DIVISION OF DRINKING WATER

POLICY/PROCEDURE

<table>
<thead>
<tr>
<th>Field Orders</th>
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<tbody>
<tr>
<td>WAC 246-290-050</td>
</tr>
<tr>
<td>Ronni Woolrich</td>
</tr>
<tr>
<td>1/1/94</td>
</tr>
<tr>
<td>N/A</td>
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</table>

POLICY:

Field orders are to be used to address those violations which pose an imminent health threat. An imminent health threat is one in which, at least potentially, the physical health of human beings could reasonably be expected to deteriorate in the absence of immediate action.

Field orders can also be used when construction is proceeding on unapproved facilities. This type of order is also known as a "stop work order."

Field orders can only be issued by those having delegated authority to do so (Environmental Engineer 3 or Section Head). Section Head approval must be obtained prior to issuance.

Following is a list of situations where a field order would be appropriate:

1. Source contamination - waterline breaks, using unapproved sources, violation of a primary MCL, etc.

2. Spills - diesel fuel, gasoline, chemicals, sewage, etc. spilled into the system.

3. Accident - accidental shut off of water or treatment, etc.

4. Natural disaster - storms causing increased turbidity, explosion in treatment plant, etc.

5. Breakdown in treatment - disinfectant feed blocked, chlorinator breakdown, equipment failure, etc.

6. Unapproved interruption of service - repairs on waterline, cleaning of storage tank, prolonged power outage, etc.

7. Any other imminent health threat.

8. Construction is proceeding on unapproved facilities.
PROCEDURE

Following are basic steps in issuing field orders. Refer to the compliance manual for complete procedure.

1. Engineer obtains Section Head verbal approval to issue field order.

2. Engineer completes field order form. In Section I, include a detailed description of each violation with WAC cite. Also include known WAC cites in Section II. Give copy to purveyor. If you are unable to locate the purveyor and there is no system representative available, post a copy and mail a copy by regular and certified mail to the purveyor.

3. Regional Office prepares draft press release. Send copy of field order to Program Support along with draft press release.

4. Regional Office sends copies of field order to appropriate LHD, and other interested parties (i.e. UTC, EPA, legislative contacts, and local planning departments).

5. Program Support enters into data (IBM) tracking system.

6. Regional Office tracks compliance.

7. Upon compliance, Regional Office enters date into data system.

8. Regional Office sends return to compliance letter to the water system. Send copy of letter to Program Support Section.
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
DIVISION OF DRINKING WATER

FIELD ORDER

<table>
<thead>
<tr>
<th>SYSTEM NAME</th>
<th>PWS ID No.</th>
<th>DOCKET NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION</td>
<td>CITY</td>
<td>COUNTY</td>
</tr>
<tr>
<td>OWNER/OPERATOR</td>
<td></td>
<td>TELEPHONE NUMBER</td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAME AND TITLE OF PERSON SERVED | DATE ORDER SERVED

I. FINDINGS

1. The system named above is a public water system as defined under WAC 246-290-020. The operation of this public water system is governed by Chapter 246-290 WAC, the regulations of the State Board of Health regarding public water systems. The owner/operator named above is/are purveyor(s) as defined under WAC 246-290-010.

2. The person named above to whom this order is served is the ____________________________

3. The undersigned authorized representative of the Department of Health conducted a field investigation of the public water system identified above on __________________.

4. This water system is in violation of Chapter 246-290 WAC as described below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
II. ORDER

In view of the foregoing, under authority of WAC 246-290-050, you are ORDERED to take the following actions within the deadlines specified:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

III. PLACE TO SUBMIT DOCUMENTS AND REQUESTS

All documents or reports required by this order to be submitted to the Department shall be sent to the undersigned. Questions about compliance with this Order and requests to modify the Order shall be sent in writing to ________________________________________________________________________

IV. SUPPLEMENTAL AND MODIFICATION

The Department may supplement or modify this order if changes are warranted to ensure compliance with Chapter 246-290 WAC or to allow for your practical ability to correct the violations. The undersigned is authorized to modify this order with or without your consent.

V. NOTICE OF PENALTY FOR VIOLATION OF ORDER

If you fail to comply with any provision of this order, the Department may impose upon you civil penalties of up to five thousand dollars ($5,000) per violation per day, or in the case of a violation determined to be a public health emergency, a penalty of not more than ten thousand dollars ($10,000) per violation per day under authority of Chapter 70.119A RCW.

(Visited by) ____________________________  (Title) ____________________________  (Date) ____________________________

(Received by - acknowledges receipt only) ____________________________  (Title) ____________________________  (Date) ____________________________
DEPARTMENT OF HEALTH  
DIVISION OF DRINKING WATER  
ENFORCEMENT SUMMARY  

DATE ______

WATER SYSTEM ___________________ COUNTY ___________________ ID# ______

OWNER ___________________________ NO. OF CONNECTIONS ______
ADDRESS ___________________________ POPULATION SERVED ______

DOH CONTACT _____________________ PHONE NO. ________________

BRIEF HISTORY OF CASE INCLUDING DATES OF SIGNIFICANT PHONE CALLS, LETTERS,  
COMPLAINTS, MEETINGS AND OTHER PREVIOUS CONTACTS WITH THE VIOLATOR: