

## Appendix J

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# Water Quality Monitoring Plan, Coliform and E. coli, and IDSE

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# WATER QUALITY MONITORING PLAN

## INTRODUCTION

This Water Quality Monitoring Plan presents the requirements for monitoring water quality at the sources and in the distribution system in accordance with the drinking water regulations contained in Washington Administrative Code (WAC) 246-290-300. This plan also provides a summary of the existing water system facilities and system operation.

## Existing Water System Description

### Water System Information

The City of Woodland (City) is a municipal corporation that owns and operates a public water system within its retail water service area. Water system data on file at the Washington State Department of Health (DOH) for the City's system is as follows in **Table 1**.

**Table 1**

#### Water System Ownership Information

Information Type	Description
System Type	Group A - Community - Public Water System
System Name	Woodland, City of
County	Cowlitz
DOH System ID No.	982002
Address	PO Box 9, Woodland, WA 98674
Contact	Tracy Coleman, Public Works Director
Contact Phone No.	(360) 225-7999

### Water System Operation and Control

#### Overview

Water supply is provided by a single source, the Ranney Well at the Lewis River. Source water is pumped up to the water treatment plant (WTP) through approximately 4,200 feet of 12-inch water main, where it is then treated and distributed to customers. In addition, the City also has two storage reservoirs and one booster pump station located on the WTP site that provide water to the 179 Zone and 261 Zone, respectively.

#### Water Treatment

The WTP reduces turbidity, pathogens, and high levels of nitrogen that exist in the source water pumped from the Ranney Well. In 2007, the WTP capacity was expanded to 2,100 gallons per minute (gpm) (3 million gallons per day (MGD)) by adding a third filtration train.

Raw water is pumped to the WTP from the Ranney Well, which is located south of the plant along the west bank of the Lewis River. At the WTP, the raw water is pre-treated, filtered, and then

further treated prior to being pumped to the City’s distribution system. Pre-treatment includes pH adjustment and chlorine addition to oxidize iron that is present in the water. The other pre-treatment processes are polymer addition for primary coagulation, aluminum sulfate addition for secondary coagulation, and non-ionic polymer addition as a filter aid. The filtration system consists of three Microfloc® filtration units with upflow clarifiers to remove both turbidity and oxidized iron. Filtration is followed by chlorine addition for disinfection, fluoridation, and pH adjustment with soda ash for distribution system corrosion control. Finished water flows by gravity into a 169,000-gallon clear well. The clear well is baffled and designed to maintain a minimum of 155,000 gallons for adequate chlorine contact time to achieve the required Giardia and virus reductions through filtration and inactivation.

### Pump Stations

The City has one booster pump station (BPS) facility, which provides water supply to the 261 Zone from the 179 Zone. A summary of the facility’s characteristics is provided in **Table 2**.

**Table 2**  
**Booster Pump Station Facilities**

Pump Station	Suction Pressure Zone	Discharge Pressure Zone	Year Constructed	Existing Pumping Capacity (gpm)	Number of Pumps	Pump Type	Pump Motor Size (HP)	Generator <sup>1</sup>
Scott Hill BPS	179 Zone	261 Zone	2020	1,300	4	(4) single-stage end-suction centrifugal pumps	(3) 5 hp (1) 25 hp	Yes

<sup>1</sup> = The Scott Hill BPS is located on the City’s WTP site, which has a redundant power supply.

### Water Storage

The City has two active water storage facilities as presented in **Table 3**.

**Table 3**  
**Water Storage**

Reservoir	Approximate Location	Pressure Zone	Year Constructed	Construction Type	Capacity (MG)	Diameter (feet)	Base Elev. (feet)	Overflow Elev. (feet)
Reservoir No. 2	Scott Hill Road	179 Zone	1962	Concrete	0.5	65	156	179
Reservoir No. 3	Scott Hill Road	179 Zone	2005	Steel	1.1	90	155	179

## SOURCE WATER QUALITY MONITORING

### Monitoring Requirements and Procedures

The City withdraws raw water from the Lewis River via the Ranney Well; therefore, it is required to monitor the following water quality parameters: inorganic chemical and physical substances; volatile organic chemicals; synthetic organic chemicals; unregulated inorganic chemicals; unregulated volatile organic chemicals; unregulated synthetic organic chemicals; and radionuclides as shown in **Table 4**.

**Table 4**  
**Monitoring Schedule**

Test Panel/Analyte	No. Samples		Compliance Period	Frequency	Last Sample Date	Next Sample Due
	Required					
Nitrate	1		Jan 2020 - Dec 2020	Standard - 1 year	3/28/2019	Oct 2020
Complete Inorganic (IOC)	1		Jan 2020 - Dec 2028	Waiver - 9 year	10/11/2016	Oct 2025
Iron	1		Jan 2020 - Dec 2022	Standard - 3 year	3/18/2020	March 2023
Manganese	1		Jan 2020 - Dec 2022	Standard - 3 year	3/18/2020	March 2023
Volatile Organics (VOC)	1		Jan 2020 - Dec 2020	R&C - 1 year	6/1/2020	June 2021
Herbicides	1		Jan 2020 - Dec 2022	Waiver - 9 year	5/17/2016	May 2025
Pesticides	1		Jan 2020 - Dec 2022	Waiver - 9 year	5/30/2015	May 2024
Soil Fumigants	0		Jan 2020 - Dec 2022	Waiver - 3 year	-	-
Gross Alpha	1		Jan 2020 - Dec 2025	Standard - 6 year	6/14/2016	June 2022
Radium 228	1		Jan 2020 - Dec 2025	Standard - 6 year	6/14/2016	June 2022

## DISTRIBUTION SYSTEM WATER QUALITY MONITORING

The City is required to perform water quality monitoring of the distribution system for lead and copper (LCR), asbestos, total trihalomethanes (TTHM), and haloacetic acids (HAA5). The monitoring requirements that the City must comply with are specified in WAC 246-290-300. **Table 5** summarizes the water quality monitoring requirements based on information available from DOH's water quality monitoring schedule at the time that this document was prepared, and may change in the future.

**Table 5**  
**Monitoring Schedule**

Test Panel/Analyte	No. Samples		Compliance Period	Frequency	Last Sample Date	Next Sample Due
	Required					
Lead and Copper	30		Jan 2019 - Dec 2021	Standard - 3 year	8/2/2018	Aug 2021
Asbestos	1		Jan 2020 - Dec 2028	Standard - 9 year		Apr 2022
Total Trihalomethane (TTHM)	2		Jan 2020 - Mar 2020	Standard - quarterly		
Total Trihalomethane (TTHM)	2		Apr 2020 - Jun 2020	Standard - quarterly		
Total Trihalomethane (TTHM)	2		Jul 2020 - Sept 2020	Standard - quarterly		
Total Trihalomethane (TTHM)	2		Oct 2020 - Dec 2020	Standard - quarterly		Nov 2020
Haloacetic Acids (HAA5)	2		Jan 2020 - Mar 2020	Standard - quarterly		
Haloacetic Acids (HAA5)	2		Apr 2020 - Jun 2020	Standard - quarterly		
Haloacetic Acids (HAA5)	2		Jul 2020 - Sept 2020	Standard - quarterly		
Haloacetic Acids (HAA5)	2		Oct 2020 - Dec 2020	Standard - quarterly		Nov 2020

## Monitoring Requirements and Procedures

### Coliform Bacteria Routine Sampling

The City is required to perform water quality monitoring within its distribution system for coliform bacteria in accordance with Chapter 246-290 WAC.

