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 herby 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

E-mail: cdphe.drinkingwater@state.co.us

For Dept. Use Only:

Entered By: _____ Date: _____

Revised 7/22/10 ek

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	Objective	Unit Process
341 FILTRATION, CARTRIDGE	P PARTICULATE REMOVAL	FI FILTRATION
421 HYPOCHLORINATION, POST	D DISINFECTION	DI DISINFECTION

Facility Flows

SUPPLY FACILITY				RECEIVING FACILITY			
WSF Status	WSF Number	WSF Type	Water System Facility (WSF) Name	WSF Status	WSF Number	WSF Type	Water System Facility (WSF) Name
A	001	WL	WELL 1	A	003	TP	CHLORINATOR FOR WELLS
A	002	WL	WELL 2	A	003	TP	CHLORINATOR FOR WELLS
A	003	TP	CHLORINATOR FOR WELLS	A	004	ST	TANK
A	004	ST	TANK	A	DS001	DS	DISTRIBUTION SYSTEM

Locational Info

WSF 005 BOOSTER PUMP **WSF Type** PF **WSF Status** A **Data Coll. Date** 11/5/2010 **Horiz. Accuracy** +/- 012 meter(s)

DMS Lat. 40° 12' 19.9979" **DMS Long.** -105° 52' 29.0028" **Lat. Measure** 40.205555 **Long. Measure** -105.874723

Horiz. Coll. Method 012 - Global positioning system (GPS) carrier phase static relative positioning technique **Coord. Data Source** 008 - Colorado

Reference Point 002 - Plant entrance (general) **Horiz. Ref. Datum** 002 - NAD 83

Verification Method 011 - Ground truth conducted **Source Map Scale** NA - Scale not applicable to collection method

Geometric Type 001 - Point (default) **Comment**

WSF 003 CHLORINATOR FOR WELLS **WSF Type** TP **WSF Status** A **Data Coll. Date** 5/21/2002 **Horiz. Accuracy** +/- 012 meter(s)

DMS Lat. 40° 11' 49.2000" **DMS Long.** -105° 52' 15.6000" **Lat. Measure** 40.197000 **Long. Measure** -105.871000

Horiz. Coll. Method 012 - Global positioning system (GPS) carrier phase static relative positioning technique **Coord. Data Source** 008 - Colorado

Reference Point 002 - Plant entrance (general) **Horiz. Ref. Datum** 003 - WGS 84

Verification Method - **Source Map Scale** 8 - Between 1:50,000 and 1:100,000

Geometric Type 001 - Point (default) **Comment**

WSF DS001 DISTRIBUTION SYSTEM **WSF Type** DS **WSF Status** A **Data Coll. Date** **Horiz. Accuracy** +/- meter(s)

DMS Lat. **DMS Long.** **Lat. Measure** **Long. Measure**

Horiz. Coll. Method - **Coord. Data Source** -

Reference Point - **Horiz. Ref. Datum** -

Verification Method - **Source Map Scale** -

Geometric Type - **Comment**

WSF 006 PRESSURE TANK **WSF Type** PC **WSF Status** I **Data Coll. Date** **Horiz. Accuracy** +/- meter(s)

DMS Lat. **DMS Long.** **Lat. Measure** **Long. Measure**

Horiz. Coll. Method - **Coord. Data Source** -

Reference Point - **Horiz. Ref. Datum** -

Verification Method - **Source Map Scale** -

Geometric Type - **Comment**

WSF 004 TANK **WSF Type** ST **WSF Status** A **Data Coll. Date** 11/5/2010 **Horiz. Accuracy** +/- 012 meter(s)

DMS Lat. 40° 12' 19.9979" **DMS Long.** -105° 52' 29.0028" **Lat. Measure** 40.205555 **Long. Measure** -105.874723

Horiz. Coll. Method 012 - Global positioning system (GPS) carrier phase static relative positioning technique **Coord. Data Source** 008 - Colorado

Reference Point 002 - Plant entrance (general) **Horiz. Ref. Datum** 002 - NAD 83

Verification Method 011 - Ground truth conducted **Source Map Scale** NA - Scale not applicable to collection method

Geometric Type 001 - Point (default) **Comment**

WSF 001 WELL 1 **WSF Type** WL **WSF Status** A **Data Coll. Date** 5/21/2002 **Horiz. Accuracy** +/- 012 meter(s)

DMS Lat. 40° 11' 49.2000" **DMS Long.** -105° 52' 15.6000" **Lat. Measure** 40.197000 **Long. Measure** -105.871000

Horiz. Coll. Method 012 - Global positioning system (GPS) carrier phase static relative positioning technique **Coord. Data Source** 008 - Colorado

Reference Point 026 - Well **Horiz. Ref. Datum** 003 - WGS 84

Verification Method - **Source Map Scale** 8 - Between 1:50,000 and 1:100,000

Geometric Type 001 - Point (default) **Comment** GRANBY - BIG RAYS CHOP HOUSE- 80446

WSF	002	WELL 2		**WSF Type**	WL	**WSF Status**	A	**Data Coll. Date**	5/21/2002	**Horiz. Accuracy**	+/- 012 meter(s)
DMS Lat.	40° 11' 48.6000"	**DMS Long.**	-105° 52' 17.4000"			**Lat. Measure**	40.196833	**Long. Measure**	-105.871500		

Horiz. Coll. Method	012 - Global positioning system (GPS) carrier phase static relative positioning technique	**Coord. Data Source**	008 - Colorado
Reference Point	026 - Well	**Horiz. Ref. Datum**	003 - WGS 84
Verification Method	-	**Source Map Scale**	8 - Between 1:50,000 and 1:100,000
Geometric Type	001 - Point (default)	**Comment**	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

Activity Name	Category	Due Date	Projected	Achieved	Reported	Comment
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)

