



COMMONWEALTH of VIRGINIA

DEPARTMENT OF HEALTH

OFFICE OF DRINKING WATER Richmond Field Office

Karen Shelton, MD
State Health Commissioner

Madison Building
109 Governor St., 6th
Floor Richmond, VA
23219
Phone: 804-864-7409
Fax: 804-864-7520

SUBJECT: Louisa County
Waterworks: Six-O-Five Village
PWSID No: 2109675

July 29, 2025

Our Homes of America
Attn: Jason Freed
jfreed@ourhomesofamerica.com

Dear Mr. Freed,

The subject waterworks was required to have a Level 2 assessment completed per the Notice of Level 2 Assessment Required, dated July 14, 2025. Enclosed is a copy of the assessment completed by James Reynolds, Field Director of this office.

The Level 2 assessment was required due to an exceedance of the E. coli Primary Maximum Contaminant Level (PMCL). Refer to the Notice of Level 2 Assessment Required dated July 14, 2025, for details regarding these events which triggered the assessment requirement.

REQUIRED ACTION

Review the assessment, paying particular attention to the “assessment elements” and “corrective action taken and date” summarized on page 16. If you agree, sign and date the assessment on page 16 and **return the form to this office no later than August 14, 2025**. If you are not in agreement, contact this office within one business day upon receipt of this letter. Failure to submit the completed Level 2 assessment may be a violation of the *Waterworks Regulations*.

We appreciate your assistance in completing the Level 2 assessment and look forward to your continued cooperation. If you have any questions or concerns regarding this matter, please contact me at (757) 406-1252 or email at james.reynolds@vdh.virginia.gov.

Respectably,



James Reynolds, PE Field Director
Richmond Field Office

LMB:jr

Enclosures:

1. Level 2 assessment
2. Schedule of Corrective Action

ec:

Matt Raynor, REE Inc.- tarmatt@aol.com

Scott Dunn, REE VA Inc.- scottadun1971@yahoo.com

Louisa County Health Department-attn: Environmental Health Manager-

LouisaEH@vdh.virginia.gov

County Administrator: Christian Goodwin- cgoodwin@louisa.org.

SCHEDULE OF CORRECTIVE ACTIONS REQUIRED LEVEL 2 ASSESSMENT

This Office completed a Level 2 assessment on July 22, 2025, which was required due to an E. coli MCL violation.

INTERIM ACTION REQUIREMENTS

Based on the Level 2 assessment findings, we recommend the following:

- Vacant homes have the potential to be sources of contamination. The BSSP should be revised so that samples are collected at occupied homes.
- Vacant homes should have water disconnected or valved off to reduce potential for leaks and backflow events.
- The sampler should review sampling techniques and implement processes and procedures to minimize the chances of contamination
 - The sampler indicated he is now separating items and tools used during sampling from those used during wastewater activities (coolers, bags, etc.)
 - The sampler indicated he will take more care while sampling, including not rushing to collect samples.
 - The sampler indicated being short staffed recently. Training of additional samplers may alleviate some rushing due to workload

CORRECTIVE ACTION REQUIREMENTS

Based on the Level 2 assessment findings, there are no corrective actions needed at this time.

I agree to fully implement the above interim actions and corrective actions to rectify the elements of concern that may have led to the E. coli PMCL violation. I will notify the Virginia Department of Health, Office of Drinking Water, in writing, within 7 business days upon completion of each corrective action.

Waterworks Owner (Signature)

(Date)

**Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment**

Waterworks Name: Six-O-Five Village	PWSID No.: 2109675
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Source Water Type: Groundwater		City/County: Louisa County																						
Waterworks Type: <input checked="" type="checkbox"/> Community		Population Served: 201																						
<input type="checkbox"/> Nontransient Noncommunity		<input type="checkbox"/> Seasonal																						
<input type="checkbox"/> Transient Noncommunity		<input type="checkbox"/> Seasonal																						
Operator in Responsible Charge: Scott Dunn			Phone: 434-282-3789																					
Compliance Monitoring Period: July 2025																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Number of Samples</th> <th style="text-align: left; padding: 2px;">Required</th> <th style="text-align: left; padding: 2px;">Collected</th> <th style="text-align: left; padding: 2px;">Total coliform present</th> <th style="text-align: left; padding: 2px;"><i>E. coli</i> present</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Routine per monitoring period</td> <td style="padding: 2px;">1/Month</td> <td style="padding: 2px;">1</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Repeat</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">Yes</td> </tr> <tr> <td style="padding: 2px;">Triggered source water</td> <td style="padding: 2px;">1/Well</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">No</td> <td style="padding: 2px;">No</td> </tr> </tbody> </table>					Number of Samples	Required	Collected	Total coliform present	<i>E. coli</i> present	Routine per monitoring period	1/Month	1	Yes	No	Repeat	3	3	Yes	Yes	Triggered source water	1/Well	2	No	No
Number of Samples	Required	Collected	Total coliform present	<i>E. coli</i> present																				
Routine per monitoring period	1/Month	1	Yes	No																				
Repeat	3	3	Yes	Yes																				
Triggered source water	1/Well	2	No	No																				
Date ODW Notified Waterworks Level 2 Assessment Required: 07/15/2025																								
Assessment Due Date: 08/14/2025																								
Assessment Conducted Date: 07/22/2025																								
Waterworks Personnel Consulted For Assessment:																								
1.	Scott Dunn		Phone:	434-282-3789																				
2.			Phone:																					
ODW- FO Staff Conducting Assessment: James Reynolds- RFO Field Director Lydia Belser- District 18 Environmental Health Specialist, Sr.																								
Reason Level 2 Assessment is required																								
1.	<input checked="" type="checkbox"/>	An <i>E.coli</i> maximum contaminant level (MCL) violation																						
2.	<input type="checkbox"/>	A second Level 1 Assessment required within a rolling 12-month period																						

Waterworks Assessment Instructions

Consider each assessment element listed in the following evaluation form to determine if the element listed may have contributed to the "present" bacteriological sample results.