Specific requirements are contained in WAC 246-290-300. A minimum of ten samples per month shall be taken from different locations throughout the system, based on the current population in 2019. If a coliform presence is detected in a sample, three repeat samples must be taken.

Currently, the City takes ten samples each month to obtain an adequate representation of the distribution system.

**Table 6** lists the locations of the City's routine sampling sites, including the upstream and downstream sampling locations in the event that repeat sampling is necessary.

**Table 6**  
**Routine and Repeat Sample Locations**

Set Number	Sample Sets	
	Location/Address for ROUTINE Sample Sites	Location/Address for REPEAT Sample Sites
A	1333 Glenwood Street	550 Columbia Street - Upstream 1151 Glenwood Street - Downstream
B	1401 Goerig Street	1365 Goerig Street - Upstream 1423 Goerig Street - Downstream
C	1776 Schurman Way	1785 Schurman Way - Upstream 1901 Schurman Way - Downstream
D	1845 Belmont Loop	1837 Belmont Loop - Upstream 1855 Belmont Loop - Downstream
E	1957 Meadowood Loop	1967 Meadowood Loop - Upstream 1953 Meadowood Loop - Downstream
F	2308 Lewis River Road	2312 Lewis River Road - Upstream 2250 Lewis River Road - Downstream
G	248 Gun Club Road	234 Gun Club Road - Upstream 254 Gun Club Road - Downstream
H	302 Sycamore Street	304 Sycamore Street - Upstream 295 Sycamore Street - Downstream
I	335 Hollyberry Street	325 Hollyberry Street - Upstream 345 Hollyberry Street - Downstream
J	497 CC Street	447 CC Street - Upstream 515 CC Street - Downstream
K	528 Marty Loop	536 Marty Loop - Upstream 520 Marty Loop - Downstream
L	773 Hoffman Street	747 Hoffman Street - Upstream 777 Hoffman Street - Downstream
M	Corner of 6th Street & Davidson Avenue	736 Davidson Avenue - Upstream 656 Davidson Avenue - Downstream
N	340 Gun Club Road	334 Gun Club - Upstream 368 Gun Club - Downstream
O	424 Insel Road	416 Insel Road - Upstream 428 Insel Road - Downstream

A total of eight to ten samples are collected each month. Sampling days are the 1<sup>st</sup> and 15<sup>th</sup> days of each month, with the two weeks in between available for repeat sampling if needed. Four to five samples are collected twice per month, in accordance with the schedule shown in **Table 7** as a general guide.

**Table 7**  
**Routine and Sample Rotation Schedule**

Month	Routine Site(s)		Month	Routine Site(s)	
	1st Set	2nd Set		1st Set	2nd Set
January	A, D, B, E, C	F, J, G, K, H	July	A, D, B, E	J, G, K, H
February	I, L, N, M, O	A, D, B, E, C	August	I, L, N, O	A, D, B, E
March	F, J, G, K, H	I, L, N, M, O	September	F, J, G, K, H	I, L, N, M, O
April	A, D, B, E, C	F, J, G, K, H	October	A, D, B, E, C	F, J, G, K, H
May	I, L, N, M, O	A, D, B, E, C	November	I, L, N, M, O	A, D, B, E, C
June	F, J, G, K, H	I, L, N, M, O	December	F, J, G, K, H	I, L, N, M, O

**Coliform Bacteria Repeat Sampling** – In the event that a sample tests positive for coliform, a repeat sample shall be taken at the same location as the suspect sample, and two additional samples shall be taken within five service connections upstream and downstream of the suspect sample. **Table 6** shows the repeat sampling locations for the City. These repeat samples shall be taken by the end of the next business day after receiving the unsatisfactory results. If the results conclude that a Maximum Contaminant Level is exceeded (i.e., coliform are present in two or more samples for the month, including repeat samples), the City shall proceed with public notification in accordance with WAC 246-290-495. The month after a coliform positive sample, the City will follow its normal sample routine of eight to ten samples per month.

**Disinfectant Residual Concentration** – The City must comply with disinfectant residual concentration requirements. The City’s chlorination target is to maintain a residual disinfectant concentration of about 1.0 milligrams per liter (mg/L) leaving the treatment facility and greater than 0.2 mg/L throughout the distribution system. The current 12-month average residual chlorine concentration is 0.7 mg/L in the distribution system.

Samples collected and submitted for coliform testing also shall be tested for disinfectant residual concentration to ensure the disinfectant residual meets the regulatory requirements and achieves the target levels set by the City.

**Lead and Copper** – Specific requirements are contained in Title 40, Parts 141.86, 141.87, and 141.88 of the Code of Federal Regulations (CFR). Every 3 years, the City must collect and report a minimum of 30 samples. All previous samples indicate the City is in compliance with these regulations.

Sample sites shall be selected based on the known existence of lead pipes, copper pipes, and copper pipes with lead solder (40 CFR 141.86(a)). All samples, except for lead service line samples, shall be first draw tap samples taken at a cold water tap from which water has not been drawn for at least 6 hours, but no more than 12 hours. Sample faucets shall be flushed with cold water the evening prior to collecting the sample. Lead service line samples shall be collected with one of three methods in accordance with 40 CFR 141.86(b). The locations of future sample sites shall be

the same as past sample sites, unless unavoidable conditions prevent sampling at the same locations.

**Fluoride Concentration** – Specific requirements are contained in WAC 246-290-460 for systems that are fluoridating drinking water. Wholesale water purchased from other entities may be treated with fluoride, and it is the responsibility of those distributing entities to monitor the concentrations. The City has not used fluoride since August 2013; therefore, this does not apply.

**Disinfection Byproducts** – Specific requirements are contained in WAC 246-290-300. The City is required to monitor for TTHM and HAA5 on a quarterly basis, with four samples being taken for each group. The sample shall be taken at the extreme end of the distribution system. The City developed a water system disinfection byproduct monitoring plan in April 2004.





## Water Quality Monitoring Schedule

**System:** WOODLAND CITY OF  
**Contact:** Tracy Coleman

**PWS ID:** 98200 2  
**Group:** A - Comm

**Region:** SOUTHWEST  
**County:** COWLITZ

**NOTE:** To receive credit for compliance samples, you must fill out laboratory and sample paperwork completely, send your samples to a laboratory accredited by Washington State to conduct the analyses, AND ensure the results are submitted to DOH Office of Drinking Water. There is often a lag time between when you collect your sample, when we credit your system with meeting the monitoring requirement, and when we generate the new monitoring requirement.