Enforcement Action -	ST PUBLIC NOTIF REQUESTED	**Status Date -**	2/27/2003	**Enf. Action Type -**	SIE
Enforcement Action -	ST VIOLATION/REMINDER NOTICE	**Status Date -**	2/27/2003	**Enf. Action Type -**	SIA
Enforcement Action -	ST PUBLIC NOTIF RECEIVED	**Status Date -**	4/9/2003	**Enf. Action Type -**	SIF
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
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
Management Observations					
Management	M610	CROSS CONNECTION CONTROL	System has not implemented appropriate cross-connection control methods. This is an alleged violation of CPDWR 12.1	Violation	The system should have a cross connection control plan identifying: - potentially uncontrolled hazardous cross connections - plan for controlling hazardous cross-connections (backflow, etc) - inventory of all the existing cross-connection control devices - periodic (annual) system-wide survey to identify uncontrolled cross-connections, - annual testing of any backflow prevention devices that require testing, - must retain maintenance records of all backflow prevention containment devices for three years Cross-connection control program template for small systems available at: http://www.cdphe.state.co.us/wq/drinkingwater/pdf/cross_connection_control.pdf
M&R And Data Verification	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	Inspectors should review monitoring plans for completeness as per the regs. The plans need to contain: -Part 1: System Summary (name, PWSID #, address, population, etc) - denotes location of records -Part 2: Water Source Details - desciption and details on the system's source, treatment, and distribution and a schematic depicting how the flow frm the source(s) is connected to the treatment processes and distribution. -Part 3: Water Treatment Details - Process flow diagram for treatment with summary -Part 4: Distribution System Details - Schematic with all entry points to the distribution, all post entry point treatment facilities, storage facilities, monitoring points, master meters, and pump stations -Part 5: Individual Rule Sampling Plans - 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. New updated GMP template available at: http://www.cdphe.state.co.us/wq/drinkingwater/PublicWaterSystemReportingForms.html
	R520	RECORD KEEPING	System does not maintain records according to the minimum requirements. This is an alleged violation of CPDWR 1.6.3	Violation	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 & copper and DBP for NTNC systems? **PLEASE NOTE**: 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
	R525	MONITORING RESIDUAL DISINFECTANT	System is not properly monitoring and recording residual disinfectant concentration. This is a violation of CPDWR 13.2.	Violation	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. 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.

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

Category	Code	Description	Description Text	Severity	Guidance
	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	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 initailly 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. 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.
Operator Certifi	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	Not having certified operators leads to improper/inadequate treatment on many occasions. 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.
Facility Observations					
Source Water	S030	SRC CONSTRUCTION	Well or Spring source does not provide adequate protection of source water. DCPWS 2.1	Significant Deficiency	Is the source (spring or well) constructed to adequately protect the source water from contamination? 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. Inspector should evaluate the spring box to ensure that no possible contamination is entering the spring. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	Inspector should critically evaluate the well or spring location with regard to flood events, surface sources, waste ponds, potential sources of contamination, etc. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER** 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
	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	Inspector must verify that the system has disinfection and that the disinfection equipment is operational. **PHOTOGRAPH(S) MANDATORY FOR INOPERABLE EQUIPMENT OR INADEQUATE DISINFECTION - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**

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	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 adequatelly 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? **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	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. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	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. 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 compatibl. Do not state that the container does not meet the ANSI 61 standard. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	Cross-connections associated with treatment could include: inadequately gapped filter backwash waste lines, refill hoses that are submerged in the receiving vessel. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	This code signifies that a service connection (tap) exists where there is no treatment process and raw water is being delivered directly to customers. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	This code indicates the presence of piping and valving where treatment can be bypassed. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	Every inspector should take at least one chlorine residual. Chlorine residual measuring less than 0.05 mg/L is a non detect. 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.

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

Category	Code	Description	Description Text	Severity	Guidance
Distribution	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	Every inspector should measure pressure in the distribution system if possible or at a mininum ask the system if they measure and record pressure or evalauate 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. **INCLUDE PHOTOGRAPH(S) OF THE GAGE SHOWING A PRESSURE LESS THAN 20 PSI IF POSSIBLE** PLEASE NOTE: It is not a significant deficiency if the System does not have a pressure gage. 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.
	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	Ask the system isf they are aware if their distribution lines and any other materials in the dsitribution 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. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	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. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	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: http://www.bpecc.org/ **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	Any holes, gaps, open seams or other damage that can cause entry of animals, debris or other contamination is a Significant Deficiency. Inspectors must take photographs of any storage tank condition issues. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**
	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	This is significant because it is a direct opening into the storage tank from above - bird waste, etc. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER**

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

Category	Code	Description	Description Text	Severity	Guidance
Finished Water Storage	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	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 significnt deficiency can state that they need to investigate what type of coating was used and provide specification documentation as evidence of the deficiency resolution. 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). 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. **PHOTOGRAPH(S) MANDATORY - MUST BE INCLUDED IN THE SANITARY SURVEY LETTER** (at a mininum, take a photograph of the tank as a whole) 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.

