In The Matter Of:

133 Estates
PWS Permit Number NE3120574

The 133 Estates (hereinafter the “System”), is hereby notified that the Department of Health and Human Services, Division of Public Health (hereinafter the “Department”), is initiating an enforcement action against the System.

This Administrative Order (AO) is being issued by the Director of the Nebraska Department of Health and Human Services to the 133 Estates, Public Water System, Permit to Operate a Public Water System Number NE3120574, under the authority of Nebraska Revised Statute §71-5304.01 of the Nebraska Safe Drinking Water Act (NSDWA). This AO addresses violations of the NSDWA and Title 179 regulations promulgated under the NSDWA and requires the System to take measures to ensure compliance.

The system has failed to:
Comply with the Maximum Contaminant Level (MCL) for total coliform bacteria as outlined in 179 NAC 2-002.04C Microbiological and 179 NAC3-004.02 Repeat Monitoring. The violations are listed as follows:

1) An MCL violation for total coliform for the month of August 2015, issued September 14, 2015.
2) A repeat monitoring violation for total coliform for the month of September 2015, issued October 19, 2015.
3) An MCL violation for total coliform for the month of October 2015, issued October 30, 2015.

Based on the forgoing findings and conclusions and pursuant to the Nebraska Revised Statute § 71-5304.01 of the Nebraska Safe Drinking Water Act, it is hereby Ordered:

1) The System shall begin a continual disinfection process as soon as possible but no later than fourteen (14) calendar days after service of this Order. The System will perform continuous disinfection for a minimum of six (6) months. If chlorine is used as a disinfectant, the System must maintain a minimum daily free chlorine residual concentration of 0.2 ppm at the furthest extremity of the System, and not to exceed a maximum free chlorine residual concentration of 4.0 ppm at any point in the distribution system. (If the System uses a disinfectant other than chlorine, arrangements must be made with the Drinking Water Program to measure its effectiveness at a frequency that will be determined by the Drinking Water Program).
**PLEASE NOTE**: In some instances, encrustation may be broken loose due to this disinfection process. Temporary discolored or turbid water may contain high levels of heavy metals. If water becomes turbid or discolored it should not be used for drinking purposes. Water may again be consumed after the line has been flushed and the water has cleared.

Installation of chlorination equipment under this Administration Order will not require submission of plans and specifications to Engineering Services as this is viewed as a temporary installation. However, if the installation is to remain permanently connected to the system to address future chlorination events, the Department will require plans and specifications to be submitted. For further questions, please call Chin Chew at 402-471-0522.

2) The System shall complete an evaluation of the source, storage, and distribution system to identify the cause of the violations and submit a report consisting of the attached forms A through E to the Drinking Water Program within thirty (30) calendar days from the date of service of this Order.

3) After reviewing the report submitted by the System, the Drinking Water Program will either approve the report or require modification thereto. If modifications are required, the System shall complete and return the report within ten (10) calendar days of notice requiring such modifications. The Drinking Water Program reserves the right to make minor unilateral modifications to the report.

4) Within 30 calendar days of receipt of the approved Changes and Improvement report from the Drinking Water Program, the System shall begin implementation of all activities described in the report and shall complete all work within the time frames or submit a time schedule for completion, attachment D.

5) The System shall provide written notice to the Drinking Water Program within seven (7) calendar days after completion of each change or improvement met in the approved Changes and Improvement schedule, attachment D.

6) The System shall keep a daily record (7 days per week) of the free chlorine residual at the furthest extremity of the system, attachment F.

7) The System shall submit a copy of attachment F to the Drinking Water Program for each month, by the tenth day of the following month.

8) System must continue to comply with Title 179 NAC 2 of the Nebraska Safe Drinking Water Act.
Right To A Hearing

This Administrative Order shall become final unless the System requests in writing a hearing before the Director no later than thirty (30) days after the Order was served. If a hearing is requested, a notice will be provided with information pertaining to the time and place to appear as required by law. At the hearing, you may present evidence that may be pertinent and you may also have counsel, at your own expense, to represent you. Copies of the regulations governing procedures used at administrative hearings, 184 NAC 1, are available upon request.

In the event that the System violates any term set forth in this Administrative Order, it may be subject to further discipline, including, but not limited to, assessment of an administrative penalty and / or revocation of its permit to operate a public water supply.

This Order will remain in effect until an authorized representative of the Drinking Water Program gives a notice of termination in writing. Notice will be given after the requirements of this Order have been met.

If you have questions or need assistance in this matter, feel free to contact this office at (402) 471-0932 or the Field Service Representative in your area, Tim Thares, at 402-426-9655.