### *Coliform Monitoring Requirements*

	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
<b>Coliform Monitoring Population</b>	10383	10371	10371	10371	10371	10410	10371	10383	10371	10383	7841	7841
<b>Number of Routine Samples Required</b>	10	10	10	10	10	10	10	10	10	10	9	9

- Collect samples from representative points throughout the distribution system.
- Collect required repeat samples following an unsatisfactory sample. In addition, collect a sample from each operating groundwater source.
- For systems that chlorinate, record chlorine residual (measured when the coliform sample is collected) on the coliform lab slip.

### *Chemical Monitoring Requirements*

***Distribution Monitoring***

## Water Quality Monitoring Schedule

<u>Test Panel/Analyte</u>	<u># Samples Required</u>	<u>Compliance Period</u>	<u>Frequency</u>	<u>Last Sample Date</u>	<u>Next Sample Due</u>
Lead and Copper	30	Jan 2019 - Dec 2021	standard - 3 year	08/02/2018	Aug 2021
Asbestos	1	Jan 2020 - Dec 2028	standard - 9 year	04/23/2013	Apr 2022
Total Trihalomethane (THM)	2	Jan 2020 - Mar 2020	standard - quarterly	08/03/2020	
Total Trihalomethane (THM)	2	Apr 2020 - Jun 2020	standard - quarterly	08/03/2020	
Total Trihalomethane (THM)	2	Jul 2020 - Sep 2020	standard - quarterly	08/03/2020	
Total Trihalomethane (THM)	2	Oct 2020 - Dec 2020	standard - quarterly	08/03/2020	<b>Nov 2020</b>
Halo-Acetic Acids (HAA5)	2	Jan 2020 - Mar 2020	standard - quarterly	08/03/2020	
Halo-Acetic Acids (HAA5)	2	Apr 2020 - Jun 2020	standard - quarterly	08/03/2020	
Halo-Acetic Acids (HAA5)	2	Jul 2020 - Sep 2020	standard - quarterly	08/03/2020	
Halo-Acetic Acids (HAA5)	2	Oct 2020 - Dec 2020	standard - quarterly	08/03/2020	<b>Nov 2020</b>

### Notes on Distribution System Chemical Monitoring

- For *Lead and Copper*:
- Collect samples from the COLD WATER side of a KITCHEN or BATHROOM faucet that is used daily.
  - Before sampling, make sure the water has sat unused in the pipes for at least 6 hours, but no more than 12 hours (e.g. overnight).
  - If you are sampling from a faucet that has hot water, make sure cold water is the last water to run through the faucet before it sits overnight.
  - If your sampling frequency is annual or every 3 years, collect samples between June 1 and September 30.

For *Asbestos*: Collect the sample from one of your routine coliform sampling sites in an area of your distribution system that has asbestos concrete pipe.

For *Disinfection Byproducts (HAA5 and THM)*: Collect the samples at the locations identified in your Disinfection Byproducts (DBP) monitoring plan.

## Water Quality Monitoring Schedule

### Source Monitoring

- Collect 'source' chemical monitoring samples from a tap after all treatment (if any), but before entering the distribution system.
- Washington State grants monitoring waivers for various test panels /analytes. Please note that we may require some monitoring as a condition of some waivers. We have granted complete waivers for dioxin, endothal, glyphosate, diquat, and insecticides.
- Nitrate, arsenic, iron, and other individual inorganics are included as part of a Complete Inorganic (IOC) analysis when it is collected.

Source S01	LEWIS RIVER	Surface	Use - Permanent	Susceptibility - High		
<u>Test Panel/Analyte</u>	<u># Samples Required</u>	<u>Compliance Period</u>	<u>Frequency</u>	<u>Last Sample Date</u>	<u>Next Sample Due</u>	
Nitrate	1	Jan 2020 - Dec 2020	standard - 1 year	03/28/2019	<b>Oct 2020</b>	
Complete Inorganic (IOC)	1	Jan 2020 - Dec 2028	waiver - 9 year	10/11/2016	Oct 2025	
Iron	1	Jan 2020 - Dec 2022	standard - 3 year	03/18/2020		
Manganese	1	Jan 2020 - Dec 2022	standard - 3 year	03/18/2020		
Volatile Organics (VOC)	1	Jan 2020 - Dec 2020	R&C - 1 year	06/01/2020		
Herbicides	1	Jan 2014 - Dec 2022	waiver - 9 year	05/17/2016		
Pesticides	1	Jan 2014 - Dec 2022	waiver - 9 year	03/30/2015		
Soil Fumigants	0	Jan 2020 - Dec 2022	waiver - 3 year			
Gross Alpha	1	Jan 2020 - Dec 2025	standard - 6 year	06/14/2016	Jun 2022	
Radium 228	1	Jan 2020 - Dec 2025	standard - 6 year	06/14/2016	Jun 2022	



## Water Quality Monitoring Schedule

### Other Information

#### Other Reporting Schedules

	<i>Due Date</i>
Measure chlorine residuals and submit monthly reports if your system uses continuous chlorination:	monthly
Submit Consumer Confidence Report (CCR) to customers and ODW (Community systems only):	07/01/2020
Submit CCR certification form to ODW (Community systems only):	10/01/2020
Submit Water Use Efficiency report online to ODW and to customers (Community and other municipal water systems only):	07/01/2020
Send notices of lead and copper sample results to the customers sampled:	30 days after you receive the laboratory results
Submit Certification of customer notification of lead and copper results to ODW:	90 days after you notify customers

#### Special Notes

None

#### Southwest Regional Water Quality Monitoring Contacts

For questions regarding chemical monitoring:	Sophia Petro: (360) 236-3046 or <a href="mailto:sophia.petro@doh.wa.gov">sophia.petro@doh.wa.gov</a>
For questions regarding DBPs:	Regina Grimm, p.e.: (360) 236-3035 or <a href="mailto:regina.grimm@doh.wa.gov">regina.grimm@doh.wa.gov</a>
For questions regarding coliform bacteria and microbial issues:	Southwest Office: (360) 236-3030 or <a href="mailto:SWRO.Coli@doh.wa.gov">SWRO.Coli@doh.wa.gov</a>