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

Deficiency Number	Deficiency Code	Category	Description of Deficiency

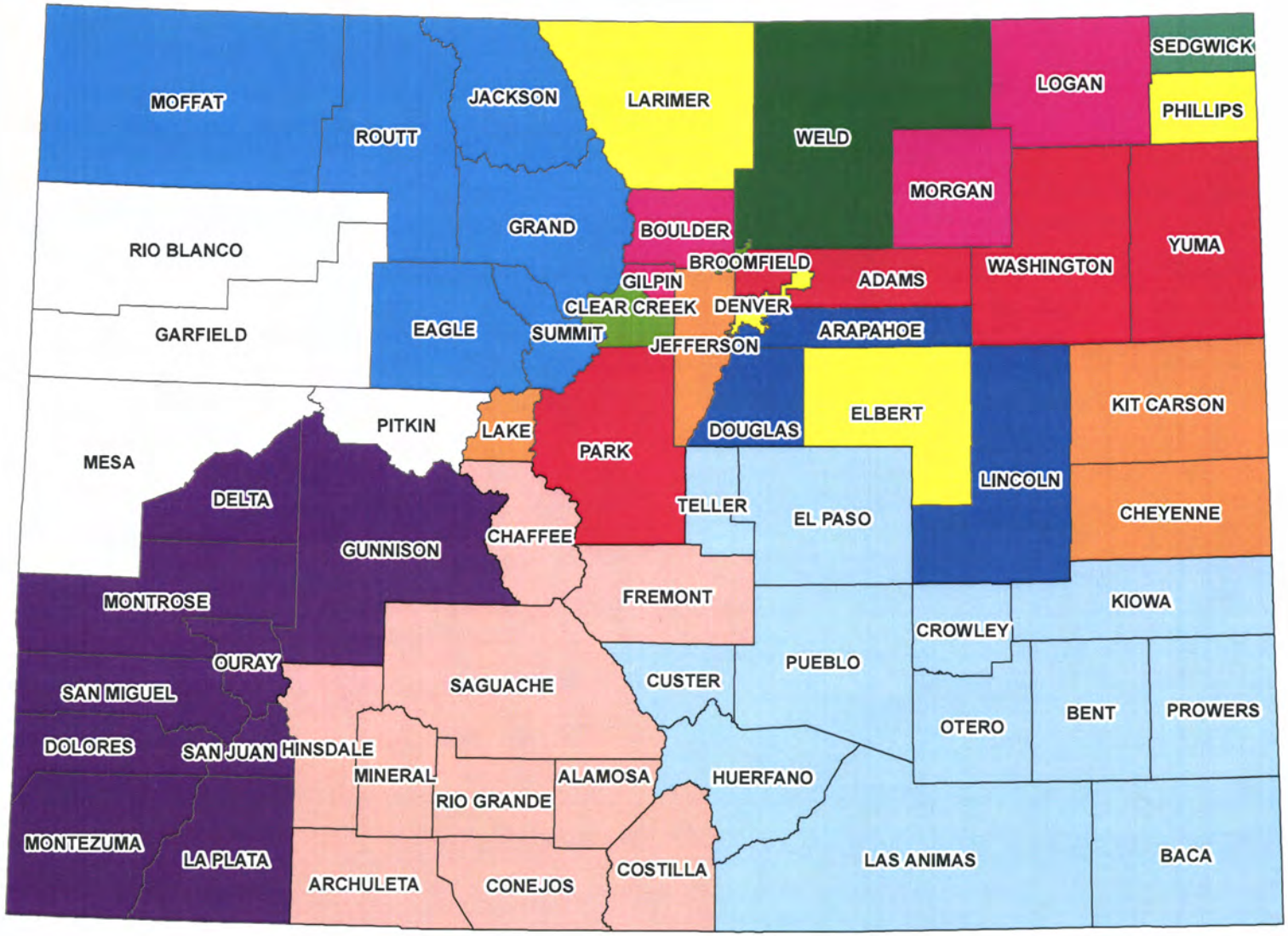
Violations

Violation Number	Violation Code	Category	Description of Violation

ATTACHMENT 4
ENGINEERING SECTION CONTACT INFORMATION LIST

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

Engineering Contacts Map



Legend

Field Engineering Unit Contact, Engineering Review Unit Contact

- Cameron Wilkins, Melanie Criswell
- Christine Lukasik, Andy Poirot
- Clayton Moores, Paul Kim
- Joey Talbott, David Knope
- Jon Erickson, Amy Zimmerman
- Jorge Delgado, Kelly Jacques
- Monique Morey, Andrew Rice
- Paul Kosik, Brett Icenogle
- Tom Schaffer, Andrew Rice
- Tom Schaffer, Andy Poirot
- Paul Kosik, Doug Camrud
- Cameron Wilkins, Doug Camrud
- Jorge Delgado, Doug Camrud

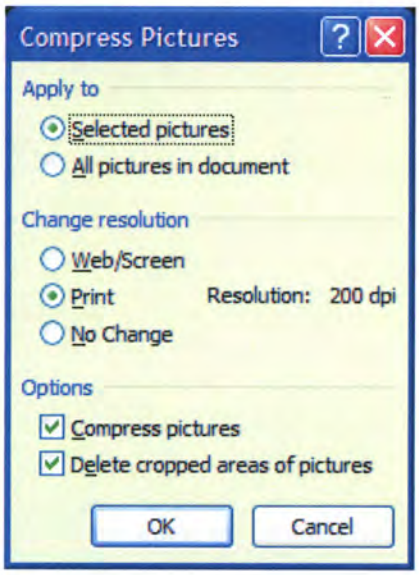
ATTACHMENT 5
COMPRESSING PHOTOGRAPHS IN WORD GUIDANCE

Compressing Photographs in Word

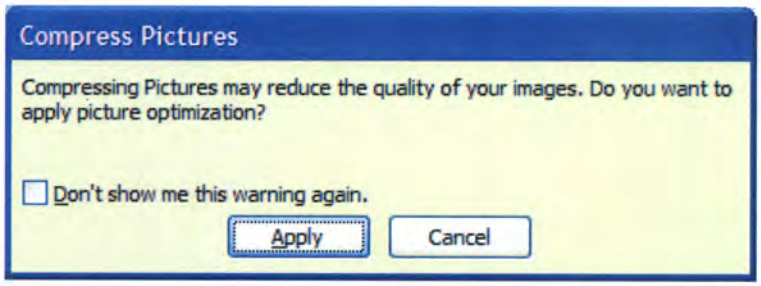
Sanitary survey letters that include photographs may cause problems when e-mailing the letter due to large file sizes. In addition, the PDF of such letters are slow to open. To get around these issues, you can minimize the file size by compressing the photos in your letter. This should be done before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

ec: Cathy Heald, CDPHE-WQCD NCGW System Inspection Coordinator, 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
[Include Ms. Whelan only if operator issues exist (O710).]

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)

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part I

System Name:	PWSID Number:	Date:

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

Source ID:			Source Name:	
CODE	**ELEMENT**	**Verified?**	**Identified issue?**	**Comments (for S030, S031 & S012)**
S030	**Source Construction**			
S031	**Source Location**			
S012	*GWUDI Potential*			

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**			**T162**	**Non ANSI/NSF Materials or AWWA Standards**		
T116	**Groundwater Treatment** (other than chlorination)			**T901**	**Cross Connection**		
T161	**Secondary Containment**			**R525**	**Entry Point Cl_2 Reading**		

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)**			**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/NSFMaterials or AWWA Standards**						

CODE	**COMMENTS** (more space for comments on Part Ia)

SIGNIFICANT DEFICIENCIES & MAJOR VIOLATIONS IN BOLD
RECOMMENDATIONS IN ITALICS

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part Ia

System Name:	PWSID Number:	Date:

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

Facility ID:			Facility Name:	
CODE	**ELEMENT**	**Verified?**	**Identified issue?**	**Comments (for F310 – F333)**
F310	Storage Condition			
F317	Air Vent Opening			
F333	Non ANSI/NSF Materials or AWWA Standards			
D901	Cross Connection			

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

SIGNIFICANT DEFICIENCIES & MAJOR VIOLATIONS IN BOLD
RECOMMENDATIONS IN ITALICS

Colorado Department of Public Health and Environment

Non-Community Ground Water Inspection Report – Part II

MANAGEMENT– Complete only once for each PWS – Write N/A if Not Applicable					
System Name:				**PWSID Number:**	**Date:**
CODE	**ELEMENT**	**Verified?**	**Identified issue?**	**Comments (M610, M620)**	
M610	X-Connect Control Program				
M620	*Operation & Maintenance Plan*				
MONITORING & RECORDKEEPING AND DATA VERIFICATION - Write N/A if Not Applicable					
CODE	**ELEMENT**	**Verified?**	**Identified issue?**	**Comments (R510 – R540)**	
R211	*Raw Water Sample Tap*				
R510	General Monitoring Plan				
R520	Record Keeping				
R525	**Monitoring Residual Disinfectant (recording Cl_2 residual levels)**				
R540	**Design Approval**				
OPERATOR CERTIFICATION – Write N/A if Not Applicable					
CODE	**ELEMENT**	**Verified?**	**Identified issue?**		
O710	Certified Operator				

