



How to Prepare for Your 2016 Sanitary Survey

WARWS Spring Conference 2016





Sanitary Surveys:

Assess a water system's capability to supply safe drinking water.

Definition of a Sanitary Survey:

On-site review of a public water system's:

- water source
- treatment
- distribution system
- finished water storage
- pumps & pump facilities
- monitoring & reporting
- system management & operation
- operator compliance with state requirements





EPA Region 8 Sanitary Surveys and Significant Deficiencies
2016 Sanitary Surveys

193 Wyoming Public Water Systems due for a Sanitary Survey in 2016

- Community PWSs last surveyed in 2013 (100)
- Non-Community PWSs last surveyed in 2011 (93)
- Stop by the EPA booth to check the list



Stop by the EPA booth - I have lists of the systems we are surveying this year



EPA Region 8 Sanitary Surveys and Significant Deficiencies
Email Sent to 193 Wyoming Public Water Systems

- Email sent...:

- to: Administrative Contact,
- cc: System Owner,
- cc: Chief Operator,
- cc: Designated alternate

- Attached Documents:

- Wyoming Brochure – Preparing for your Drinking Water Sanitary Survey
- 2016 Sanitary Survey Form
- Storage Tank Inspection & Cleaning Checklist
- Storage Tank Above Ground Rooftop Component Checklist



Notices were emailed out to 193 Wyoming Public Water Systems last week.

- Sent to: - Administrative Contact
- Copied to: - System Owner/Municipal Legal Representative
- Designated Operator
 - Designated Alternate Operator

Attachments - Brochure - Preparing for Your Drinking Water Sanitary Survey

- 2016 Sanitary Survey Report Form
- Storage Tank Cleaning & Inspection Checklist
- Storage Tank Above Ground Rooftop Component Checklist



1) Review the previous sanitary survey report for your system

- a) Look at the **significant deficiencies** and **recommendations**
- b) Make sure each item has been adequately addressed



What's the first step in preparing for a sanitary survey?

Review your previous sanitary survey report for significant deficiencies and recommendations

If they haven't been addressed they will probably show upon this year's sanitary survey report.



What's the second step in preparing for a Sanitary Survey?

2) Start going through the current sanitary survey report form

a) Obtain system contact information

a) mailing address and phone number

b) Find out:

a) Your system's population served

b) Residential vs. non-residential

c) Number of service connections

d) Metered or unmetered



Start going through the 2016 sanitary survey form and answering questions and filling in the blanks about contacts and population served by your system.

We would like to get current accurate contact information:

- Accurate/up-to date name and mailing address for Administrative Contact
- Telephone number and email address for all contacts
- Administrative Contact,
- System Owner/Legal Representatives
- Chief Operator,
- Designated alternate

Find out the number of service connections and population served by your system:

- May have to contact Town Clerk or Utility Billing Rep.
- the number of residential billing accounts
- the number of commercial accounts
- is there an estimate of the population served?
- what is the basis for that estimate
- do you have an estimate of average daily production (gallons)?
- Indicate on the report form the source of your information



EPA Region 8 Sanitary Surveys and Significant Deficiencies
What's the third step in preparing for a Sanitary Survey?

3) Continue going through the current sanitary survey report form

- a) Text in **red** with @ symbol is a **potential SD**
- b) Text in **blue** with ¥ symbol is a **potential violation**
 - i) treatment section



Continue going through the 2016 sanitary survey form looking for potential significant deficiencies that apply to your system.

Some sections won't apply to your system:

- SW sources for GW system
- GW sources for SW systems
- SW & GW sources for Consecutive systems

Some sections will require additional copies:

- more than 6 wells
- more than one spring or infiltration gallery
- more than one surface water intake
- more than 6 gravity tanks
- more than one treatment facility
- more than one distribution system



If you have gravity storage tanks...

We do not require our surveyors to climb above-ground gravity storage tanks

- a) Elevated tanks on stilts or a pedestal
- b) Gravity tanks whose base is at ground level

EPA doesn't provide our survey contractors with safety training nor equipment

You may wish to complete the Rooftop Component Checklist yourself, prior to the survey.

