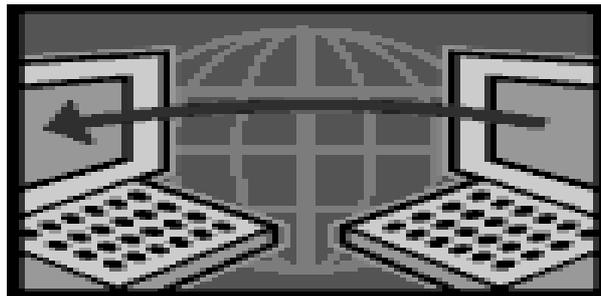


INFORMATION



SDWP/ENFORCEMENT STAFF

- McDonald Volentine, Jr.
- Stacy Williams
- Carol Redditt-Frank [provided by contract through the Louisiana Compliance Initiative (LCI)]

STAFF CONT.

- LCI CIRCUIT RIDERS
- PENN LEMOINE (SOUTH LOUISIANA)
- DOUG SMITH (NORTH LOUISIANA)

- THE LCI CONTRACT ALSO PROVIDES ANOTHER CLERICAL POSITION FOR OPERATOR CERTIFICATION UNIT



WHAT KIND OF INFO ARE WE LOOKING FOR?

- CONTACT NAME(S)
- EMERGENCY CONTACT NAME(S)
- PHONE NUMBERS FOR ALL OF THE ABOVE
- ADDRESSES (BOTH MAILING & PHYSICAL)

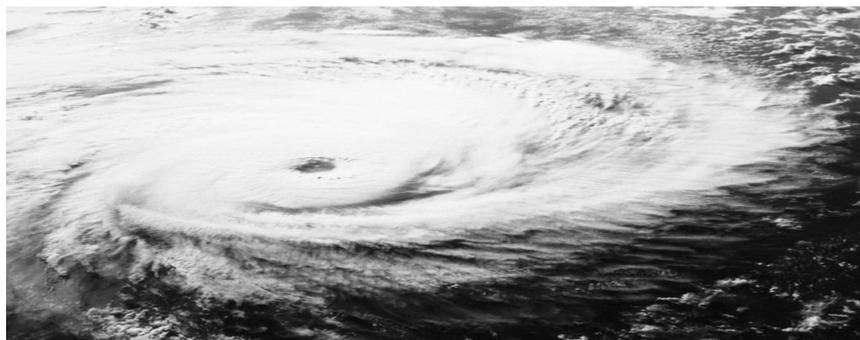


- WHY DO WE NEED INFORMATION ?



THINGS SUCH AS:

- **HURRICANES**
- DHH/OPH IS CONTACTING WS's BEFORE, DURING, AND AFTER



- **ICE STORMS**



- WATER LINE BREAKS

- WATER SAMPLES WITH:
- FECAL CONTAMINATION
- WITHIN 24 HRS COLLECTING REPEAT SAMPLES





- WATER SAMPLES THAT ARE POSITIVE FOR COLIFORMS
- INFORMING WS TO TAKE CORRECTIVE ACTIONS

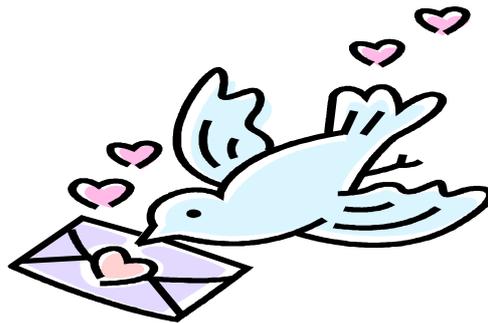
COMPLAINTS

- DIRTY WATER, LOW PRESSURE, SMELLY WATER, MY DOG DRANK THE WATER & IS SICK, ETC.