CODE	COMMENTS (Part II codes continued)

SIGNIFICANT DEFICIENCIES & MAJOR VIOLATIONS IN BOLD
RECOMMENDATIONS IN ITALICS

ATTACHMENT 8
EXAMPLE COPY OF A COMPLETE SANITARY SURVEY REPORT

MONTROSE COUNTY
COLORADO

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 Schriner	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:

			• The spilt cap showed signs of deterioration and it did not appear that the cap was gasketed • a piece of the split cap was missing around the edge of the cap (possibly due to deterioration) • electrical inlet was gapped where it was connected to the well head. The System packed this gap with steel wool. • The water outlet pipe was gapped where it was connected to the well head. The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated. **See Attachment # 1**
		Well 003	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. **See attachment # 2** 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.
		Well 005	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. The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated. **See Attachments # 3, # 4 and # 5.**
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	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. 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.
4	R510	Monitoring, Reporting, and Data Verification	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. 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: http://www.cdphe.state.co.us/wq/drinkingwater/WordDocs/TransNonCommGroundwaterSys.doc Upon completing the update of the plan, please submit a copy to the inspector.

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.

- Please contact Lori-Billeisen Moore at 303.692.3510 or via email to 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.

- 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 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 . Thank you for your time and cooperation.

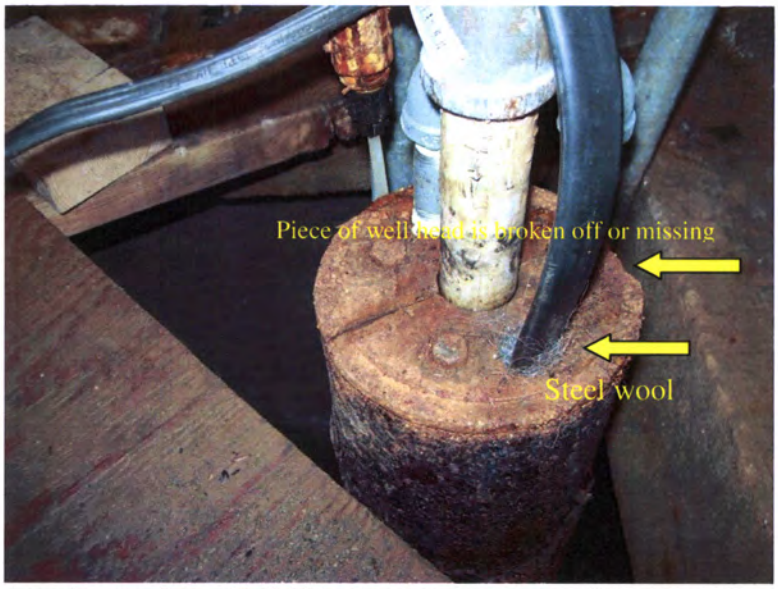
Sincerely,

Kathryn Schriner

Kathryn Schriner
Environmental Health Specialist
Montrose County Health and Human Services

cc: Drinking Water File, PWSID# CO-0226742

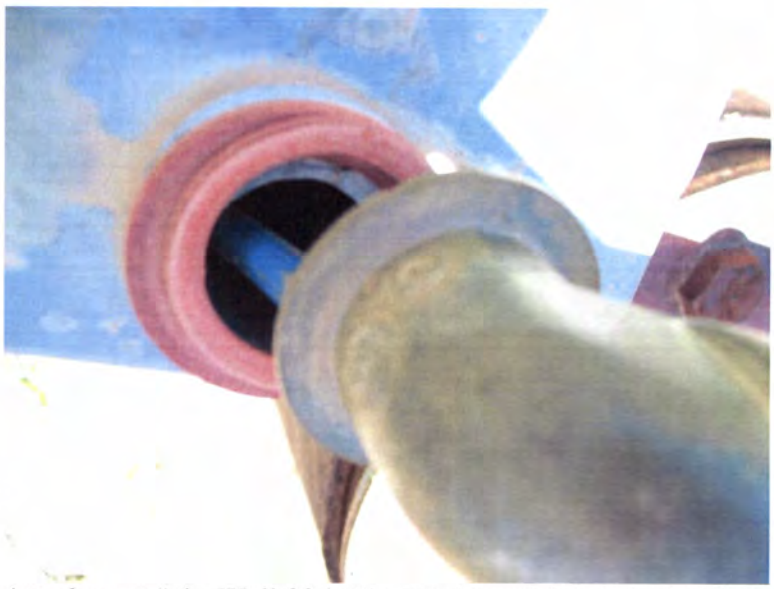
ec: Jack Dietrich, Three Rivers Resort Designated Operator, jackdietrich@crestedbutte.net
Nick Mirolli, Three Rivers Resort Operator, mirolli74@hotmail.com
Cathy Heald, CDPHE-WQCD NCGW System Inspection Coordinator, catherine.heald@state.co.us
Jocelyn Mullen, CDPHE- WQCD District County Engineer, jocelynmullen@state.co.us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



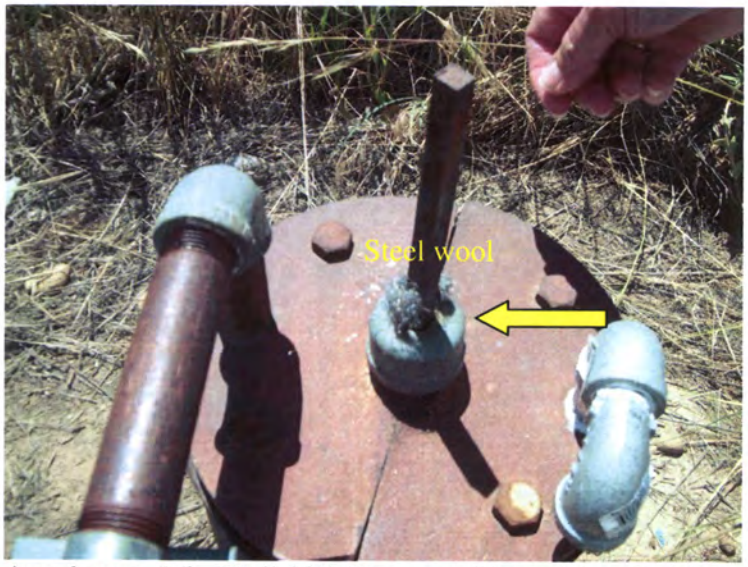
Attachment # 1 - Well 002: Steel wool used to fill gap around the electrical inlet and an opening around the water outlet pipe. A piece of the well cap was missing around the edge of the cap.