We do not require our surveyors to climb storage tanks.



EPA Region 8 Sanitary Surveys and Significant Deficiencies Rooftop component checklist

EPA Region 8 Drinking Water Unit
Storage Tank - Above Ground Roofing Component Checklist for Potable Water Tanks
If it is not use checklist per storage tank a public labeled storage tank, the center person was able to access and completely inspect with this form

Facility Name: _____ Tank ID: _____
 Tank Name: _____
 Proposed Inspection Date: _____ Actual Inspection Date: _____
 Name of Person Filling Out Form: _____ Title of Person Filling Out Form: _____
 I certify that this information is complete and accurate. _____ Date: _____

Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the tank appear to be structurally sound?	If no, what repairs are suggested by the tank inspector?	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any unsecured openings in the tank (skatches, leaks, cloungit coming through tank or gaps, etc).	If yes, indicate type of breach and how it should be repaired.	_____	_____

Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
Air Vent			
<i>Above Ground Tanks (Ground Level or Elevated)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the tank have a vent separate from the overflow?	If no, indicate proposed correction.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Equipped with a 1/2 inch mesh screen at least 24" above the roof?	If no, investigate need to provide proper air gap.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Non-dispersible cap is placed a seal cover down to the bottom of the vent opening?	If no, indicate deficiency and proposed correction.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Non-dispersible cap is the screen at least 12" above the roof surface? What is the height of the start of the screening above the tank?	If no, indicate deficiency and proposed correction.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the vent covered with #24 mesh corrosion resistant screening (some exceptions apply)? Mesh Size: _____	If no, indicate deficiency and proposed correction.	_____	_____

Access Hatch			
Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the hatch raised at least 4" above the roof (for ground level or elevated tanks). What is the height of the access hatch above the roof or ground surface?	If no, the hatch should be raised to the appropriate height above the tank roof or ground.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the hatch have a shoe box lid?	If no, a properly designed shoe box type lid should be installed.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the lid water tight and sealed with a rubber gasket?	If no, the reason for the lack of a seal should be investigated and repaired.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the hatch locked?	If no, the hatch should be equipped with a lock.	_____	_____

The Rooftop Component Checklist is a page and a half document.

It asks about structural integrity, vents and access hatches.

Please provide photographs (with tape measure or yardstick for reference) illustrating your answers on the form:

- Vent height above roof
- #24 mesh screen
- locked access hatch
- shoebox lid
- hatch height above roof
- gasket material on inside edge of hatch



EPA Region 8 Sanitary Surveys and Significant Deficiencies
Provide a photo of your tank



Show us your tank.



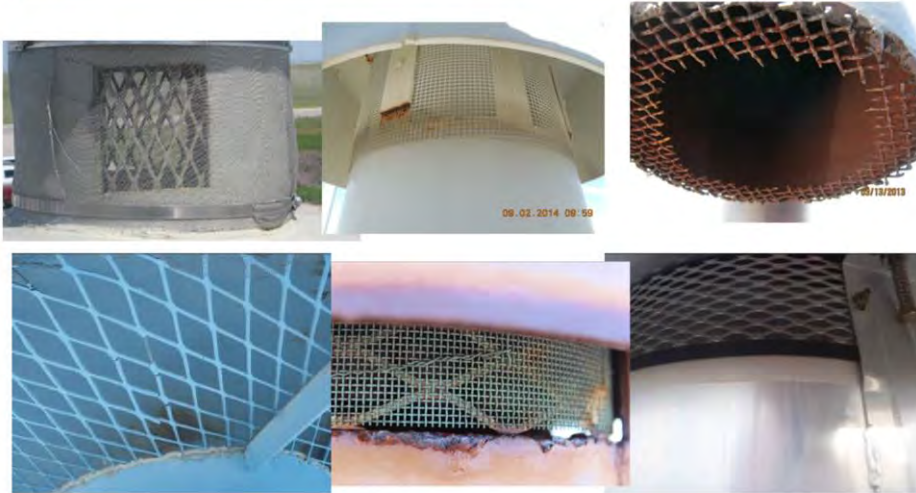
EPA Region 8 Sanitary Surveys and Significant Deficiencies
Provide a photo showing vent height (24", 8")