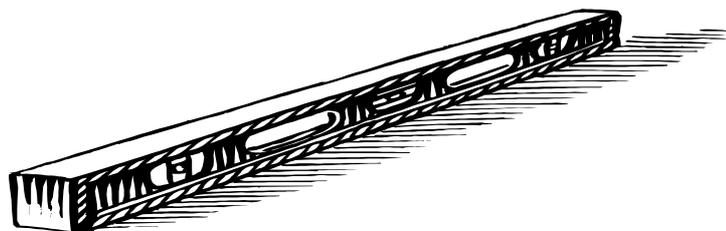
CONTACT INFORMATION ALSO NEEDED FOR

- ISSUING PUBLIC NOTICES TO CORRECT PARTIES



PUBLIC NOTICES

- 3 LEVELS
- TIER 1 (ACUTE)
- TIER 2 (MONTHLY)
- TIER 3 (MONITORING)



PUBLIC NOTICE

- TIER 1 (ACUTE)
- MOST SERIOUS VIOLATION
- USUALLY MEANS FECAL CONTAMINATION
- REQUIRES:
- WATER SYSTEM TO **CONSULT** WITH OPH WITHIN 24 HOURS AFTER LEARNING OF VIOLATION OR SITUATION

PUBLIC NOTICE TO RADIO AND TELEVISION AND

- NEWSPAPERS (SERVING THE AREA)
- AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER LEARNING OF THE VIOLATION



2ND LY (TIER 1)

AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS

- AFTER FURNISHING THE INITIAL PUBLIC NOTICE TO RADIO, TV, AND NEWSPAPER
- DELIVER OR FAX A COMPLETED PUBLIC NOTICE CERTIFICATION FORM TO THE APPROPRIATE OFFICE

THIS FORM IS ATTACHED TO THE NOTICE OF VIOLATION (NOV)



3RD LY (TIER 1)

- ASAP, BUT NO LATER THAN 48 HOURS AFTER LEARNING OF THE VIOLATION
- ENSURE THAT THE ACTUAL ENTIRE PUBLIC NOTICE (PN) IS PUBLISHED IN A DAILY OR WEEKLY NEWSPAPER SERVING THE AREA
- WITHIN 10 DAYS OF PUBLISHING PN SUBMIT ANOTHER COMPLETED PN CERTIFICATION FORM

QUESTION?

- WHAT HAS CHANGED CONCERNING TIER 1 (ACUTE) VIOLATIONS?



ANSWER

- IT IS NOT REQUIRED TO MAIL OR HAND DELIVER A TIER 1 (ACUTE) VIOLATION



REQUIRED STATEMENTS (TIER 1)

- The ____ water supply is currently in violation of the maximum contaminant level for fecal coliform (or E.coli) bacteria as set forth in the Federal and State Primary Drinking Water Regulations [Part XII of the Louisiana State Sanitary Code (LAC 51:XII)]. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.
- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.

REQUIRED STATEMENTS (CON'T) (TIER 1)

- (HEALTH EFFECTS LANGUAGE)
- Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, and people with severely compromised immune systems.
- The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.

REQUIRED STATEMENTS (CON'T) (TIER 1)

- DESCRIBE WHAT COULD HAVE CAUSED THE CONTAMINATION
- EXAMPLE: THERE WAS A BREAK IN THE LINE
- DESCRIBE CORRECTIVE ACTION
- EXAMPLE: WE WILL INFORM YOU WHEN TESTS SHOW NO COLIFORM BACTERIA AND YOU WILL THEN NO LONGER NEED TO BOIL YOUR WATER. WE ANTICIPATE RESOLVING THE PROBLEM WITHIN (ESTIMATED TIME FRAME)

REQUIRED STATEMENTS (CON'T) (TIER 1)

- General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1-(800) 426-4791.
- 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 apartment, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

REQUIRED STATEMENTS (CON'T) (TIER 1)



- Part XII of the La. State Sanitary Code (LAC 51:XII) further requires the notice to include the telephone number or mailing address of the **OWNER, OPERATOR, OR DESIGNEE** of the public water system as a source of additional information concerning the notice.

INITIAL
PUBLIC NOTICE CERTIFICATION FORM
(submit within 24 hours after providing the initial 24 hour notice)

PWS NAME: _____
PWS ID #: _____

For Violation: Tier 1 (Acute) fecal coliform (or E. coli) Bacteriological MCL Violation

Occurring on (date): _____

The public water system indicated above hereby affirms that an initial public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in the Final Coliform Rule (LAC 51:XII:2) and Public Notification Rule (LAC 51:XII:Chapter 19).

Date and time when learned of the violation or situation: _____
Consultation with OPI on (date and time): _____

Notice distributed by (circle the appropriate method(s) used):

24 hour media alert Date and Time: _____
in radio, television
and daily newspapers

Posting Date and Time: _____

Hand-Delivery Date and Time: _____

Other (describe) Date and Time: _____

(NOTE: Public Notice may require several different methods of delivery with notification to this office by different dates and more than one certification form may need to be filled out and sent to DEHQPI)

Include a copy of all appropriate public notice (newspaper article, posting, hand-delivery, etc.) with each certification form submitted.