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

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 Schriner

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)?
S030 *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: • The spilt cap showed signs of deterioration and it did not appear that the cap was gasketed • a piece of the split cap was missing around the edge of the cap (possibly due to deterioration) • electrical inlet was gapped where it was connected to the well head. The System packed this gap with steel wool. • The water outlet pipe was gapped where it			

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)?
was connected to the well head. The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated. **Well # 003** 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 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. **Well # 005** 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. The System shall address the above conditions so that openings for potential entrance of contaminants are eliminated.			

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)?
D901 *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** 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.			
R510 *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.* 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.			

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

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

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

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.

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/NSFMaterials or AWWA Standards**	Yes	No
T116	**Groundwater Treatment** (other than chlorination)	N/A		T901	**Cross Connection**	Yes	No
T161	**Secondary Containment**	N/A					

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	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/NSFMaterials 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 colourimeter, Inspector Hach
	EP cl = Insp 0.41 system 0.40 furthest point Insp 0.33 sys 0.40
D240	~~Insp~~ pressure gage at treatment is 41 psi.
~~D902~~	– see 1a
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

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	corroded 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/NSFMaterials 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	Irrigation
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	32psi				
D300	Non ANSI/NSFMaterials or AWWA Standards	N/A					

CODE	COMMENTS (more space for comments on Part Ia)
	Permit 9181F depth 33 ft. 18 ft. depth static to water
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

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

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

Source ID: 003 Source Name: Well #3 Cabins 14-22

CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030 & S031)
S030	Source Construction	Yes	Yes	electrical box/conduit opening
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/NSFMaterials 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 0.325				
D240	Inadequate Pressure Less than 20 PSI	Yes	45 psi				
D300	Non ANSI/NSFMaterials 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 of river to well - evaluated for influence under separate cover
S030	pump house has both irrigation system (pond) and drinking H_2O
T162	– see 1a form

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part I

System Name: Three Rivers Resort	PWSID Number: CO 0221742	Date: 7/20/11

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

Source ID: 004 Source Name: Mobile Home Park

CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030 & S031)
S030	Source Construction	yes	NO	
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/NSFMaterials or AWWA Standards	N/A	Grandfather
T116	**Groundwater Treatment** (other than chlorination)	yes	No	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	yes need vacuum breakers
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/NSFMaterials or AWWA Standards**	N/A					

CODE	COMMENTS (more space for comments on Part Ia)
	5143 F depth 79 ft static 57 ft
S030	old original vaulted well head but has been
S031	extended above ground - appears solid
	operator states gasket
	recommend monitor corrosion and cracks
	on well
	psi - 62 psi at treatment plant

EP .35 KS
.375 OP

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part I

System Name: Three Rivers Resort (split mud gasks)	PWSID Number: CO0226742	Date: 7/20/11

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

Source ID: 005 (concrete pad) | Source Name: Cabins 23-30

CODE	ELEMENT	Verified?	Identified issue?	Comments (for S030 & S031)
S030	Source Construction	yes	yes	Issues with opening (conduit)
S031	Source Location	yes	~~yes~~	No

Box is disconnect

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/NSFMaterials or AWWA Standards	N/A	
T116	Groundwater Treatment (other than chlorination)	yes	No	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)	~~R~~	No	D901	Cross Connection	yes	No
D220	Raw Water Bypass	R –	NO	D902	Inadequate Backflow Assembly Testing	N/A	
D230	Inadequate Disinfection Residuals	yes	K				
D240	Inadequate Pressure Less than 20 PSI	yes	45 psi				
D300	Non ANSI/NSFMaterials or AWWA Standards	N/A					

CODE	COMMENTS (more space for comments on Part Ia)
	035302F depth 57 ft slate 31 ft
	recommend vacuum/hose bib on all cabins
	EP – chlorine
	0.39 KS
	0.285 OP
	12" above ground

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part Ia

System Name: Three Rivers Resort	PWSID Number: CO 0226742	Date: 07/20/2011

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

Facility ID: UNK Facility Name: Treatment facility for well #001

CODE	ELEMENT	Verified?	Identified issue?	Comments (for F310 – F333)
F310	Storage Condition	yes	No	above ground, contained area
F317	Air Vent Opening	N/A		
F333	Non ANSI/NSF Materials or AWWA Standards	N/A		

CODE	COMMENTS (F codes continued or continued from Part 1)
F310	no openings / no vent approx 500 gal galvanized steel - before 1999
	Irrigation for this (distribution system area) comes from the pond.
~~D900~~ D901	The store has a restaurant at which there is an ice machine with the drain line plumbed in - there needs to be indirect plumbing at the ice machine with a ~~E~~ minimum 1" air gap

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part Ia

System Name: Three Rivers Resort	PWSID Number: CO 0226742	Date: 07/20/2011

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

Facility ID: UNK Facility Name: Storage tank at well 002T

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	Yes	No	

CODE	COMMENTS (F codes continued or continued from Part 1)
D901	check with Jorge Delgado on check valve unprotected on irrigation system with no back flow prevention or ~~at~~ atmospheric vacuum breaker
	* Recommend that all outdoor hose spigots have vacuum breakers
F333	ANSI/NSF 61 certified 315 gal.