#### Additional Notes

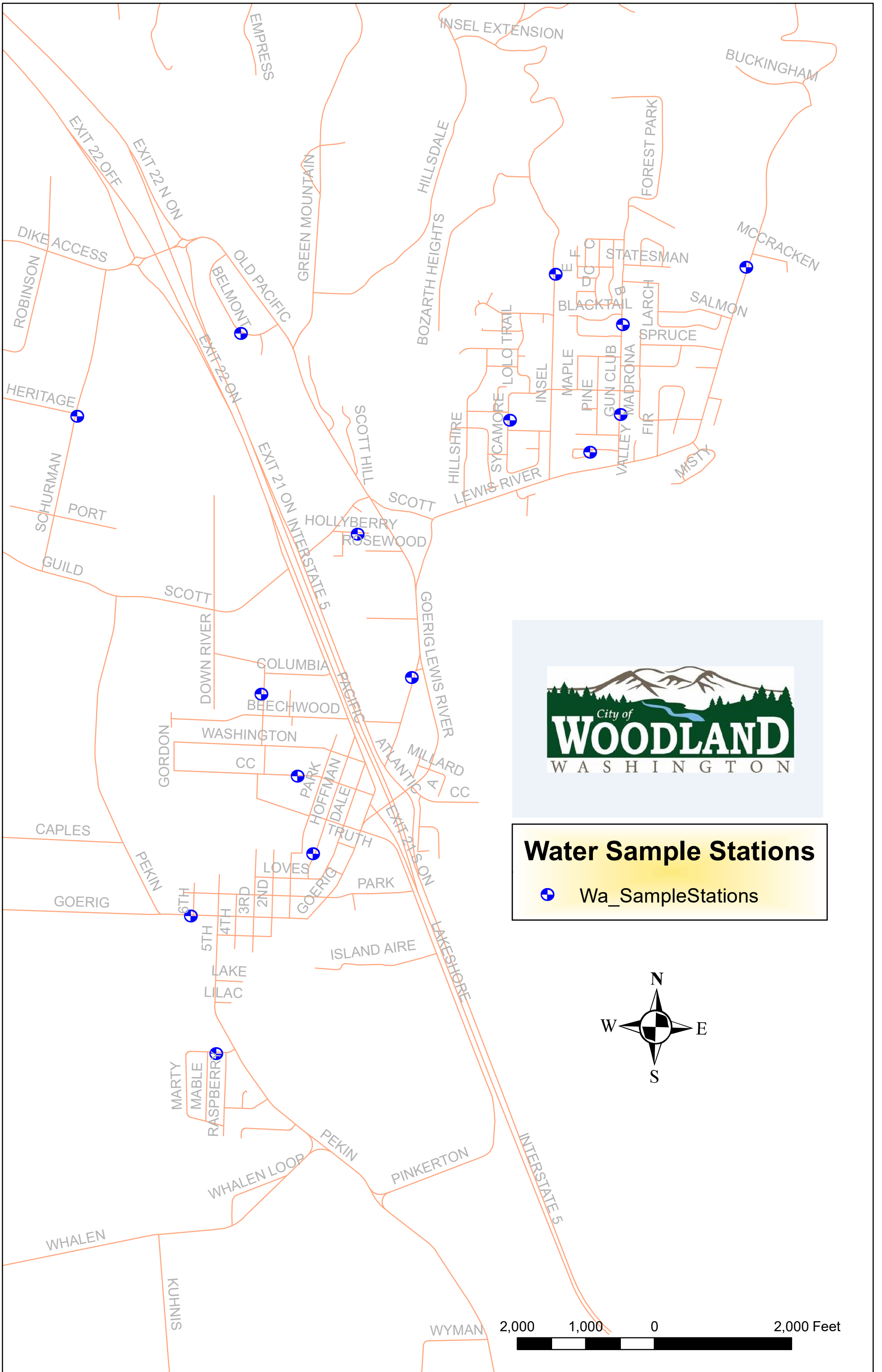
The information on this monitoring schedule is valid as of the date in the upper left corner on the first page. However, the information may change with subsequent updates in our water quality monitoring database as we receive new data or revise monitoring schedules. There is often a lag time between when you collect your sample and when we credit your system with meeting the monitoring requirement.

We have not designed this monitoring schedule to display all compliance requirements. The purpose of this schedule is to assist water systems with planning for most water quality monitoring, and to allow systems to compare their records with DOH ODW records. Please be aware that this monitoring schedule does not include constituents that require a special monitoring frequency, such as monitoring affiliated with treatment.

Any inaccuracies on this schedule will not relieve the water system owner and operator of the requirement to comply with applicable regulations.

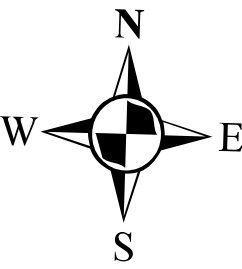
If you have any questions about your monitoring requirements, please contact the regional office staff listed above.





**Water Sample Stations**

⊕ Wa\_SampleStations



2,000 1,000 0 2,000 Feet

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## E. COLI RESPONSE PLAN

The following checklist includes elements that were considered by the City in developing a response plan in the event that *E. coli* is present in the source water or distribution system. The *E. coli* response plan includes operational changes or emergency procedures to reduce the effect of *E. coli* bacteria on water system customers.

<b>Distribution System <i>E. coli</i> Response Checklist</b>				
<b>Background Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We inform staff members about activities within the distribution system that could affect water quality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We document all water main breaks, construction & repair activities, and low pressure and outage incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can easily access and review documentation on water main breaks, construction & repair activities, low pressure and outage incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Cross-Connection Control Program is up-to-date.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We test all backflow devices annually as required, with easy access to the proper documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We routinely inspect all treatment facilities for proper operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have procedures in place for disinfecting and flushing the water system if it becomes necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can activate an emergency intertie with an adjacent water system in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We have a map of our service area boundaries.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have consumers who may not have access to bottled or boiled water.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sufficient supply of bottled water immediately available to our customers who are unable to boil their water.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have identified the contact person at each day care, school, medical facility, food service, and other customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

who may have difficulty responding to a Health Advisory.				
We have messages prepared and translated into different languages to ensure our consumers will understand them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We have the capacity to print and distribute the required number of notices in a short time period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Distribution System <i>E. coli</i> Response Checklist</b>				
<b>Policy Direction</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We have discussed the issue of <i>E. coli</i> -present sample results with our policy makers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If we find <i>E. coli</i> in a routine distribution sample, the policy makers want to wait until repeat test results are available before issuing advice to water system customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Potential Public Notice Delivery Methods</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
It is feasible to deliver a notice going door-to-door.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of all our customers' addresses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of customer telephone numbers or access to a Reverse 9-1-1 system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of customer email addresses.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We encourage our customers to remain in contact with us using social media.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have an active website we can quickly update to include important messages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our customers drive by a single location where we could post an advisory and expect everyone to see it.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We need a news release to supplement our public notification process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b><i>E. coli</i>-Present Triggered Source Response Checklist</b>				
<b><u>All Sources</u></b>				
<b>Background Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We review our sanitary survey results and respond to any recommendations affecting the microbial quality of our water supply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We address any significant deficiencies identified during a sanitary survey.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are contaminant sources within our Wellhead Protection Area that could affect the microbial quality of our source water, and  If yes, we can eliminate them.	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
We routinely inspect our Ranney Well site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a good raw water sample tap installed at each source.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
After we complete work on a source, we disinfect the source, flush, and collect an investigative sample.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Public Notice</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We discussed the requirement for immediate public notice of an <i>E. coli</i> -present source sample result with our water system's governing body (City Council) and received direction from them on our response plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We discussed the requirement for immediate public notice of an <i>E. coli</i> -present source sample result with our wholesale customers and encouraged them to develop a response plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We have prepared templates and a communications plan that will help us quickly distribute our messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b><i>E. coli</i>-Present Triggered Source Response Checklist</b>				
<b><u>Source S01 Lewis River Ranney Infiltration Gallery</u></b>				
<b>Alternate Sources</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We can stop using this source and still provide reliable water service to our customers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have an emergency intertie with a neighboring water system that we can use until corrective action is complete (perhaps for several months).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can provide bottled water to all or part of our distribution system for an indefinite period.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can quickly replace our existing source of supply with a more protected new source of supply.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Temporary Treatment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
This source is continuously chlorinated, and our existing facilities can provide 4-log virus treatment (CT = 6) before the first customer.  If yes, at what concentration? >1.0 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can quickly introduce chlorine into the water system and take advantage of the existing contact time to provide 4-log virus treatment to a large portion of the distribution system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can reduce the production capacity of our pumps or alter the configuration of our storage quantities (operational storage) to increase the amount of time the water stays in the system before the first customer to achieve CT = 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can alter the demand for drinking water (maximum day or peak hour) through conservation messages to increase the time the water is in the system prior to the first customer to achieve 4-log virus treatment with chlorine.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Distribution System *E. coli* Response Plan