By my signature below, I affirm that the above information is true and correct. I also am aware of the need to notify you "in no" or new "filling water" of the violation or situation until the violation of situation has been corrected or resolved.

Signature of owner or operator: _____ Date: _____

**ACTUAL, ENTIRE
PUBLIC NOTICE CERTIFICATION FORM**
(submit within 10 days of publishing the actual, entire notice in newspaper)

PWS NAME: _____

PWS ID #: _____

For Violation: Tier 1 (Acute) fecal coliform (or E. coli) Bacteriological MCL Violation

Occurring on (date): _____

The public water system indicated above hereby affirms that the actual, entire public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in the Total Coliform Rule (LAC 21-XII-315) Public Notification Rule (LAC 21-XII-316) Chapter 15.

Date and time when learned of the violation or situation: _____

Consultation with OPI on (date and time): _____

Notice distributed by (circle the appropriate method(s) used):

Full newspaper _____ Date and Time: _____
publication of notice

Posting _____ Date and Time: _____

Hand-Delivery _____ Date and Time: _____

Other (describe) _____ Date and Time: _____

NOTE: Public Notice may require several different methods of delivery with notification to this office by different dates and more than one certification form may need to be filled out and sent to DWH/OPI.

Include a copy of all appropriate public notice (newspaper article, posting, hand-delivery, etc.) with each certification form submitted.

By my signature below, I affirm that the above information is true and correct. I also am aware of the need to notify new "in-line" or new "billing units" of the violation or situation until the violation or situation has been corrected or resolved.

Signature of owner or operator: _____ Date: _____

TIER 2 (MONTHLY)

- DEPENDING ON THE MCL – THIS CAN BE QUARTERLY (ex. DDBP's)
- NOTIFY ALL CUSTOMERS BY PUBLIC NOTICE:
- IN A GENERAL CIRCULATION NEWSPAPER SERVING THE AREA ASAP BUT NO LATER THAN 14 DAYS FROM RECEIPT OF LETTER

TIER 2 (MONTHLY) (CON'T)

- ALSO BY DIRECT MAIL OR HAND DELIVERY ASAP BUT NO LATER THAN 30 DAYS FROM RECEIPT



REQUIRED STATEMENTS (TIER 2)

- During the reporting period of _____ to _____, the _____ water supply violated the maximum contaminant level of coliform bacteria as set forth in the Federal and State Primary Drinking Water Regulations [Part XII of the Louisiana State Sanitary Code (LAC 51:XII)]. Action has been taken to eliminate the contamination.
- You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1-(800)-426-4791.

REQUIRED STATEMENTS (con't) (TIER 2)

- This is not an emergency. If it had been you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or E. coli, are present. We did not find any of these bacteria in our subsequent testing. If we had, we would have notified you immediately. However, we are still finding coliforms in the drinking water.

REQUIRED STATEMENTS (con't) (TIER 2)

- DESCRIBE WHAT COULD HAVE CAUSED THE CONTAMINATION
- EXAMPLE: THERE WAS A BREAK IN THE LINE OR FAILURE IN THE TREATMENT PROCESS

- DESCRIBE CORRECTIVE ACTION – SOME COMMONLY STEPS TAKEN:
- WE ARE CHLORINATING AND FLUSHING THE WS

REQUIRED STATEMENTS (con't) (TIER 2)

- WE ARE REPAIRING THE WELLHEAD SEAL
- WE ARE REPAIRING THE STORAGE TANK

- WE WILL INFORM YOU WHEN ADDITIONAL SAMPLES SHOW NO COLIFORM BACTERIA.

- DEVELOP YOUR OWN.

REQUIRED STATEMENTS (con't) (TIER 2)

- 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 apartment, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

- Part XII of the La. State Sanitary Code (LAC 51:XII) further requires the notice to include the telephone number or mailing address of the **OWNER, OPERATOR, OR DESIGNEE** of the public water system as a source of additional information concerning the notice.