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part Ia

System Name: Three Rivers Resort	PWSID Number: CO 0226742	Date: 07/20/2011

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

Facility ID: UNK Facility Name: Well #3 Cabins 14-22

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

CODE	COMMENTS (F codes continued or continued from Part 1)
T162	at time of inspection unapproved chemicals (chlorine) was a bottle of used corrected on site
COS	– get language from CH.
F310	Blue single Storage tank approx 400 gal

Colorado Department of Public Health and Environment

004

Non-Community Ground Water Sanitary Survey Report – Part Ia

System Name: Three Rivers Resort	PWSID Number: CO0226742	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)
	RT series above ground
F310	2 tanks Team Amtrol
	~~375~~ 315 gallon epoxy coated
	manifold configuration
S030	well head ~~does~~ extend up to aboveground
	lower - concrete
F317	opening is screened inside
	One pressure tank is filamentwound
	two are metal
D901	Recommend ~~Check mobile home outside spigots~~
	~~overall 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 0742	Date: 7/20/4

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	yes	No	
F317	Air Vent Opening	yes	No	
F333	Non ANSI/NSF Materials or AWWA Standards	N/A		

CODE	COMMENTS (F codes continued or continued from Part 1)
	~~F8~~
	galvanize above ground ~ 400 gal tank
S030	square Rod with steel wool stuffed into opening
S031	area is protected on 2 sides system will add large boulders
	not irrigation hose right off system vacuum attached
	Not an issue good observation

WQCD NCGW SS Form 05/11 **SIGNIFICANT DEFICIENCIES IN BOLD**

Colorado Department of Public Health and Environment

Non-Community Ground Water Sanitary Survey Report – Part II

MANAGEMENT– Complete only once for each PWS – Write N/A if Not Applicable					
System Name: Three Rivers Resort				PWSID Number: CO 0226742	Date: 07/20/2011
CODE	ELEMENT	Verified?	Identified issue?	Comments (M610, M620)	
M610	X-Connect Control Program	Yes	yes	no written plan	
MONITORING & RECORDKEEPING AND DATA VERIFICATION - Write N/A if Not Applicable					
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			
OPERATOR CERTIFICATION – Write N/A if Not Applicable					
CODE	ELEMENT	Verified?	Identified issue?		
O710	Certified Operator	Yes	No		

CODE	COMMENTS (Part II codes continued)
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	Plan to send study guide - CD - operator test schedule

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
CO0226742 - THREE RIVERS RESORT	A	NC	GW	P	GUNNISON	5/1 to 9/30	T	275	284
						1/1 to 12/31	R	9	

mark@3rivers resort.com
mirolli74@hotmail.com

Contacts

Contact Type	Contact Name	Address 1	Address 2	City	State	Zipcode	Business Phone	Extension
AC	SCHUMACHER, MARK		PO BOX 339	ALMONT	CO	81210	970-641-1303 — cell 970 275 2979	
EC	SCHUMACHER, MARK		PO BOX 339	ALMONT	CO	81210	970-641-1303	
DOP	~~DWYER, JERRY~~ Jack Dietrich		PO BOX ~~339~~ 844	~~ALMONT~~ Crestal Butte	CO	~~81210~~ 81224	~~970-641-1303~~ 349 5480 cell 970 209 7405	
OW	SCHUMACHER, MARK		PO BOX 339	ALMONT	CO	81210	970-641-1303	
PL	THREE RIVERS RESORT	130 CR 742		ALMONT	CO	81210	970-641-1303	
OP	Mirolli, Nick		P.O. Box 339	Almont	CO	81210	970 596-6279	

Facilities

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	6/1/1974	P	GW	1/1 to 12/31
001T	CHLORINATOR FOR WELL 1	TP		A	6/1/1974	P	GW	1/1 to 12/31
002	WELL NO 2 LOWER ~~RV~~ 57-67+ 1-5	WL		A	6/1/1974	P	GW	1/1 to 12/31
002T	CHLORINATOR FOR WELL 2	TP		A	6/1/1974	P	GW	1/1 to 12/31
003	WELL NO 3 CABINS 14 TO 22	WL		A	6/1/1974	P	GW	1/1 to 12/31
003T	CHLORINATOR FOR WELL 3	TP		A	6/1/1974	P	GW	1/1 to 12/31
004	WELL NO 4 THREE RIVERS MHP	WL		A	6/1/1974	P	GW	1/1 to 12/31
004T	CHLORINATOR FOR WELL 4	TP		A	6/1/1974	P	GW	1/1 to 12/31
005	WELL NO 5 CABINS 23 TO 30	WL		A	6/1/1974	P	GW	1/1 to 12/31
005T	CHLORINATOR FOR WELL 5	TP		A	6/1/1974	P	GW	1/1 to 12/31
DS001	DISTRIBUTION SYSTEM	DS		A	6/1/1974	P		1/1 to 12/31

400 gal galvanized storage tank at (0005T)

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 NO 1 STORE AND UPPER RV	001	RW	RAW	A	1/1/2002
001T	TP	CHLORINATOR FOR WELL 1	001T	EP	ENTRY POINT	A	1/1/2002
002	WL	WELL NO 2 LOWER RV	002	RW	RAW	A	1/1/2002

500 gal galvanized storage tank at 001T
315 gal ANSI/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

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: 303-692-0390

Safe Drinking Water Program
Engineering Section

[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

Glacier View Ranch

A Christian Retreat & Conference Center

FACSIMILE TRANSMITTAL SHEET

TO: IRIS SHERMAN-BOEMKER	FROM: N. CLAYTON HART
COMPANY: BOULDER CO. PUBLIC HEALTH	DATE: 10-6-11
FAX NUMBER: 303-441-1468	TOTAL NO. OF PAGES, INCLUDING COVER: 4
PHONE NUMBER: 303-441-1157	SENDER'S REFERENCE NUMBER: N/A
RE: GLACIER VIEW RANCH PWSID CO0207315	YOUR REFERENCE NUMBER: 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

8748 Overland Road • Ward, CO 80481 • 303.459.0771 • Fax 303.459.3325

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	CO0207315
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 POTA-POXY COATING CRACKED, RUSTED & FAILING & SHOULD BE REPLACED/REPAIRED.	METAL M.H. RISER WILL BE SCRAPED/CLEANED & RE-COATED. A MOLDED 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 (FORMALLY 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

ATTN: 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)?

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

ATTN: IRIS SHERMAN-BOEMKER

COLORADO WATER AND WASTEWATER FACILITY
OPERATORS CERTIFICATION BOARD

it Known that Terry A Chambers, CWP is
eby Certified as a Class D Water Operator, Certificate No.
i07, until 7/20/2013, in accordance with Article 9 of Title 25,
R.S., and the rules and regulations of the Board.

erator ID. 12797
tificate No. 22507
pires 7/20/2013

Secretary
Colorado Facility Operators Certification Board

COLORADO WATER AND WASTEWATER FACILITY
OPERATORS CERTIFICATION BOARD

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

erator ID. 12797
rtificate No. 22118
pires 5/10/2013

Secretary
Colorado Facility Operators Certification Board

ORC (FORMALLY 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

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:**	

NCGW System: [Enter Name of System] **Date Form Completed: [Enter Date]**
PWSID #: [Enter PWSID #]