If we have *E. coli* in our distribution system we will immediately:

1. Call DOH.
2. Collect repeat and triggered source samples. Collect additional investigative samples as necessary.
3. Inspect our water system facilities, including treatment plant and sources for proper operation.
4. Interview staff to determine whether anything unusual was happening in the water system service area, especially since the previous month's sample(s).
5. Review new construction activities, water main breaks, and pressure outages that may have occurred during the previous month.
6. Review Cross-Connection Control Program status.
7. Discuss with DOH whether to issue a Health Advisory based on the findings of steps 3-6. If necessary, issue the HA.
8. Notify Cowlitz County Health Department. City will compile an emergency response call-list.
9. Increase chlorine dose at treatment to result in at least 1.5 mg/L at distribution entry.
10. Flush affected portions of the distribution system.
11. Prepare draft news release and website changes.
12. Contact school district & medical facilities about potential action.
13. Collect investigative samples every 10 to 12 hours until repeat results are known.
14. Respond appropriately to repeat results:
  - If repeats are all satisfactory, lift HA if one was issued.
  - If any repeat is unsatisfactory, issue HA if not already issued. Host DOH for an inspection and respond accordingly to inspection findings.

## ***E. coli*-Present Triggered Source Response Plan**

### **Source S01 Lewis River Ranney Infiltration Gallery**

If we have *E. coli* in our source water we will immediately:

1. Call DOH.
2. Shut down source S01.
3. Distribute required notice to direct service customers. The notice will include water curtailment instructions to stop outdoor watering.
4. Increase chlorine dose to achieve at least 1.5 mg/L at the entry point to the distribution system.
5. Begin compliance monitoring at the entry point to the distribution system.
6. Begin investigative sampling at Ranney Wells.
7. Ask DOH to review our Contact Time analysis and acknowledge that we provide 4-log virus treatment before the first customer.
8. Respond appropriately to repeat results:
  - a. If repeats are all satisfactory, lift HA if one was issued.
  - b. If any repeat is unsatisfactory, issue HA if not already issued. Host DOH for an inspection and respond accordingly to inspection findings.

# NOTICE TO WATER SYSTEM USERS

## COLIFORM MAJOR MONITORING VIOLATION

We, \_\_\_\_\_ Water System, I.D. \_\_\_\_\_, located in \_\_\_\_\_ County are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During the month of \_\_\_\_\_ we did not monitor or test for coliform bacteria, and therefore cannot be sure of the quality of your drinking water during that time.

At this time:

- No action is required by the users.
- Our routine coliform sample required for the month of \_\_\_\_\_ has been collected and was found to show no presence of coliform bacteria.
- Samples will be collected in the future as required.
- Other information for customers:

For more information, contact \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_ or at \_\_\_\_\_.  
(owner or operator) (phone number) (address)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is sent to you by \_\_\_\_\_ Water System on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Coliform Major Monitoring Public Notice Certification Form

The purpose of this form (below) is to provide documentation to the department that public notice was distributed. Please check the appropriate box and fill in the date that the notice was distributed:

- Notice was mailed to all water customers on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- Notice was hand delivered to all water customers on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- Notice was posted (*with department approval*) at:  
\_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.



\_\_\_\_\_  
Signature of owner or operator

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD call (800) 833-6388.

### Send copy of completed notification and certification to:

Northwest Drinking Water  
Department of Health  
20435 72<sup>nd</sup> Ave S, Suite 200  
Kent, WA 98032-2358  
Phone: (253) 395-6750  
Fax: (253) 395-6760

Southwest Drinking Water  
Department of Health  
PO Box 47823  
Olympia, WA 98504-7823  
Phone: (360) 236-3030  
Fax: (360) 664-8058

Eastern Drinking Water  
Department of Health  
16201 E Indiana Ave, Suite 1500  
Spokane Valley, WA 99216  
Phone: (509) 329-2100  
Fax: (509) 329-2104



**IMPORTANT NOTICE ABOUT YOUR WATER SYSTEM**  
**Coliform Maximum Contaminant Level (MCL) Exceeded: Non-acute MCL**

The \_\_\_\_\_ water system, ID# \_\_\_\_\_ in \_\_\_\_\_ County routinely monitors for the presence of total coliform bacteria and in \_\_\_\_\_ this type of bacteria was detected. Although this incident was not an emergency, as our customer, you have a right to know what happened and what we did or are doing to correct the situation.

*Coliforms are bacteria which are naturally present in the environment and are used as indicators that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.* The samples that showed the presence of coliform were further tested to see if other bacteria of greater concern, such as fecal coliform or *E.coli* were present. **None of these bacteria were found.**

You do not need to boil your water. People with severely compromised immune systems, infants, and some elderly may be at an increased risk. These people should seek advice from their health care provider.

What happened? What is the suspected or known source of contamination?

At this time:

- The problem is resolved. Additional samples collected were found to be free of coliform bacteria.
- We anticipate resolving the problem by \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- Other \_\_\_\_\_.

For more information, contact \_\_\_\_\_ at ( ) \_\_\_\_ - \_\_\_\_ or at \_\_\_\_\_.  
 (owner or operator) (phone number) (address)

*Please share this notice with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.*

This notice is sent to you by \_\_\_\_\_ Date Distributed \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Coliform Non-acute Public Notice Certification Form**

The purpose of this form (below) is to provide documentation to the department that public notice was distributed. Please check the appropriate box and fill in the date that the notice was distributed:

- Notice was mailed to all water customers on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- Notice was hand delivered to all water customers on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- Notice was posted (*with department approval*) at:  
 \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.



\_\_\_\_\_  
 Signature of owner or operator

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Date

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD call (800) 833-6388.