Written request for a hearing, reports and all information required by this Order shall be submitted to:

    Sherry Wirth, Total Coliform Rule Manager  
    DHHS, Office of Drinking Water  
    301 Centennial Mall South  
    P.O. Box 95026  
    Lincoln, NE  68509-5026

Issued this ______ day of ______________, 2015

______________________________________

Howard P. Isaacs, Administrator  
Office of Drinking Water  
Nebraska Department of Health and Human Services  
howard.isaacs@nebraska.gov  
402-471-0510
Enclosure: Attachments A-F

cc:  Senator Brett Lindstrom, District #18  
     Charles S Buckley, Water Operator

ec:  Tim Thares, DHHS Field Service Representative  
     Becky Schuerman, DHHS Monitoring and Compliance Manager  
     Sherry Wirth, DHHS Monitoring and Compliance  
     Chin Chew, DHHS Engineering Services Manager  
     Andy Kahle, DHHS Field Service Manager  
     Sue Semerena, DHHS Unit Administrator  
     Suzanna Glover-Ettrich, DHHS Attorney  
     Terra Uhing, Three Rivers Public Health Department  
     Peggy King, Office of U.S. Senator Deb Fischer
CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing Administrative Order was mailed to the Respondent this _____ day of _____________________, 2015, via Certified U.S. mail, addressed to:

Mrs Kim Gastrost
133 Estates
PO Box 632
Arlington, NE 68002

By:

_________________________________________
Howard P. Isaacs, Administrator
Office of Drinking Water
Nebraska Department of Health and Human Services
howard.isaacs@nebraska.gov
402-471-0510
DATE(S) EVALUATION OF PWS CONDUCTED: _____________________

PERSON(S) IN ATTENDANCE DURING EVALUATION:

Name: ___________________________ Title: ___________________________
Position: ___________________________

Name: ___________________________ Title: ___________________________
Position: ___________________________

WATER OPERATOR EVALUATION

1. Certified Water Operator ___________________________
   Grade of Certification ___________________________
   Date of Certification ______________ Exp. Date __________
   Certification Number ___________________________
   Continuing Education Credits toward Re-certification (List classes attended and credit given for each) _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

2. Backup Certified Water Operator (if there is one) ___________________________
   Grade of Certification ___________________________
   Date of Certification ______________ Exp. Date __________
   Certification Number ___________________________
   Continuing Education Credits toward Re-certification (List classes attended and credit given for each) _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. Identify a plan for correcting any above water operator deficiencies and the date this will be completed: _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
## WATER SYSTEM ASSESSMENT CHECKLIST

**133 ESTATES, NE3120574**  
**Attachment B**

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Well protected from surface contamination? If no, describe:</td>
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<tr>
<td>Surface water directed away from well?</td>
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<td>Electrical and discharge lines sealed to cap?</td>
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<td>Air vent properly screened?</td>
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<tr>
<td>Well cap sealed to casing?</td>
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<td>Has source water from wells been tested for total coliform?</td>
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<td>Is continuous disinfection practiced within the system prior to the Order?</td>
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<td>Are disinfection residuals measured daily at appropriate locations?</td>
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<td>Is disinfection equipment in proper working order?</td>
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<td>Equipment inside well house(s) operational and adequate? (gauges, valves)</td>
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<td>Is diagram of distribution system available showing valve locations?</td>
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<td>Are records available showing direction of valve operation, and number of turns to open/close?</td>
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<tr>
<td>Is diagram of distribution system available showing flush points?</td>
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<tr>
<td>Are water mains flushed every six months for a minimum of 15 minutes in a unidirectional manner? (Isolate long lengths of water main and flush from large diameter mains)</td>
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</table>
### NOTES

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Are adequate valves in place to isolate mains during repair?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>When repairs are made to the system, are proper disinfection procedures done?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Are customers notified to flush their lines after repairs or flushing? If yes, how?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Are you aware of low pressure sites or situations?</td>
<td>☐</td>
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<td>Is pressure checked at various locations though out the system on a regular schedule?</td>
<td>☐</td>
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<tr>
<td>Are detailed records maintained pertaining to operation and maintenance of system? (Including Total Coliform testing)</td>
<td>☐</td>
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<tr>
<td>Have all dead ends been eliminated from the distribution system?</td>
<td>☐</td>
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</tbody>
</table>

Report the results of an investigation for cross connections:

- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
Site 1:
What kind of faucet is used? ________________________________________________________
Is any screen removed? ____________________________________________________________
Is the water softened? _____________________________________________________________
Is site residence or public place? ___________________________________________________
Is site outside? _________________________________________________________________
Is site consistently available for collecting samples? ________________________________
Other factors about site, which could cause a positive sample: ______________________

Are an adequate number of clean and available repeat sample sites located within five (5) service connections on both sides of this routine sample site?  Yes ☐  No ☐

Site 2:
What kind of faucet is used? ________________________________________________________
Is any screen removed? ____________________________________________________________
Is the water softened? _____________________________________________________________
Is site residence or public place? ___________________________________________________
Is site outside? _________________________________________________________________
Is site consistently available for collecting samples? ________________________________
Other factors about site, which could cause a positive sample: ______________________