TIER 2 PN CERTIFICATION

- WITHIN TEN DAYS OF PROVIDING NOTICE TO CUSTOMERS, SEND A COPY OF EACH TYPE OF NOTICE THAT WAS DISTRIBUTED (e.g. newspaper article, mail-out) AND A CERTIFICATION THAT ALL PUBLIC NOTIFICATION REQUIREMENTS HAVE BEEN MET

PUBLIC NOTICE CERTIFICATION FORM
(submit within 10 days of each notice provided)

PWS NAME: _____
PWS ID #: _____
For Violation: Two (2) MONTHLY Total Coliform Bacteriological MCL Violation
Occurring on (date): _____

The public water system indicated above hereby affirms that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in the regulatory citation(s) Total Coliform Rule (14C-51.301(3)) Public Notification Rule (14C-51.301 Chapter 19)

Consultation with OPH (if required) on (date) _____
Notice distributed by (circle the appropriate method(s) used):

Newspaper DATE: _____
Mailing DATE: _____
Posting DATE: _____
Hand-Delivery DATE: _____
Other (describe) DATE: _____

NOTE: Public Notice may require several different methods of delivery with notification to this office by different dates; more than one certification form may need to be filled out and sent to DHB/OPH.

Include all appropriate public notice (newspaper article, mail-out, posting, hand-delivery, etc.) with certification form.

By my signature below, I affirm that the above information is true and correct. I also am aware of the need to notify new "tie-ins" or new "billing units" of the violation or situation until the violation or situation has been corrected or resolved.

Signature of owner or operator: _____ Date: _____

TIER 3 (MONITORING)

- NOTIFY ALL CUSTOMERS BY PUBLIC NOTICE:
- IN A DAILY OR WEEKLY NEWSPAPER SERVING THE AREA ASAP BUT NO LATER THAN 45 DAYS AFTER THE VIOLATION OR FAILURE **AND** BY DIRECT MAIL OR HAND DELIVERY TO EACH CUSTOMER ASAP BUT NO LATER THAN 90 DAYS

REQUIRED STATEMENTS (TIER 3)

- We 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 reporting period of _____ through _____, the _____ water supply “did not monitor or test” or “did not complete all monitoring or testing” for coliform bacteria as set forth in the State and Federal Primary Drinking Water Regulations [Part XII of the Louisiana State Sanitary Code (LAC 51:XII)]. Therefore, the _____ water supply cannot be sure of the quality of your drinking water during that time. There is nothing you need to do at this time.

REQUIRED STATEMENTS (TIER 3)

- DESCRIBE CORRECTIVE ACTION
- FOR EXAMPLE: WE HAVE SINCE TAKEN THE REQUIRED SAMPLES. THE SAMPLES SHOWED WE ARE MEETING DRINKING WATER STANDARDS.
- [YOU MAY DEVELOP YOUR OWN]

REQUIRED STATEMENTS (TIER 3)

- 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.

REQUIRED STATEMENTS (TIER 3)

- Part XII of the La. State Sanitary Code (LAC 51:XII) further requires the notice to include the telephone number or mailing address of the **OWNER, OPERATOR, OR DESIGNEE** of the public water system as a source of additional information concerning the notice.

- WITHIN TEN DAYS OF PROVIDING NOTICE TO CUSTOMERS, SEND A COPY OF EACH TYPE OF NOTICE THAT WAS DISTRIBUTED (e.g. newspaper article, mail-out) AND A CERTIFICATION THAT ALL PUBLIC NOTIFICATION REQUIREMENTS HAVE BEEN MET

PUBLIC NOTICE CERTIFICATION FORM (TIER 3)

Page 4
 Safe Drinking Water Act
 Notice of Violation/Public Notification of Non-Compliance
 Tier 3 (MONITORING) Bacteriological Violation
 Community Water System
 ABC Water System
 PWS ID #: _____
 Parish: _____
 PWS NAME: _____
 PWS ID #: _____
 For Violation: Tier 3
 Occurring on (date) _____
 The public water system indicated above hereby affirms that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in (regulatory citation) Total Coliform Rule.
 Consultation with CPH (if required) on (date) _____
 Notice distributed by (circle the appropriate method(s) used):
 24 hour media alert DATE _____
 Newspaper DATE _____
 Mailing DATE _____
 Posting DATE _____
 Hand-Delivery DATE _____
 NOTE: Public Notice may require several different methods of delivery with notification to this office by different dates, more than one certification form may need to be filled out and sent to DHEC/OPH.
 Include all appropriate public notice (newspaper articles, mail-out, posting, hand-delivery, etc.) with certification form.
 Signature of owner or operator _____ Date _____

SOMETHING YOU SHOULD KNOW

- THE PUBLIC NOTICE RULE CONTAINS THE STATEMENT:
- "...UNLESS OTHERWISE DIRECTED BY THE OFFICE OF PUBLIC HEALTH IN WRITING, ..."



