325 Pages: 3  
 Please: Response Form Date: 12/13/2011  
 Urgent  For Review  Please Comment  Please Reply  Please Recycle

Comments: Please complete + sign. Then fax back to me at 303-741-4021. FAX # for Hope

The information contained in or attached to this fax message is privileged and confidential information intended only for the use of the individual(s) named above. If the recipient of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

Please also prepare a letter that states the status of your recordkeeping so that all water quality results can be easily located. Please send me a photo of the backflow prevent device on the mop sink. Finally, send me a letter or a copy of your chlorine test procedure showing the operator uses free chlorine DPD. I need these items by close of business tomorrow (12/14/2011). Hope 720-200-1583 office

6187 S. Willow Drive, Box 100 Greenwood Village, CO 80111 (720)200-1870 Fax: (303)741-4021

Colorado Department of Public Health and Environment  
 Water Quality Control Division  
 4300 Cherry Creek Drive South, B3  
 Denver, Colorado 80246-1800  
 Phone: 303-892-3600 Fax: 303-892-0390

**Safe Drinking Water Program  
 Engineering Section**

**Sanitary Survey Response Form**

In accordance with Article 11.4.6 of the Colorado Primary Drinking Water Regulations (CPDWR), "within 45 days of receiving notice of significant deficiencies or violations, the system must submit a written response to the Department indicating the corrective action the system will take to address the significant deficiencies or violation, and include a proposed schedule for completing those actions. The Department will review the response. If approved, this response shall constitute a Department approved corrective action plan..."

Please note that this form is intended to help a public water system submit information required in Article 11 of the CPDWR. Use of the form is not required. Please provide documentation of any corrective actions taken (e.g., monitoring plan submitted on 1/1/2011, mesh screen fixed photo is attached).

System and Sanitary Survey Information			
System Name	Northglenn Moose Lodge	PWSID	CO0201517
Date of Sanitary Survey Taken	September 9, 2011	Inspector Name	Dylan Garrison (720-200-1876)

Short description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?
A General Monitoring Plan (GMP) was unavailable upon request.	The GMP template was provided by Tri County Health Department (TCHD) and completed on site with the inspector.	August 10, 2011	GMP completed on site and provided to TCHD on the day of inspection
The System was unable to locate all the requested chemical analyses for coliform, chlorine, and nitrate upon request.	Northglenn Moose Lodge, as of 8/10/11, will maintain all laboratory analysis paperwork for the required periods of time.	August 10, 2011	NO
A cross connection control plan was unavailable upon request.	A template was provided by TCHD and was completed on site with the inspector.	August 10, 2011	Template was completed on site and provided to TCHD on the day of inspection.
Adequate backflow protection was not provided on the mop sink.			

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Figure III Continued

Short description of deficiency or violation	Describe the corrective action(s) taken or corrective action(s) that your system plans to take	Date addressed or proposed schedule	Documentation attached (photos, documents)?
Operator was using total chlorine DPD, rather than a free chlorine DPD to perform weekly chlorine residual measurements on a system using chlorine as the disinfectant.			

Typed Name and Title	Signature	Date
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Revised February 2011 Page 2 of 2

Figure IV: Fax sent from Moose Lodge on 12/13/11 correcting R520 and R525

Dec 13 11 09:42p

Moose 2166

7202873325

p.2



LOYAL ORDER OF MOOSE  
NORTHGLENN MOOSE LODGE 2166  
11449 YORK ST. NORTHGLENN, CO 80233  
PHONE: 303-457-3391 FAX: 720-287-3325

December 13, 2011

Hope Dalton, Water Specialist  
Tri-County Health Department  
6162 S. Willow Drive, Suite 100  
Greenwood Village, CO 80111

Dear Ms. Dalton,

Pursuant to your request of December 13, 2011 we are responding to your fax.