Are an adequate number of clean and available repeat sample sites located within five (5) service connections on both sides of this routine sample site?  Yes ☐  No ☐

Site 3:
What kind of faucet is used? ________________________________________________________
Is any screen removed? ____________________________________________________________
Is the water softened? _____________________________________________________________
Is site residence or public place? ___________________________________________________
Is site outside? _________________________________________________________________
Is site consistently available for collecting samples? ________________________________
Other factors about site, which could cause a positive sample: ______________________

Are an adequate number of clean and available repeat sample sites located within five (5) service connections on both sides of this routine sample site?  Yes ☐  No ☐

Site 4:
What kind of faucet is used? ________________________________________________________
Is any screen removed? ____________________________________________________________
Is the water softened? _____________________________________________________________
Is site residence or public place? ___________________________________________________
Is site outside? _________________________________________________________________
Is site consistently available for collecting samples? ________________________________
Other factors about site, which could cause a positive sample: ______________________

Are an adequate number of clean and available repeat sample sites located within five (5) service connections on both sides of this routine sample site?  Yes ☐  No ☐

Site 5:
What kind of faucet is used? ________________________________________________________
Is any screen removed? ____________________________________________________________
Is the water softened? _____________________________________________________________
Is site residence or public place? ___________________________________________________
Is site outside? _________________________________________________________________
Is site consistently available for collecting samples? ________________________________
Other factors about site, which could cause a positive sample: ______________________

Are an adequate number of clean and available repeat sample sites located within five (5) service connections on both sides of this routine sample site?  Yes ☐  No ☐

Describe procedure used for collecting total coliform samples: ______________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
SCHEDULE OF NEEDED CHANGES AND IMPROVEMENTS

133 ESTATES, NE3120574   Attachment D

SYSTEM CHANGES/IMPROVEMENTS TO BE COMPLETED IN THE NEXT SIX (6) MONTHS

1. __________________________________________
   PLAN FOR ACCOMPLISHING SYSTEM CHANGE/IMPROVEMENT
   ______________________________________________________________________
   ______________________________________________________________________
   Estimated Start Date: _______________   Estimated Completion Date: __________

2. __________________________________________
   PLAN FOR ACCOMPLISHING SYSTEM CHANGE/IMPROVEMENT
   ______________________________________________________________________
   ______________________________________________________________________
   Estimated Start Date: _______________   Estimated Completion Date: __________

3. __________________________________________
   PLAN FOR ACCOMPLISHING SYSTEM CHANGE/IMPROVEMENT
   ______________________________________________________________________
   ______________________________________________________________________
   Estimated Start Date: _______________   Estimated Completion Date: __________

4. __________________________________________
   PLAN FOR ACCOMPLISHING SYSTEM CHANGE/IMPROVEMENT
   ______________________________________________________________________
   ______________________________________________________________________
   Estimated Start Date: _______________   Estimated Completion Date: __________

PLEASE MAKE COPIES IF NEEDED
CHLORINE RESIDUAL LOG
133 ESTATES, NE3120574 Attachment F
FOR THE MONTH OF _______ WATER OPERATOR SIGNATURE

****Please make copies of this log sheet to use monthly during this Administrative Order.
**** A free chlorine residual level of 0.2 ppm must be maintained daily or the disinfection period may be extended.

<table>
<thead>
<tr>
<th>DATE</th>
<th>LOCATION OF SAMPLE</th>
<th>CHLORINE RESIDUAL MG/L</th>
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Please return this completed log to Sherry Wirth, DHHS Drinking Water Program, PO Box 95026, Lincoln, NE 68509-5026 by the 10th day of the next month.
When was storage facility last inspected?  
__________________________________________________

By Whom?  _______________________________________

List repairs done?  __________________________________

________________________________________________________________

NOTES

1. Is over flow pipe screened?  Yes ☐ No ☐  _________________

2. Hatch/Manhole/Access holes water tight?  Yes ☐ No ☐  _________________

3. Any improper openings in roof or side walls?  Yes ☐ No ☐  _________________

4. Do vents terminate in a downward position?  Yes ☐ No ☐  _________________

5. Is the vent screened?  Yes ☐ No ☐  _________________

6. When was storage facility last drained, cleaned, and disinfected?  Date: __________

Comments/observations about storage facility condition:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
APPROVAL FORM
(For Drinking Water Personnel Only)

Required by the Administrative Order
Issued to the 133 ESTATES, NE3120574
Date: January 12, 2016

The Drinking Water Program approves _______, does not approve ______ this report and changes/improvements schedule. (Requests for changes will be attached and returned.)

Per the Administrative Order, within thirty (30) calendar days of receipt of notice of approval from the Drinking Water Program, implementation of system changes/improvements must begin or a time schedule for completion must be submitted to the Department.

The Drinking Water Program must be notified within seven (7) calendar days of completion of each system change/improvement.

____________________________________
Field Service Rep. Signature

____________________________________
Date

____________________________________
M&C Signature

____________________________________
Date