3. Follow-Up Activity Log of Effort to Obtain Written Response			
Follow-Up Activity Type [a]	**Activity Date [b]**	**Support Documentation Attached [c] (Yes, No or N/A)**	**Comments**

a / Select and enter the follow up activity type from one of the following: **T**(telephone call), **E** (electronic mail (e-mail)), **F** (facsimile), **L**(letter), **C-NC** (consultation with NCGW Coordinator), **C-LE** (consultation with lead engineer), **C-DE** (consultation with district engineer), **C-SE** (consultation with staff engineer), **C-DO** (consultation with designated operator) or **O** (other). If other is selected, please provide an explanation in the Comments column. If C-DE or C-SE is selected, please provide the name of the district engineer or staff engineer in the comments section. If C-DO is selected, please provide the name of the DO in the comments section.
b/ Enter the date that the activity was completed.
c/ Effort put forth to obtain a written response from the system may be subject for follow-up reimbursement. For consideration, **support documentation must be attached.** Enter whether support documentation is attached. Such documentation can include copies of e-mails, facsimiles, record of phone calls, or follow up letters. If No is entered, provide an explanation of why documentation is not attached. Enter N/A if such documentation does not exist and if entered please provide an explanation of why none exists in the comments column.

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

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 ±:**	
Sanitary Survey Date:		**Number of Significant Deficiencies:**	
Sanitary Survey Letter Date:		**Number of Violations:**	

± 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.

NCGW System: [Enter Name of System]
PWSID #: [Enter PWSID #]

Date Form Completed: [Enter Date]

3. Code or Issue [a]	Deficiency Type [b]	Deficiency Number [c]	Deficiency/Violation Explanation [d]	Issue Resolved? [e] (Y/N)	Date Issue Resolved [f]

a/ Enter deficiency code or violation code (from the inspection form or sanitary survey letter)
b/ Enter either **S** (significant) or **V** (violation)
c/ Enter the significant deficiency or violation number that is generated for and included in the sanitary survey letter.
d/ Provide a brief description of the deficiency/violation and how it was resolved.
e/ The deficiency/violation has been satisfactorily corrected and no further action is warranted. Y = Yes, N = No
f/ Enter the date of the final follow up activity that was performed to achieve final resolution of the deficiency/violation.

NCGW System: [Enter Name of System]
PWSID #: [Enter PWSID #]

Date Form Completed: [Enter Date]

4. Deficiency/Violation Number [g]	Follow-Up Activity Type [h]	Activity Date [i]	Support Documentation Attached [j] (Yes, No or N/A)	Type of Written Plan Resolved and Attached [k]	Comments

g/ Enter deficiency/violation number from column 3[c] (Deficiency/Violation Number) above
h/ Select and enter the follow up activity type from one of the following: **T**(telephone call), **E** (electronic mail (e-mail)), **F** (facsimile), **L**(letter), **P** (photograph), **C-NC** (consultation with NCGW Coordinator), **C-LE** (consultation with lead drinking water engineer), **C-DE** (consultation with design engineer), **C-DO** (consultation with designated operator), **M** (in-person meeting), **SS** (follow-up sanitary survey, **R** (referral to WQCD) or **O** (other). If referral or other is selected, please provide an explanation in the Comments column. If C-DE is selected, please provide the name of the district engineer or staff engineer in the comments section. If C-DO is selected, please provide the name of the DO in the comments section.
i/ Enter the date that the activity was completed.
j/ Support documentation must be attached in order to be reimbursed. Enter whether support documentation is attached. Such documentation can include copies of e-mails, facsimiles, record of phone calls, photographs, follow up sanitary survey letters or follow up letters. If No is entered, provide an explanation of why documentation is not attached. Enter N/A if such documentation does not exist and if entered please provide an explanation of why none exists in the comments column.
k/ If a plan related deficiency is resolved, enter one of the following plan types: GMP (general monitoring plan) or XCC (cross-connection control program). **A copy must be attached in order to be reimbursed**.

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

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

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

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

Date Form Completed: 12/30/11

3. Code or Issue [a]	Deficiency Type [b]	Deficiency Number [c]	Deficiency Explanation [d]	Issue Resolved? [e] (Y/N)	Date Issue Resolved [f]
R510	M	1	A General Monitoring Plan was unavailable upon request. A template was provided and completed on site with the inspector.	Y	8/10/11
R520	M	2	The System was unable to locate all the requested chemical analyses for coliform, chlorine, and nitrate upon request.	Y	12/13/11
M610	M	3	A cross connection control plan was unavailable upon request. A template was provide and completed on site with the inspector.	Y	8/10/11
D901	S	4	Adequate backflow protection was not provided on the mop sink.	N	
R525	M	5	System was using total chlorine DPD, rather than a free chlorine DPD to perform weekly chlorine residual measurements for a system using chlorine as the disinfectant.	Y	12/13/11

a/ Enter deficiency code or violation code (from the inspection form or sanitary survey letter)
b/ Enter either **S** (significant) or **M** (minor)
c/ Enter the deficiency number that is generated for and included in the sanitary survey letter.
d/ Provide a brief description of the deficiency and how it was resolved.
e/ The deficiency has been satisfactorily corrected and no further action is warranted. Y = Yes, N = No
f/ Enter the date of the final follow up activity that was performed to achieve final resolution of the deficiency.

Date Form Completed: 12/30/11

4. Deficiency Number[g]	Follow-Up Activity Type[h]	Activity Date[i]	Support Documentation Attached[j] (Yes, No or N/A)	Type of Written Plan Resolved and Attached[k]	Comments
2, 4, 5	T	11/22/11	Yes	NA	See Figure I
2, 4, 5	E	12/13/11	Yes	NA	See Figure II
2, 4, 5	F	12/13/11	Yes	NA	See Figure III
2, 4, 5	F	12/13/11	Yes	NA	See Figure IV
4	T	12/28/11	Yes	NA	See Figure V
4	F	12/28/11	Yes	NA	See Figure VI
4	R	12/30/11	No	NA	
3	NA	8/10/11	Yes	Yes	See Figure VII
1	NA	8/10/11	Yes	Yes	See Figure VIII

g/ Enter deficiency number from column 3[c] (Deficiency Number) above
h/ Select and enter the follow up activity type from one of the following: **T**(telephone call), **E** (electronic mail (e-mail)), **F** (facsimile), **L**(letter), **P** (photograph), **C-NC** (consultation with NCGW Coordinator), **C-LE** (consultation with lead engineer), **C-DE** (consultation with district engineer), **C-SE** (consultation with staff engineer), **C-DO** (consultation with designated operator), **SS** (follow-up sanitary survey, **R** (referral to WQCD) or **O** (other). If referral or other is selected, please provide an explanation in the Comments column. If C-DE or C-SE is selected, please provide the name of the district engineer or staff engineer in the comments section. If C-DO is selected, please provide the name of the DO in the comments section.
i/ Enter the date that the activity was completed.
j/ Support documentation must be attached in order to be reimbursed. Enter whether support documentation is attached. Such documentation can include copies of e-mails, facsimiles, record of phone calls, photographs, follow up sanitary survey letters or follow up letters. If No is entered, provide an explanation of why documentation is not attached. Enter N/A if such documentation does not exist and if entered please provide an explanation of why none exists in the comments column.
k/ If a plan deficiency is resolved, enter one of the following plan types: GMP (general monitoring plan), O&M (operation and maintenance), XCC (cross-connection control), BSS (written bacti sample-siting plan) and STM (storage tank maintenance plan). **A copy must be attached in order to be reimbursed.**