Vent height above roof (with tape/yardstick)



EPA Region 8 Sanitary Surveys and Significant Deficiencies
Provide a photo showing screen size, include a scale



#24 mesh screen (with tape/yardstick/ruler)



EPA Region 8 Sanitary Surveys and Significant Deficiencies
Provide a photo showing locked hatch



Locked access hatch

Shoebox lid



EPA Region 8 Sanitary Surveys and Significant Deficiencies

Provide a photo showing hatch height, include scale

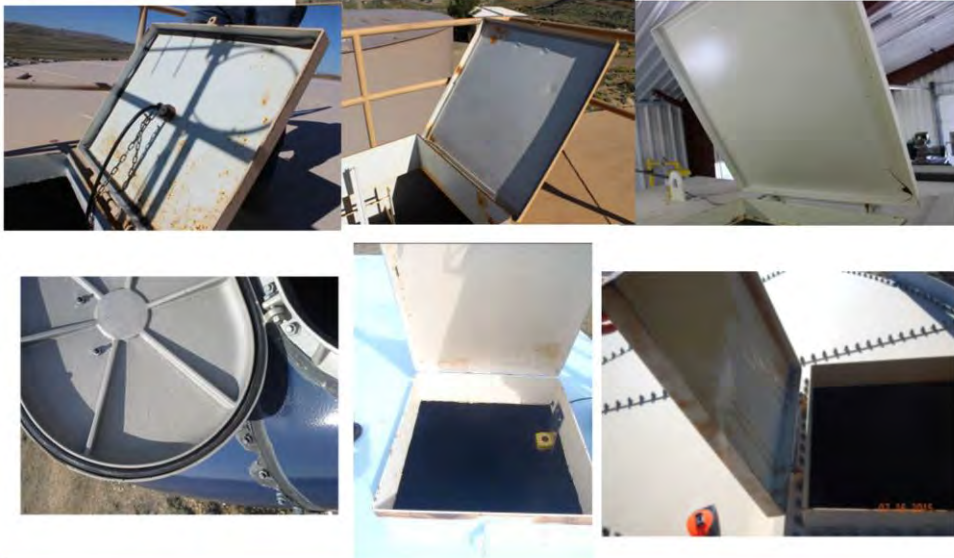


Shoobox lid

Hatch height above roof (with tape or yardstick)



EPA Region 8 Sanitary Surveys and Significant Deficiencies
Provide a photo showing gasket inside hatch cover



Gasket material on inside edge of hatch



EPA Region 8 Sanitary Surveys and Significant Deficiencies Gravity Storage tanks cleaned every 10 years (EPA Recommends 5)