SDWIS

Related Points of Contact

Contact Type	Contact Name	Status	Main Step	Organization
AC	BRADLEY, EUGENE	A		DH-OPH CENTRAL OFFICE
OO	ZIMMERE, KATE	A	127	ENGINEERING SERVICES
OO	SANTOSOLO, PAULIN	A		DISTRICT II EASTON ROUSE OPH
OP	ZIMMERE, KATE	A	127	ENGINEERING SERVICES
UW	ZIMMERE, KATE	A	127	ENGINEERING SERVICES

7 of 7 records displayed Administration POC required Expand Hide

Water System Facility

Facility ID	Facility Name	Type	Active Status	Availability	Source Indicator
SP00000001	NEW WELL	WEL	A	Y	Y
CO000	SUBURBANE CONNECTION	CO	A	Y	Y
PT000	PUMPING FACILITY	PF	A	Y	N
TP000	TEST TAP	TT	A	Y	N
TP001	TREATMENT PLANT FOR SWINTAKE	TP	A	Y	N
DS000	DISTRIBUTION SYSTEM	DS	A	Y	N
SR00000001	REGION 9 TEST	RS	T	Y	Y
SR00000002	REGION 9 TEST	RS	J	Y	Y
SR00000003	TEST WITH BEI	WEL	T	Y	Y

13 of 10 records displayed Source of Water required Expand Hide

Commands: general user menu field - 120 characters available OK Cancel Help

Flow Dispatching Agency Dispatch Geographic Area Dispatch Service Area

Sampling Point Purchase/Wholesale Site Visit

Record updated by: XFG on: 02/25/2005 12:43:26
 Record created by: SDWRI on:

SDWIS

Water System Related POC Maintenance

Water System
 No: 140000008 Name: SDWR2_TEST_VIS Federal Type: NC State Type: NC Federal Primary Source: SWP

Contact Info
 Contact Name: BRADLEY, EUGENE Alias Name:
 Job Title: SANITARIAN 4 Organization: DH-OPH CENTRAL OFFICE
 Local Entry Type: IN GA Type: ID No: FedPoc ID: LA, RI/70

Address
 Address Line One:
 Address Line Two:
 City: State: Zip:
 Country: US International Post Code:

Phone Numbers
 Purpose: Phone Number: Ext:

Electronic Address
 Purpose: Address:

SDWIS

Electronic Addresses

Purpose: _____ Address: _____

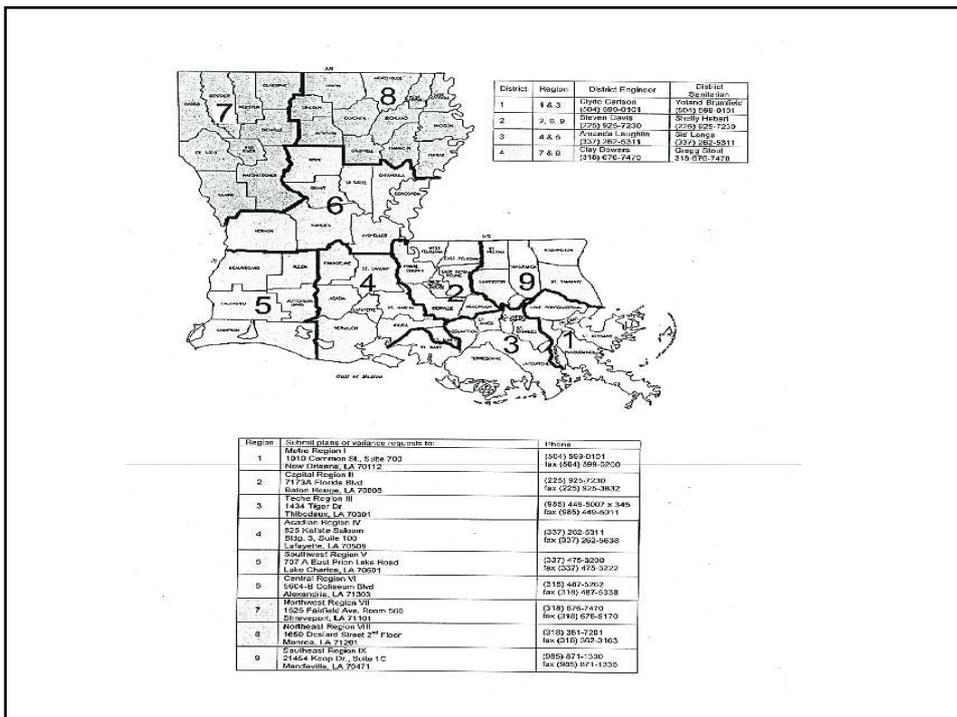
Select: _____ Type of EAC: _____

Select	Type of EAC	Active	Inactive	Begin Date	End Date
<input type="checkbox"/>	Administrative Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	Home Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	On-plant Operator In Charge Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	Operator Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	Emergency Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	Company Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	Newsroom Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	Legal Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	Physical Location Contact	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	PHONE	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	E-MAIL	<input type="radio"/> Active	<input type="radio"/> Inactive	MM/DD/YYYY	MM/DD/YYYY

OK Cancel Help < Back >



• WHO DO YOU CONTACT?



ROSTER OF SANITARIANS

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Roster of Sanitarians Page 1 of 19 January 21, 2009

THE WHY OF CONTACTING DHH/OPH

- ALL OF THE ABOVE REASONS:
- AFTER A DISASTER (SUCH AS A HURRICANE)
- WATER LINE BREAK
- POSITIVE SAMPLES
- LOSS OF PRESSURE



CONTACTING DHH/OPH

- SUBMIT PLANS AND SPECIFICATIONS **BEFORE:**
- DRILLING NEW WELL
- CHANGING OR ADDING CHEMICALS



CONTACTING DHH/OPH

- BEFORE EXTENDING NEW LINES
- NEW ADDRESSES, PHONE NUMBERS
- NEW CONTACTS, NEW OWNERS



CONTACT DHH/OPH ALSO



- IF YOU ARE AN OPERATOR AND HAVE LEFT AND GONE TO ANOTHER WATER SYSTEM

ADDITIONAL INFO

- FOR OWNERS/BOARD MEMBERS – IF YOU ARE REGISTERED WITH SEC OF STATE – WHEN YOU MAKE CHANGES TO DHH/OPH OR ARE NO LONGER THE OWNER/BOARD MEMBER – BE SURE TO ALSO MAKE CHANGES IN THE SEC OF STATE OFFICE



TITLE 51, PART XII OF THE
LA ADMINISTRATIVE CODE (LAC)
IS AVAILABLE ON-LINE AT:

<http://doa.louisiana.gov/osr/lac/lactitle.htm>

SDWP Enforcement:
Phone: 225-342-7504
Fax: 225-342-7303

Address:
OPH/CEHS/Enforcement Box 5
628 N. 4th Street
PO Box 4489
Baton Rouge, LA 70821-4489

remember...

together we are one force, one cohesive unit.....

3/12/2009



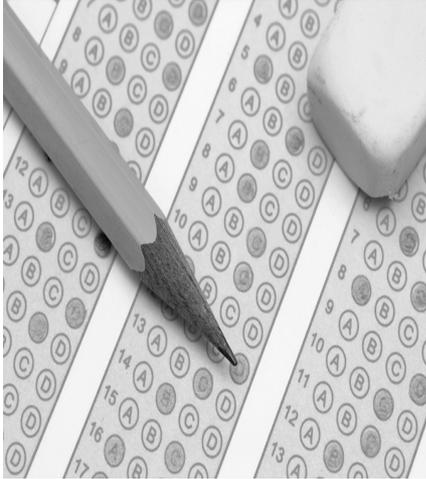
51

TEST QUESTION ?

- WHAT ARE SOME THINGS THAT WOULD NECESSITATE DHH/OPH CONTACTING WATER SYSTEM?

- WATER SAMPLES WITH FECAL CONTAMINATION
- WATER SAMPLES POSITIVE FOR COLIFORMS
- COMPLAINTS

TEST QUESTION?



- WHAT THINGS WOULD YOU CONTACT DHH/OPH FOR?

- SUBMITTING PLANS AND SPECS
- DRILLING NEW WELLS
- ADDING/CHANGING CHEMICALS