**Send copy of completed notification and certification to:**

Northwest Drinking Water  
 Department of Health  
 20435 72<sup>nd</sup> Ave S, Suite 200  
 Kent, WA 98032-2358  
 Phone: (253) 395-6750  
 Fax: (253) 395-6760

Southwest Drinking Water  
 Department of Health  
 PO Box 47823  
 Olympia, WA 98504-7823  
 Phone: (360) 236-3030  
 Fax: (360) 664-8058

Eastern Drinking Water  
 Department of Health  
 16201 E Indiana Ave, Suite 1500  
 Spokane Valley, WA 99216  
 Phone: (509) 329-2100  
 Fax: (509) 329-2104

**AVISO IMPORTANTE ACERCA DEL SISTEMA DE SUMINISTRO DE AGUA**  
***Las bacterias coliformes rebasaron el Nivel Máximo de Contaminación: NMC no agudo***

El sistema de suministro de agua \_\_\_\_\_, número (ID#) \_\_\_\_\_ en el condado de \_\_\_\_\_ monitorea rutinariamente la presencia de bacterias coliformes totales. En la fecha \_\_\_\_\_, se encontró este tipo de bacteria. Aunque este incidente no es considerado una emergencia, como consumidor, Usted tiene el derecho a saber que pasó y que se ha hecho o se esta haciendo para corregir esta situación.

Las bacterias coliformes se encuentran naturalmente en el medio ambiente y se usan como indicador de la posible presencia de otras bacterias que pueden causar daño a la salud. En las muestras tomadas, las bacterias se encontraron en mayor número que el permitido y esto es una indicación de posibles problemas. Las muestras con bacterias coliformes se analizaron con más detalle en el laboratorio para ver si bacterias coliformes fecales o E. Coli pudieran también haber estado presentes. Estas bacterias causan daño a la salud de las personas. **No se encontró ninguna de estas bacterias.**

No es necesario que usted hierva el agua. Personas con un sistema inmunológico severamente comprometido, los recién nacidos y algunas personas de edad avanzada pueden tener mas riesgo de salud y deberían llamar a algún personal médico para mayor información.

¿Qué fue lo que pasó? ¿Cuál es la fuente de contaminación de la que se sabe o sospecha?

En este momento:

- El problema esta resuelto. En muestras adicionales que se colectaron no se encontraron bacterias coliformes.
- Anticipamos resolver el problema el día \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Otro \_\_\_\_\_.

Para mayor información comuníquese con \_\_\_\_\_ al teléfono ( ) \_\_\_\_\_ - \_\_\_\_\_ o con

\_\_\_\_\_  
(dueño u operador)

\_\_\_\_\_  
(teléfono)

\_\_\_\_\_  
(dirección)

Pase esta información a todas las personas pudieran tomar agua de este suministro, especialmente aquellas personas que no hayan recibido este aviso (por ejemplo, personas que vivan en apartamentos, asilos de ancianos, escuelas y negocios.) Usted puede hacer esto colocando este aviso en un lugar público donde se pueda leer claramente o distribuyendo copias en persona o enviándolas por correo.

Este aviso es enviado a Usted por el Sistema de Suministro de Agua \_\_\_\_\_ fecha \_\_\_\_/\_\_\_\_/\_\_\_\_.





## PUBLIC NOTICE CERTIFICATION Acute Coliform MCL

*Within 10 days of notifying your customers, you must send a copy of each type of notice you distribute (hand-delivered notices, press releases, newspaper articles, etc.) to our regional office. Also, complete and send this form, which certifies that you have met all the public notification requirements. If the boil water advisory remains in effect more than three months, you must notify your water users again and provide another Public Notice Certification to us. With this certification, you are also stating that you will meet future requirements for notifying new billing units of the violation or situation.*

Water System: \_\_\_\_\_ ID # \_\_\_\_\_ County: \_\_\_\_\_

Violation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Violation Type: \_\_\_\_\_

**This public water system certifies that public notice has been given to water users, following state and federal requirements for delivery, content, and deadlines.**

Complete the following items:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Distribution was completed on ____ / ____ / ____ . Check all that apply:
		<input type="checkbox"/> Hand delivery,
		<input type="checkbox"/> Press release (TV, radio, newspaper, etc.),
		<input type="checkbox"/> Posting at _____ (by DOH approval only),
		<input type="checkbox"/> Other _____ (by DOH approval only).
<input type="checkbox"/>	<input type="checkbox"/>	Were the water users notified within 24 hours?

Signature of owner or operator	Position	Date
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If you need this publication in an alternate format, call (800) 525-0127 or for TTY/TDD call (877) 833-6341.

**Northwest Regional Office:**  
20435 72nd Ave S Suite 200  
Kent WA 98032  
(253) 395-6775  
Fax: (253) 395-6760

**Southwest Regional Office:**  
PO Box 47823  
Olympia WA 98504-7823  
(360) 236-3030  
Fax (360) 664-8058

**Eastern Regional Office:**  
16201 E Indiana Ave Suite 1500  
Spokane Valley WA 99216  
(509) 329-2100  
Fax: (509) 329-2104



**NOTICE TO WATER SYSTEM USERS  
ANNUAL NITRATE MONITORING VIOLATION FORM**

We, \_\_\_\_\_ Water System, I.D. \_\_\_\_\_, located in \_\_\_\_\_ County are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During \_\_\_\_\_, we did not monitor or test for nitrate, and therefore cannot be sure of the quality of your drinking water during that time.

At this time:

- No action is required by the users.
- Our routine nitrate sample required for \_\_\_\_\_ (current year) has been collected.
- Samples will be collected in the future as required.
- Other information for customers:

For more information, please contact \_\_\_\_\_ at ( )\_\_\_\_-\_\_\_\_ or at \_\_\_\_\_.  
(owner or operator) (phone number) (address)

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.*

This notice is sent to you by \_\_\_\_\_ Water System on \_\_\_/\_\_\_/\_\_\_

**Annual Nitrate Monitoring Public Notice Certification Form**

(This section must be completed by Water System. Signature below indicates notice contained all required elements.)

**Complete the following items (check all that apply):**

- Notice mailed to all water customers on \_\_\_ / \_\_\_ / \_\_\_.
- Notice hand delivered to all water customers on \_\_\_ / \_\_\_ / \_\_\_.
- Notice published in newspaper (attach copy)
- Notice posted at \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_.



**(By Department Approval Only)**

_____ Signature of owner or operator	_____ Position	_____ Date
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**Send copy of completed notification and certification to:**

Denise Garrett, Lead and Copper Program Manager  
Office of Drinking Water  
PO Box 47822  
Olympia, WA 98504-7822  
FAX (360) 236-2252

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388.

## AVISO A LOS USUARIOS DEL SISTEMA DE AGUA

### FORMULARIO DE VIOLACIÓN DEL MONITOREO ANUAL DE NITRATO

Nosotros, el sistema de agua \_\_\_\_\_, con número de identificación (ID) \_\_\_\_\_, situado en el condado de \_\_\_\_\_, estamos obligados a monitorear regularmente su agua potable por contaminantes específicos. Los resultados del monitoreo indican si su agua potable cumple o no con las normas de salud. Durante el año \_\_\_\_\_, no realizamos monitoreo ni pruebas del agua para el nitrato, y por lo tanto no podemos asegurar la calidad de su agua potable durante ese tiempo.