EPA Region 8 Drinking Water Unit Finished Water Storage Tank Inspection/ Cleaning Checklist			
Fill out one checklist per storage tank & submit selected photos of each tank component with this form.			
PWS Name: _____	PWS ID: _____		
Tank Name: _____	Tank ID: _____		
Proposed Inspection Date: _____	Actual Inspection Date: _____		
Name of Person Filling Out Form: _____	Title of Person Filling Out Form: _____		
I certify that this information is complete and accurate:		Date: _____	
Inspector Qualifications (answer to all questions must be "yes")			
Name and contact information of inspector (if water system personnel) or inspection company: _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the inspector completed certified space training?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the inspector have a confined space entry permit?		
Overall Tank Condition			
Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the tank appear to be structurally sound?	<small>If no, what repairs are suggested by the tank inspector?</small>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are there any projected openings in the tank (cracks, leaks, daylight coming through tank at joints, etc.)?	<small>If yes, indicate type of breach and how it should be repaired.</small>	
Air Vent			
Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
Above Ground Tanks (Ground Level or Elevated) <input type="checkbox"/> Check if NA			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does the tank have a vent separate from the overflow?	<small>If no, indicate proposed correction.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Disintegrated vent: Is the vent at least 24" above the roof?	<small>If no reconfigure vent to provide proper air flow.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Non-disintegrated vent: Is there a solid cover down to the bottom of the vent screen?	<small>If no, indicate deficiency and proposed correction.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Non-disintegrated vent: Is the screen at least 8" above the roof surface? What is the height of the start of the screening above the tank?	<small>If no, indicate deficiency and proposed correction.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the vent covered with #24 mesh corrosion resistant screening (some exceptions apply)? Mesh size: _____	<small>If no, indicate deficiency and proposed correction.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Buried or Partially Buried Tanks <input type="checkbox"/> Check if NA Is the vent covered with #24 mesh corrosion resistant screening?	<small>If no, install proper #24 mesh corrosion resistant screening.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the air vent terminate downwards?	<small>If no, reconfigure the vent so that it terminates downwards.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the air vent at least 24" above the tank roof or ground surface (whichever is higher)? What is the height of the vent above the roof or ground surface?	<small>If no, raise air vent to provide for an appropriate air gap.</small>	
Access Hatch			
Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the hatch raised at least 8" above the roof (for ground level or elevated tanks) or at least 24 inches above the roof or ground, whichever is higher (for buried or partially buried tanks)? What is the height of the access hatch above the roof or ground surface?	<small>If no, the hatch should be raised to the appropriate height above the tank roof or ground.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the hatch have a close box lid?	<small>If no, a properly designed close box lid should be installed.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the lid water tight and sealed with a rubber gasket?	<small>If no, the reason for the lack of a seal should be investigated and repaired.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the hatch locked?	<small>If no, the hatch should be equipped with a lock.</small>	
Overflow			
Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does the tank have an overflow separate from the vent?	<small>If no, indicate proposed correction.</small>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge has #24 mesh corrosion resistant screen OR a diaphragm valve OR a properly sealed flap valve with a screen inside (EPA recommends #24 mesh screen)?	<small>If no, indicate proposed correction.</small>	

Storage tanks cleaned every 10 years (recommend every 5).

- Read the report (watch the video/DVD when you get it)
- Notify if animal carcasses/debris were/was found
- Region 8 needs to know right away what breaches were found & how they were repaired
- If EPA finds out about breaches later, you may have to re-inspect your tank for additional carcasses



EPA Region 8 Sanitary Surveys and Significant Deficiencies Gravity Storage tanks cleaned every 10 years (EPA Recommends 5)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Overflow terminates between 12 and 24 inches above the ground surface? Is what height above the overflow discharge?	If no, modify overflow to provide for an appropriate air gap.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Overflow discharges over an inlet structure, splash plate, or engineered splash?	If no, indicate proposed correction: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does the overflow have an air gap of 1 or more pipe diameters above the entrance to any storm or sanitary sewer?	If no, indicate proposed correction: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there blockage to the overflow, an inadequately sized overflow, a malfunction of the level control system, or other issue that is causing the tank to overflow through the hatch or vent?	If yes, indicate what is causing the problem and how it should be repaired: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the overflow discharge point visible? If no, it is recommended that the discharge point be moved to a location that is visible.		Not Required

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If animal carcasses in other animal debris were found, was EPA notified immediately?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was the entry point for the carcass or debris eliminated? Describe: _____

Please attach tank as-built drawings (if available) or a sketch of the tank's configuration and dimensions including the location, layout and dimensions of all major components (i.e. access hatch, vent, overflow, drain)

Drain			
Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does the drain pipe have an air gap of 1 or more pipe diameters above the entrance to any storm or sanitary sewer?	If no, indicate proposed correction: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the discharge have a #24 mesh corrosion resistant screen OR a ductile iron OR a properly tested flapper valve with a screen inside? If no, EPA recommends that a #24 mesh screen be installed.		Not Required
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the drain terminate between 12 and 24 inches above the ground surface and discharges over an inlet structure or splash plate? If no, it is recommended that the discharge point be modified to provide for the appropriate air gap.		Not Required

Cleaning and Other Items			
Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
Describe any other items noted by the inspector that have the potential to cause contamination of the finished drinking water: _____			
What repairs are suggested to prevent or eliminate the source of contamination? _____			
Depth of sediment found in the tank before cleaning (inches): _____			
How was the storage tank cleaned? _____			
How was the storage tank disinfected after cleaning? _____			
Did any objects found inside the tank during cleaning that also have introduced contamination into the water system (cigarettes, shells, animals, etc)? _____			



EPA Region 8 Sanitary Surveys and Significant Deficiencies
Monitoring Plans – a current issue

RTCR Sampling Plan on file?