1. Our record keeping is now in order so that all water quality results can be located in the water test logbook in the Administrator's Office. See attached sample from last quarter. The current quarter is in the hands of Analytica.
2. We have removed the old check valve adaptor from the deep sink and are no longer using a mop hose at this location.
3. We are using the free chlorine test procedure as described in the HACH Free and Total Chlorine Test Kit:
  - a. We complete the test and read the result within one minute of adding the reagent.
  - b. The results are recorded in the log book

Sincerely yours,

  
Alan Michaud, Governor

Figure V: Summary of conversation with Don Brethour on 12/28/11

Dylan Garrison spoke with Don and informed him that unless another mop sink was available, the mop sink in question would be required to have adequate back flow protection and that a picture would need to be provided to proof of compliance. Dylan also asked Don to complete and sign the response form and return it to the TCHD Administrative office by close of business on 12/30/11. Also on 12/28/11, Dylan again faxed a copy of the response form to the Moose Lodge (see Figure VI).

Figure VI: Copy of another fax sent to Moose Lodge on 12/28/11 requesting that the Response Form be completed and returned



Fax

To: DON From: DYLAN GARRON  
Fax: 720 287 8325 Pages: 2 + COVER  
Phone: \_\_\_\_\_ Date: 12/28/11  
Ref: \_\_\_\_\_ CC: \_\_\_\_\_

Urgent  For Review  Please Comment  Please Reply  Please Recycle

Comments: DON, COMPLETE THE TWO PAGE FORM  
SIGN, DATE AND RETURN TO ME BY  
COB ON 12/30/11.  
PLEASE CALL IF YOU HAVE QUESTIONS.

The information contained in or attached to this fax message is privileged and confidential information intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.

8182 S. Willow Drive, Ste 100 Greenwood Village, CO 80111 (720)200-1870/Fax (303)741-4021

Figure VII: Copy of Cross Connection Control Plan

POTENTIAL CRD -CONNECTIONS  
 SAMPLE LIST

The water system operator and/or the system administrator must conduct a systematic survey of all facilities connected to the water distribution system. The survey can then be used to determine the degree of hazard posed by each facility connected to the water distribution system and the appropriate backflow prevention device to be installed at the service connection.

"Information in this manual, combined with interviews with facility managers, will help the water supplier to determine the degrees of hazard. Facilities presenting health hazards to the water distribution system will require containment assemblies. Those cross-connections viewed as the most severe hazards will have the highest action priority for correction."

Source: Colorado Cross-Connection Control Manual, March 2000, pages 11-12

System Survey Conducted By: Don Billman Title \_\_\_\_\_ Date: 8-10-11

TABLE 1

Potential Cross-Connection <sup>1</sup>	Potential Cross-Connection Location	Degree of Hazard <sup>2</sup>	Device Used	Backflow Prevention Assembly (Type & Model No.)	Annual Test Date
ICE WENTURE	BACK HALL	H	Air Break	NA	NA
MOP SINK	Back hall	H			
Vegetable Prep Sink	Kitchen	H	Indirectly	Plumbed	NA
3 Compartment Sink	Kitchen	L	Indirectly	Plumbed	NA
3 Compartment Sink	Bar	L	Indirectly	Plumbed	NA
Pop miker	Bar	L	Dual Check Valve	Denver Syrup	everytime come of

<sup>1</sup> - Potential Cross-Connections must be evaluated annually  
<sup>2</sup> - Degree of Hazard: High = H (Contamination or Health Hazard); Low = L (Pollution Hazard)

Figure VIII General Monitoring Plan...More Available Upon Request

Aug 19 11 11:26a Moore 2100 7202473-25 p 1

System Name \_\_\_\_\_ PWSID# \_\_\_\_\_

**Public Water System  
Monitoring Plan**

System Name NORTHGLENN MOOSE LODGE  
PWSID # CO0201517  
Date 8/10/11

This template is for public water systems classified as:

- Transfer, Non-Community
- Using Groundwater

Public Water System Monitoring Plan, Standard NC GW 1.0a 11.1 - 12/11/09/09/11/11

FIG 1-0728



**ATTACHMENT 13**  
**INSPECTION YEAR 2012 SANITARY SURVEY INVOICE**



ATTACHMENT 14  
INSPECTION YEAR 2012 DEFICIENCY/VIOLATION  
FOLLOW-UP WORK INVOICE