En este momento:

- No se requiere ninguna acción de los usuarios.
- Hemos colectado la muestra rutinaria de nitrato para el \_\_\_\_\_ (el año actual).
- Colectaremos las muestras en el futuro según la norma.
- Otra información para los usuarios:

Para más información, por favor contacte a \_\_\_\_\_ al (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ o en

( El dueño / operador )  
dirección )

( El número de teléfono )

( La

Por favor comparte esta información con otras personas que pudieran tomar agua de este sistema, especialmente con aquellos que no hayan recibido este aviso directamente (por ejemplo, las personas que viven en apartamentos, residencias para ancianos, escuelas y negocios). Puede hacerlo colocando este aviso en un lugar público o entregando copias en persona o por correo.

Este aviso le fue enviado por el sistema de agua \_\_\_\_\_ la fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

#### Formulario de certificación de la notificación al público del monitoreo anual de nitrato

(Esta sección debe ser llenada por el sistema de agua. La firma abajo indica que la notificación contiene todos los elementos requeridos.)

#### Complete los siguientes puntos (marque todo lo que aplica)

- El aviso fue enviado por correo a todos los usuarios del sistema de agua el \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- El aviso fue distribuido a mano a todos usuarios del sistema de agua el \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- El aviso fue publicado en el periódico (adjunta la copia)
- Se colocó el aviso en \_\_\_\_\_ el \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Solo con permiso del departamento)**

\_\_\_\_\_  
(Firma del dueño u operador)  
Fecha)

\_\_\_\_\_  
(Posición)

\_\_\_\_\_  
(

#### Envíe una copia de la notificación completa y la certificación a:

Denise Garrett, Lead and Copper Program Manager  
Office of Drinking Water  
PO Box 47822  
Olympia, WA 98504-7822  
FAX (360) 236-2252

**NOTICE TO WATER SYSTEM USERS**

**DISINFECTION BYPRODUCTS MONITORING VIOLATION**

We, \_\_\_\_\_ Water System, I.D. \_\_\_\_\_, located in \_\_\_\_\_ County are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During the  month(s) of \_\_\_\_\_ or  quarter(s) \_\_\_\_\_ in the year of \_\_\_\_\_ we did not monitor or test for  Total Trihalomethanes,  Haloacetic Acids, or  Bromate and therefore cannot be sure of the quality of your drinking water during that time.

At this time:

- No action is required by the users.
- Samples will be collected in the future as required.
- Other information for customers:

For more information, contact \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_ or at \_\_\_\_\_.  
(owner or operator) (phone number) (address)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is sent to you by \_\_\_\_\_ Water System on \_\_\_\_/\_\_\_\_/\_\_\_\_

**Disinfection Byproducts Monitoring Public Notice Certification Form**

The purpose of this form (below) is to provide documentation to the department that public notice was distributed. Please check the appropriate box and fill in the date that the notice was distributed:

- Notice was mailed to all water customers on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Notice was hand delivered to all water customers on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Notice was posted (*with department approval*) at:  
\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.



\_\_\_\_\_  
Signature of owner or operator Position Date

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD call (800) 833-6388.

**Send copy of completed notification and certification to:**

Northwest Drinking Water  
Department of Health  
20435 72<sup>nd</sup> Ave S, Suite 200  
Kent, WA 98032-2358  
Phone: (253) 395-6750  
Fax: (253) 395-6760

Southwest Drinking Water  
Department of Health  
PO Box 47823  
Olympia, WA 98504-7823  
Phone: (360) 236-3030  
Fax: (360) 664-8058

Eastern Drinking Water  
Department of Health  
16201 E Indiana Ave, Suite 1500  
Spokane Valley, WA 99216  
Phone: (509) 329-2100  
Fax: (509) 329-2104

## AVISO A LOS USUARIOS DEL SISTEMA DE AGUA

### VIOLACIÓN DEL MONITOREO DE LOS SUBPRODUCTOS DE LA DESINFECCIÓN

Nosotros, el sistema del agua \_\_\_\_\_, con numero de identificación \_\_\_\_\_, situado en el condado de \_\_\_\_\_ estamos obligados a monitorear regularmente su agua potable por contaminantes específicos. Los resultados del monitoreo indican si su agua potable cumple o no con las normas de salud. Durante  el(los) mes(es) de \_\_\_\_\_ o  los cuartos de \_\_\_\_\_ en el año de \_\_\_\_\_ no realizamos monitoreo ni pruebas del agua para  el total de los trihalometanos,  los haloácidos, o  bromatos y por lo tanto no podemos asegurar la calidad de su agua potable durante ese tiempo.

En este momento:

- No se requiere ninguna acción de los usuarios.
- Colectaremos las muestras en el futuro según la norma.
- Otra información para los usuarios:

Por más información, contacte a \_\_\_\_\_ al (\_\_\_\_) \_\_\_\_\_ o en \_\_\_\_\_.  
(Dueño / operador) (Número de teléfono) (Dirección)

Por favor comparte esta información con otras personas que pudieran tomar agua de este sistema, especialmente con aquellos que no hayan recibido este aviso directamente (por ejemplo, las personas que viven en apartamentos, hospicios para ancianos, escuelas y negocios). Puede hacerlo colocando este aviso en un lugar público o entregando copias en persona o por correo.

Este aviso le fue enviado por el sistema de agua \_\_\_\_\_ el \_\_\_/\_\_\_/\_\_\_.

#### Formulario de certificación de la notificación al público del monitoreo de los subproductos de la desinfección

El propósito de este formulario (abajo) es documentar para el departamento que el aviso público fue distribuido.

Marque por favor la caja apropiada y complete la fecha que el aviso fue distribuido: (Esta sección debe ser llenada por el sistema de agua):

- El aviso fue enviado por correo a todos los usuarios del sistema de agua el \_\_\_/\_\_\_/\_\_\_.
- El aviso fue distribuido a mano a todos usuarios del sistema de agua el \_\_\_/\_\_\_/\_\_\_.
- Se colocó el aviso (solo con permiso del departamento) en:

\_\_\_\_\_ el \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_  
(Firma del dueño u operador)

\_\_\_\_\_  
(Posición)



\_\_\_/\_\_\_/\_\_\_  
(Fecha)

Si usted necesita esta publicación en un formato diferente, llame al (800) 525-0127. Para TTY/TDD, llame al (800) 833-6388.