Ground Water Rule on file?

Disinfection Byproducts Sampling Plan on file?

Lead & Copper Sample Siting plan on file?

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Monitoring Plans

RTCR Sampling Plan on file? – Were due to Region 8 April 1st.

Ground Water Rule on file? – follow-up sampling for “unsafe” results

Disinfection Byproducts Sampling Plan on file?

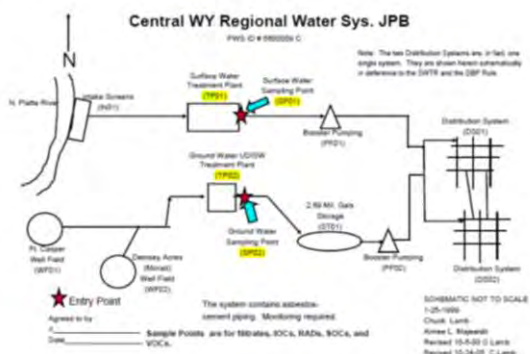
Lead & Copper Sample Siting Plan on file? – of current interest due to Lead issue in Flint Michigan



EPA Region 8 Sanitary Surveys and Significant Deficiencies Schematic for WY560009

Sent to all WY PWSs in March:

- Revised System Schematic
- Revised ToDo List



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System Facility Code and Sample Point Code identified on System Schematic



EPA Region 8 Sanitary Surveys and Significant Deficiencies ToDo List for WY560009

Monitoring and Reporting Requirements for the Calendar Year 2016

February 3, 2016

CENTRAL WY REG WATER SYS JPB

PWS ID#: WY560009 (C/SW)

Water System Inventory

Water Source: BW
Water System Type: C
Contact: BRIAN SCHROEDER
Address: 1800 W. WYOMING BL
CASPER, WY 82404
Phone: 307-245-8983

Original list developed as the General Sanitary Collection Form (GSC) for the Drinking Water Rule (DWR) surveys. This list includes the names of the listed public utilities that are in a **regulated area** - **drinking water** and the sampling program for all chemicals that need to be sampled for your System Inventory. <http://www.epa.gov/region8> for additional information and DWR requirements. <http://www.epa.gov/region8> for more information on monitoring water quality. If you need help with Drinking Water System or the sample collection form, call 303-712-6277 or 800-712-6277.

Where to monitor and Whom to call

The "sole manager" responsibility for administering the various drinking water rules are listed here. Any questions or documents should be directed to the appropriate rule manager at the number given below, or you can call 800-712-6277 and ask for the appropriate contact.

Monitoring for these contaminants must be at the Entry Point to the Distribution System:

Nitrate/Nitrite	Nitrate	Michael Copeland	303-712-6216
Inorganic Chemicals	IOC	Natalie Cannon	303-712-6125
Volatile Organic Chemicals	VOC	Natalie Cannon	303-712-6125
Synthetic Organic Chemicals	SOC	Natalie Cannon	303-712-6125
Radionuclides	Rad	Kim Le	303-712-6273

Monitoring for these contaminants must be within the Distribution System:

Revised Total Coliform Rule	RTCR	Bea Beckwith	303-712-6224
Lead and Copper	Lead & Copper	Kim Le	303-712-6273
Asbestos	Asbestos	Natalie Cannon	303-712-6125
Disinfection Byproducts	DBP	Mary Wu	303-712-6786

The following rules may apply:

Surface Water Treatment Rule	SWTR	Jake Crosby	303-712-6388
Consumer Confidence Report	CCR	Kerina Merman	303-712-6145
Ground Water Rule	GWR	Gail Franklin	303-712-6247

IMPORTANT
You must use a laboratory certified to test for each specific contaminant in drinking water. Call 1-800-227-8917 and ask for the appropriate rule manager listed above or go to the latest list of certified labs at Drinking Water Online at <http://www.epa.gov/region8-waterops/waterops-region-8-certified-drinking-water-laboratories>

Please send sample results to our office using one of the methods listed below. Include your PWS name and PWS ID on all correspondence.