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)

#	DATE	START T.	RECEIVER	CON.TIME	PAGE	TYPE/NOTE		FILE
001	DEC/13	04:46PM	7202873325	0:01:05	3	MEMORY	OK ECM	4610

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

Tri-County Health Department

Fax

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

☐ 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

Tri-County Health Department

Fax

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

☐ 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 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

6162 S. Willow Drive, Ste 100 Greenwood Village, CO 80111 (720)200-1670/Fax (303)741-4021

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: 303-692-0390

Safe Drinking Water Program
Engineering Section

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	Northglenn Moose Lodge
PWSID	CO0201517
Date of Sanitary Survey Letter	September 9, 2011
Inspector Name	Dylan Garrison (720-200-1578)

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)?
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 provide by TCHD and was completed on site with the inspector.	August 10, 2011	Template was completed on site and provided to TCHD on the the day of inspection.
Adequate backflow protection was not provided on the mop sink			

Revised February 2011 Page 1 of 2

Figure III Continued

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)?
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

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' 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 ant 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 from 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

Tri-County Health Department

Fax

To: DON
From: DYLAN GARRISON
Fax: 720 287 3325
Pages: 2 + COVER
Phone:
Date: 12/28/11
Re:
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.

6162 S. Willow Drive, Ste 100 Greenwood Village, CO 80111 (720)200-1670/Fax (303)741-4021

Figure VII: Copy of Cross Connection Control Plan

POTENTIAL CRO -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 Brillhart Title _____ Date: 8-10-11

TABLE 1

Potential Cross-Connection[1]	Potential Cross-Connection Location	Degree of Hazard[2]	Device Used	Backflow Prevention Assembly (Type & Model No.)	Annual Test Date
ICE MACHINE	Back Hall	H	Air Break	NA	NA
MOP SINK	Back hall	H			
Vegetable Prep Sink	Kitchen	H	Indirectly Plumbed	NA	NA
3 compartment Sink	Kitchen	L	Indirectly Plumbed	NA	NA
3 Compartment Sink	Bar	L	Indirectly Plumbed	NA	NA
Pop Mixer	Bar	L	Dual Check Valve	Denver Syrup	every time come at

[1] – Potential Cross-Connections must be evaluated annually
[2] – Degree of Hazard: High = H (Contamination or Health Hazard); Low = L (Pollution Hazard)

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

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:

- Transient, Non-Community
- Using Groundwater

ATTACHMENT 13
INSPECTION YEAR 2012 SANITARY SURVEY INVOICE

INSPECTION YEAR 2012 SANITARY SURVEY INVOICE

To: Water Quality Control Division/ES/B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

From: (Contractor)

Purchase Order Number: _____

PWSID #	NAME	COUNTY	SANITARY SURVEY DATE[1]	REPORT SUBMITTED TO WQCD DATE[2]	SUBMITTED VIA U.S. MAIL (M) or E-MAIL (E) or BOTH (B)[3]	REPORT RECEIVED BY WQCD DATE	DAYS AFTER SURVEY UNTIL REPORT RECEIVED BY WQCD	COMMENTS	RATE ($)	RATE AFTER 30 DAYS ($)	INVOICE AMOUNT ($)
ASSIGNED SANITARY SURVEYS											
							0		$205	$154	
							0		$205	$154	
							0		$205	$154	
							0		$205	$154	
							0		$205	$154	
							0		$205	$154	
							0		$205	$154	
							0		$205	$154	
							0		$205	$154	
FOLLOW-UP SANITARY SURVEYS											
TBD	TBD	TBD							$103	$77	
TBD	TBD	TBD							$103	$77	
TBD	TBD	TBD							$103	$77	
INACTIVATION OF WATER SYSTEMS											
PWSID #	NAME	COUNTY	INACTIVATION DATE[4]	INACTIVATION FORM SUBMITTED TO WQCD DATE[5]	SUBMITTED VIA U.S. MAIL (M) or E-MAIL (E) or BOTH (B)[6]	FORM RECEIVED BY WQCD DATE	DAYS AFTER INACTIVATION UNTIL REPORT RECEIVED BY WQCD	COMMENTS	RATE	RATE	INVOICE
TBD	TBD	TBD							$40	N/A	
TBD	TBD	TBD							$40	N/A	
TBD	TBD	TBD							$40	N/A	
										INVOICE TOTAL	$0

WE ARE REQUESTING REIMBURSEMENT FOR ABOVE EXPENSES, WHICH WERE INCURRED PER CONTRACT FAA_____.

Signature (Local Health Department): _____ Date: _____

I hereby certify that all contract requirements have been met and the amounts billed are correct.
Payment is authorized for amount indicated.
CDPHE/WQCD
Authorized Designee_____ Date_____

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

INSPECTION YEAR 2012 DEFICIENCY/VIOLATION FOLLOW-UP WORK

To: Water Quality Control Division/ES/B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

From: (Contractor)

Purchase Order Number: _____

PWSID #	NAME	COUNTY	SANITARY SURVEY DATE	SURVEY LETTER DATE	REPORT RECEIVED BY WQCD DATE	COMMENTS	# of Bin A Activities	Bin A Rate $ (# x $25)	# of Bin B Activities	Bin B Rate $ (# x $40)	# of Bin C Activities
ASSIGNED SYSTEMS WITH DEFICIENCY/VIOLATION FOLLOW-UP ACTIVITIES											
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	
								$0		$0	

WE ARE REQUESTING REIMBURSEMENT FOR ABOVE EXPENSES, WHICH WERE INCURRED PER CONTRACT FAA_____.

Signature (Contractor): _____ Date: _____

I hereby certify that all contract requirements have been met and the amounts billed are correct.
Payment is authorized for amount indicated.
CDPHE/WQCD
Authorized Designee_____ Date_____