#### Envíe una copia de la notificación completa y la certificación a:

Northwest Drinking Water  
Department of Health  
20435 72<sup>nd</sup> Ave S, Suite 200  
Kent, WA 98032-2358  
Phone: (253) 395-6750  
Fax: (253) 395-6760

Southwest Drinking Water  
Department of Health  
PO Box 47823  
Olympia, WA 98504-7823  
Phone: (360) 236-3030  
Fax: (360) 664-8058

Eastern Drinking Water  
Department of Health  
16201 E Indiana Ave, Suite 1500  
Spokane Valley, WA 99216  
Phone: (509) 329-2100  
Fax: (509) 329-2104



## NOTICE TO WATER SYSTEM USERS

### QUARTERLY TOTAL TRIHALOMETHANE (TTHM)/HALOACETIC ACIDS (HAA5) MONITORING VIOLATION FORM

We, \_\_\_\_\_ Water System, I.D. \_\_\_\_\_, located in \_\_\_\_\_ County are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During the following quarters: \_\_\_\_\_, we did not monitor or test for the disinfection by-products TTHM and HAA5, and therefore cannot be sure of the quality of your drinking water during that time.

At this time:

- No action is required by the users.
- Our routine quarterly TTHM/HAA5 samples have been taken for \_\_\_\_\_ (time period).
- Samples will be collected in the future as required.
- Other information for customers:

For more information, please contact \_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_ or at \_\_\_\_\_.  
(owner or operator) (phone number) (address)

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.*

This notice is sent to you by \_\_\_\_\_ Water System on \_\_\_/\_\_\_/\_\_\_

#### Quarterly TTHM/HAA5 Monitoring Public Notice Certification Form

(This section must be completed by Water System. Signature below indicates notice contained all required elements.)

#### Complete the following items (check all that apply):

- Notice mailed to all water customers on \_\_\_ / \_\_\_ / \_\_\_.
- Notice hand delivered to all water customers on \_\_\_ / \_\_\_ / \_\_\_.
- Notice published in newspaper (attach copy)
- Notice posted at \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_.

**(By Department Approval Only)**



\_\_\_\_\_  
Signature of owner or operator

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

The Department of Health is an equal opportunity agency. For persons with disabilities, this form is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

**Send copy of completed notification and certification to:**

**Office of Drinking Water, Water System Support Section, PO Box 47822, Olympia WA 985047822 fax (360) 236-2252**



**NOTICE TO WATER SYSTEM USERS  
QUARTERLY NITRATE MONITORING VIOLATION FORM**

We, \_\_\_\_\_ Water System, I.D. \_\_\_\_\_, located in \_\_\_\_\_ County are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. We are required to monitor for nitrates on a quarterly basis. We have failed to meet the monitoring requirements for nitrate for the \_\_\_\_\_ quarter(s) of \_\_\_\_\_ (year). We cannot be sure of the quality of your drinking water during that time. At this time:

- No action is required by the users.
- Our current quarterly nitrate samples have been collected.
- Samples will be collected in the future as required.
- Other information for customers:

For more information, please contact \_\_\_\_\_ at ( )\_\_\_\_ - \_\_\_\_\_ or at \_\_\_\_\_.  
(owner or operator) (phone number) (address)

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.*

This notice is sent to you by \_\_\_\_\_ Water System on \_\_/\_\_/\_\_

**Quarterly Nitrate Monitoring Public Notice Certification Form**

(This section to be completed by the Water System. Signature below indicates notice contained all required elements.)

**Complete the following items (check all that apply):**

- Notice mailed to all water customers on \_\_\_ / \_\_\_ / \_\_\_
- Notice hand-delivered to all water customers on \_\_\_ / \_\_\_ / \_\_\_
- Notice published in newspaper (attach copy)
- Notice posted at \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_

**(By Department Approval Only)**



\_\_\_\_\_  
Signature of owner or operator Position Date

**Send copy of completed notification and certification to:**

Denise Garrett, Lead and Copper Program Manager  
Office of Drinking Water  
PO Box 47822  
Olympia, WA 98504-7822  
FAX (360) 236-2252

If you need this publication in an alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388.



# NOTICE TO WATER SYSTEM USERS

## LEAD AND COPPER MONITORING VIOLATION

We, \_\_\_\_\_ Water System, I.D. \_\_\_\_\_, located in \_\_\_\_\_ County are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. In \_\_\_\_\_ we did not meet our monitoring requirements for lead and copper, and therefore cannot be sure of the quality of your drinking water at that time.

At this time:

- No action is required by the users.
- Our required lead and copper samples have been collected for this monitoring period.
- Samples will be collected in the future as required.
- Other information for customers:

For more information, please contact \_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_ or at \_\_\_\_\_.  
(owner or operator) (phone number) (address)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses.) You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is sent to you by \_\_\_\_\_ Water System on \_\_\_/\_\_\_/\_\_\_

### Lead & Copper Monitoring Public Notice Certification Form

This section must be completed by the water system. Signature below indicates notice contained all required elements.

#### Complete the following items (check all that apply):

- Notice mailed to all water customers on \_\_\_ / \_\_\_ / \_\_\_.
- Notice hand delivered to all water customers on \_\_\_ / \_\_\_ / \_\_\_.
- Notice published in newspaper (attach copy)
- Notice posted at \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_.  
**(By Department Approval Only)**



\_\_\_\_\_  
Signature of owner or operator                      Position                      Date

#### Send copy of completed notification and certification to:

Denise Garrett, Lead and Copper Program Manager  
Office of Drinking Water  
PO Box 47822  
Olympia, WA 98504-7822  
FAX (360)236-2252

## AVISO PARA LOS USUARIOS DEL SISTEMA DE AGUA

### *VIOLACIÓN DEL MONITOREO DE PLOMO Y COBRE*

*Nosotros, el sistema de agua \_\_\_\_\_, con número de identificación (I.D#) \_\_\_\_\_, ubicado en el condado de \_\_\_\_\_, regularmente debemos monitorear contaminantes específicos en el agua que usted toma. Los resultados del monitoreo son un indicador para comprobar si el agua que usted toma cumple con los estándares de salud. En \_\_\_\_\_ no cumplimos con el requisito de monitorear el plomo y el cobre, y por lo tanto no podemos estar seguros de la calidad del agua que usted tomó en esa fecha.*

En este momento:

- Ninguna acción se requiere de parte de los usuarios.
- Nuestras muestras de plomo y cobre requeridas han sido tomadas para este periodo de monitoreo.
- Las muestras serán tomadas en el futuro como se requiere.
- Otra información para los usuarios:

Para mayor información comuníquese con \_\_\_\_\_ al teléfono ( ) \_\_\_\_\_-\_\_ \_\_\_\_\_ o con

\_\_\_\_\_  
(dueño u operador)

\_\_\_\_\_  
(teléfono)

\_\_\_\_\_  
(dirección)

Pase esta información a todas las personas que pudieran tomar agua de este suministro, especialmente aquellas personas que no hayan recibido este aviso (por ejemplo, personas que vivan en apartamentos, asilos de ancianos, escuelas y negocios.) Usted puede hacerlo colocando este aviso en un lugar público donde se pueda leer claramente o distribuyendo copias en persona o enviándolas por correo.

Este aviso es enviado a usted por el Sistema de Suministro de Agua \_\_\_\_\_ fecha \_\_\_/\_\_\_/\_\_\_\_.