Email: RDWV@epa.gov 1885 Wynkoop St. Denver, CO 80202-4128
Fax: 1-877-875-8101 Mail Code 8P-8109

Monitoring and Reporting Requirements for the Calendar Year 2016

February 3, 2016

CENTRAL WY REG WATER SYS JPB

PWS ID#: WY560009 (C/SW)

The facility codes and sample point codes listed with the sampling directions below MUST be used in the sheets of records or lab slip submitted to a lab with the sample. The requirements presented here are based on EPA's current information, which might not be completely accurate. We advise you to compare the information with data from your own files, and contact the appropriate EPA rule manager for comments or clarification if needed.

Revised Total Coliform (RTCR)	You must take one sample each month in 2016, at sites which are representative of water throughout the distribution system according to your site sampling plan. If you have a positive sample be sure to consult: http://www.epa.gov/region8-waterops/revised-total-coliform-rule for instructions on further sampling requirements. If any sample results are E. coli positive, you must contact EPA the same day that you receive the sample results. If you chlorinate or purchase chlorinated water, you must measure chlorine residual at the same place each time you do bacteriological sampling. Write the chlorine residual results on the sampling sheet and ask your laboratory to forward that information to EPA.
Turbidity (SWTR & LTIESWTR)	You are required to monitor the turbidity of the combined water from all filters since every four hours (or more frequently) and continuously monitor the turbidity of the effluent from each filter. A summary of these monitoring results must be submitted to the EPA each month.
River bank filtration monitoring (SWTR and IESWTR)	You are required to conduct the monitoring and reporting specified by EPA to receive 2-log Cryptosporidium removal credit for the river bank filtration system.
Cryptosporidium in source water (LTIESWTR)	You are required to collect Cryptosporidium, turbidity, and E. coli samples in your raw water source according to the dates and procedures specified in your approved Long Term 2 Enhanced Surface Water Treatment Rule, second round source water monitoring sampling plan.
Filter backwash recycling data (FBR)	You must maintain annual reports of your backwash recycling practices including: a list of all recycle flows and the frequency of return, the average and maximum backwash flow rate and the average and maximum duration of the filter backwash process, typical filter run length and how a run length is determined, the type of treatment provided to recycle flows, and data on the equalization or treatment units utilized. These records must be available for review during sanitary surveys.

ToDo List instructs samplers to identify the sample using the System Facility Code and Sample Point Code



EPA Region 8 Sanitary Surveys and Significant Deficiencies ToDo List for WY560009

Monitoring and Reporting Requirements for the Calendar Year 2016

February 5, 2016

CENTRAL WY REG WATER SYS JPB PWS ID#: WY560009 (C/SW)

<p>Chlorine residual (SWTR)</p> <p>You are required to monitor the chlorine residual at the point of entry to the distribution system continuously and record the lowest value measured each day. You are also required to monitor the chlorine residual in the distribution system at the same time and location as the total coliform rule samples are taken.</p> <p>A summary of these monitoring results must be submitted to the EPA each month.</p>	<p>Disinfection Byproducts Rule (Stage 2 - TTHM(AA))</p> <p>You are required to follow your proposed Stage 2 Monitoring Plan to monitor for DBP quarterly (every 90 days) by taking a total of nine sets of TTHM(AA) samples at the following approved seven locations in your distribution system. Collect samples in January, April, July and October in 2016.</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00010001</td> <td>2.1 SURFACE WATER - DBP</td> </tr> <tr> <td>0002</td> <td>CENTRAL WY REG WATER SYS JPB 1</td> <td>00020001</td> <td>1.1 SURFACE WATER - DBP</td> </tr> <tr> <td>0003</td> <td>CENTRAL WY REG WATER SYS JPB 1</td> <td>00030001</td> <td>1.2 SURFACE WATER - DBP</td> </tr> <tr> <td>0004</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00040001</td> <td>2.2 SURFACE WATER - DBP</td> </tr> <tr> <td>0005</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00050001</td> <td>2.3 SURFACE WATER - DBP</td> </tr> <tr> <td>0006</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00060001</td> <td>2.4 SURFACE WATER - DBP</td> </tr> <tr> <td>0007</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00070001</td> <td>2.5 SURFACE WATER - DBP</td> </tr> <tr> <td>0008</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00080001</td> <td>2.6 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	CENTRAL WY REG WATER SYS JPB 2	00010001	2.1 SURFACE WATER - DBP	0002	CENTRAL WY REG WATER SYS JPB 1	00020001	1.1 SURFACE WATER - DBP	0003	CENTRAL WY REG WATER SYS JPB 1	00030001	1.2 SURFACE WATER - DBP	0004	CENTRAL WY REG WATER SYS JPB 2	00040001	2.2 SURFACE WATER - DBP	0005	CENTRAL WY REG WATER SYS JPB 2	00050001	2.3 SURFACE WATER - DBP	0006	CENTRAL WY REG WATER SYS JPB 2	00060001	2.4 SURFACE WATER - DBP	0007	CENTRAL WY REG WATER SYS JPB 2	00070001	2.5 SURFACE WATER - DBP	0008	CENTRAL WY REG WATER SYS JPB 2	00080001	2.6 SURFACE WATER - DBP
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<p>DBP Precursor</p> <p>You are required to monitor for DBP precursors monthly by collecting a pair of TOC samples (one each from source water and treated water), and a source water alkalinity sample for each surface water treatment plant in operation.</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>001 SURFACE WATER - DBP</td> <td>00010001</td> <td>001 SURFACE WATER - DBP</td> </tr> <tr> <td>0002</td> <td>002 SURFACE WATER - DBP</td> <td>00020001</td> <td>002 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	001 SURFACE WATER - DBP	00010001	001 SURFACE WATER - DBP	0002	002 SURFACE WATER - DBP	00020001	002 SURFACE WATER - DBP	<p>Disinfection Byproducts Rule (bromate)</p> <p>You are required to monitor for bromate monthly at the entry point to the distribution system when your operation is in operation.</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00010001</td> <td>2.1 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	CENTRAL WY REG WATER SYS JPB 2	00010001	2.1 SURFACE WATER - DBP																
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<p>Lead and Copper (LCR)</p> <p>NOT DUE THIS YEAR. You are required to monitor for lead and copper every third year. Collect five samples between June 1 and September 30, 2017. Take samples in the distribution system according to your sample siting plan.</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>CENTRAL WY REG WATER SYS JPB 2</td> <td>00010001</td> <td>2.1 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	CENTRAL WY REG WATER SYS JPB 2	00010001	2.1 SURFACE WATER - DBP																													
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Monitoring and Reporting Requirements for the Calendar Year 2016

February 5, 2016

CENTRAL WY REG WATER SYS JPB PWS ID#: WY560009 (C/SW)

<p>Radionuclides</p> <p>NOT DUE THIS YEAR. You are required to monitor for radionuclides every sixth year. Collect a sample between January 1 and December 31, 2022 at every entry point to the distribution system shown on the system schematic and as listed below.</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP</td> <td>00010001</td> <td>001 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP	00010001	001 SURFACE WATER - DBP	<p>Nitrate (NO3)</p> <p>You are required to monitor annually for nitrate. Collect a sample between January 1 and December 31, 2016 at the entry point(s) to the distribution system shown on the system schematic and as listed below.</p> <p>If any sample result exceeds 10.4 mg/L, you MUST collect a confirmation sample within 24 hours of receiving the results and you should consult with the EPA as soon as possible. Failure to complete follow-up actions may result in monitoring violations and endangerment of public health.</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP</td> <td>00010001</td> <td>001 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP	00010001	001 SURFACE WATER - DBP
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<p>Synthetic Organic Chemicals (SOC)</p> <p>NOT DUE THIS YEAR. You are required to monitor for SOCs once during a three year period. Collect a sample between January 1, 2017 and December 31, 2019 at every entry point to the distribution system shown on the system schematic and as listed below.</p> <p>Please note: You are required to sample for Diquat, Endosulf, Glyphosate, 1,2-Dichloro-3-chloropropane (DCCP), and 1,2-Dichloroethane (DCE) and submit the results along with the other SOCs. Please ensure that the laboratory conducts analyses for these specific SOCs.</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP</td> <td>00010001</td> <td>001 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP	00010001	001 SURFACE WATER - DBP	<p>Volatile Organic Chemicals (VOC)</p> <p>You are required to monitor for VOCs from ground water sources once during a three year period. Collect a sample between January 1, 2017 and December 31, 2019 at every ground water source entry point to the distribution system shown on the system schematic and as listed below (TPQ2).</p> <p>You are also required to monitor annually for VOCs from surface water sources. Collect a sample between January 1, 2016 and December 31, 2016 at every surface water source entry point to the distribution system shown on the system schematic and as listed below (TPQ1).</p> <table border="1"> <thead> <tr> <th>FACILITY CODE</th> <th>FACILITY DESCRIPTION</th> <th>SAMPLE POINT CODE</th> <th>SAMPLE POINT DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>0001</td> <td>SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP</td> <td>00010001</td> <td>001 SURFACE WATER - DBP</td> </tr> </tbody> </table>	FACILITY CODE	FACILITY DESCRIPTION	SAMPLE POINT CODE	SAMPLE POINT DESCRIPTION	0001	SURFACE WATER TREATMENT PLANT - 001 SURFACE WATER - DBP	00010001	001 SURFACE WATER - DBP
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Utilize your System Schematic, ToDo List and Monitoring Plans when collecting compliance samples



EPA Region 8 Sanitary Surveys and Significant Deficiencies ToDo List for WY560009

Monitoring and Reporting Requirements for the Calendar Year 2016

February 9, 2016

CENTRAL WY REG WATER SYS JPB

PWS ID# WY560009 (CSW)

<p>Inorganic Chemicals (IOC)</p>	<p>You are required to monitor for IOCs from ground water sources once during a three year period. Collect a sample between January 1, 2017 and December 31, 2019 at every ground water source entry point to the distribution system shown on the system schematic and as listed below (TPO2).</p> <p>You are also required to monitor annually for IOCs from surface water sources. Collect a sample between January 1, 2016 and December 31, 2016 at every surface water source entry point to the distribution system shown on the system schematic and as listed below (TPO1).</p>
<p>Consumer Confidence Report (CCR)</p>	<p>You are required to complete and distribute a copy of your 2015 Consumer Confidence Report (CCR) to all of your customers by July 1, 2016. A copy of this drinking water quality report must also be sent to EPA Region 8 by July 1, 2016. In addition, a signed certification for the content and distribution of the CCR is due to EPA Region 8 by October 1, 2016. Consecutive systems should receive sample results and other pertinent information for incorporation into their report from their wholesaler by April 1, 2016. You can obtain your certification form and additional information about the requirements for this rule at http://www2.epa.gov/region8-water/a-reporting-forms-and-instructions-consumer-confidence-reports.</p> <p>As a wholesale system, you must provide sample data, violation information and the other content required in 40 CFR 141.153 to all buyer systems by April 1, 2016.</p>



EPA Region 8 Sanitary Surveys and Significant Deficiencies

Call WARWS

Call WARWS if you would like assistance in preparing for your survey.

If you would like someone to be present during your survey

or

If you would like assistance in addressing significant deficiencies or recommendations after the survey.

307-436-8636

or

warws@warws.com

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If you would like assistance in addressing significant deficiencies or recommendations after the survey.



I want to hear your feedback

Please stop by the EPA booth
And tell me about your
experiences with past
sanitary surveys



I would like to hear about your experiences with sanitary surveys.

Please stop by the EPA booth and tell me how your past surveys have gone.

Jim Gindelberger
U.S. EPA Region 8, P-W-DW
1595 Wynkoop Street
Denver, CO 80202-1129
Phone: 303-312-6984
FAX: 303-312-7084

Email: gindelberger.jim@epa.gov



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If you look at the Sanitary Survey process as kind of a test...
We aren't giving you the answer sheet..
But we are telling you all of the questions ahead of time!