A response in a **highlighted** box suggests the assessment element may have contributed to the "present" bacteriological sample results and is a potential Sanitary Defect. Provide an explanation of why the highlighted element could have contributed to the "present" bacteriological sample results in the column titled "Describe any element of concern." Use the "Additional Comment" space on page 8, if needed, and always refer to the assessment element number. Also, provide the date and description of Corrective Actions taken/required as required on Page 9.

Notes:

1. For wholesale and consecutive waterworks:
 - a. Review records related to flows, pressures, and water quality parameters at the connection(s) with wholesale water supplier.
 - b. Consecutive waterworks owners shall notify wholesale water supplier whenever the consecutive system has been triggered to perform a Level 2 Assessment.
 - c. Wholesale waterworks owners shall notify consecutive waterworks owners as total coliform could have spread to consecutive waterworks distribution system.
2. The Level 2 Assessment must be completed based on a site visit plus the data and documentation available and maintained on file by the waterworks and ODW-Field Office.

Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment

Waterworks Name: Six-O-Five Village

PWSID No.: 2109675

Assessment Elements		Response			Describe any element of concern	
		Y	N	N/A		
1. Sample Site						
1.1	Were all sites used listed on approved BSSP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Description: Many trailers have become vacant since BSSP approval. The following sites were used for the routine samples:</p> <ul style="list-style-type: none"> • Upstream- 905 Holder Ave: outdoor hose bib, hose removed before sampling, tap used regularly by tenant • Downstream- 911 Holder Ave: outdoor hose bib, hose removed before sampling, tap used regularly by tenant • 913 Holder Ave- Vacant for 4 years <p>Other sites to note:</p> <ul style="list-style-type: none"> • 909 Holder Ave- BSSP approved site, but has been vacant is unusable 	
1.2	If the sample site is listed on the approved BSSP, does it remain an appropriate sample site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.3	Are the sample tap and the surrounding area clean?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Describe sample tap fixture (e.g., outdoor hose bib, indoor cold water faucet, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Is the sample tap fixture a swivel faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1.6	Is the sample tap location used regularly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Any plumbing breaks or changes in vicinity of sample site or premise plumbing?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.8	Are there any identified cross connections after the service connection or in premise plumbing? Describe if present.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Tenants do have hoses attached, but operator indicated he removes them before sampling
1.9	Were all of the backflow prevention devices at the sample location operational and maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
1.10	Were there any low pressure events or changes in water pressure after the service connection or in the premise plumbing: immediately prior to sample? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.11	Are there any treatment devices after the service connection or in the premises of the sample site?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Sample Collection Protocol						
2.1	Was the sample collector properly instructed in collection procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Operator stated he is currently understaffed and may have been rushing sampling. Operator also stated he was working the wastewater treatment plant on the property prior to sampling. Operator now has two separate sets of tools, gloves, boxes, etc. In his work truck to help prevent possible contamination of samples from the wastewater plant.</p>	
2.2	Were taps flushed adequately (approx. 5 minutes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Were aerators removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.4	Were sample containers sealed/unopened prior to use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5	Were the sample containers/rim or cap contaminated during sampling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.6	Were the taps disinfected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Were samples delivered per laboratory instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment

Waterworks Name: Six-O-Five Village

PWSID No.: 2109675

Assessment Elements		Response			Describe any element of concern
		Y	N	N/A	
3. Events That May Have Caused a System Upset Prior to Collection of TC Samples					
3.1	Have there been any operation and maintenance activities that could have introduced total coliforms / <i>E.coli</i> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a.	Well # 1 &2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Well Lot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Reservoir	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d.	Stream/River Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e.	Treatment Plant / System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f.	Distribution piping network	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g.	Pump Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h.	Storage tanks (atmospheric or pressure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.2	Has there been a fire fighting event, flushing operation, sheared hydrant, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	System not designed for fire flow, does not have fire hydrants and limited blow-offs.
3.3	Has there been any vandalism and/or unauthorized access to facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sample taps are outside hose bibbs on residential property, waterworks cannot control access.
a.	Well # 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Well Lot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Reservoir	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d.	Stream/River Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e.	Treatment Plant / System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f.	Distribution piping network	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g.	Pump Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h.	Storage Tanks (atmospheric or pressure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.4	Are there any visible indicators of unsanitary conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.5	Have there been any TC+ samples that were not compliance samples, including well or raw water samples?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.6	Have there been any low or inadequate disinfectant residual readings at the entry point or in the distribution system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.7	Are there sites where it is historically difficult to maintain a residual without flushing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.8	Have any other measured water quality parameters been out of normal ranges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.9	Have there been any TC+ or <i>E. coli</i> results in the distribution system (esp. in the last 12 months)? Where?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.9- TC+ RT Sample on 6/27/2025 - LOT 15 ZARIN AVE; TC+ RT Sample on 07/09/2025 from 911 Holder Ave; TC+ and EC+ RP Samples on 7/11/2025 from: 911 HOLDER AVE, 913 HOLDER AVE, 905 HOLDER AVE
3.10	Did the water system receive any chlorine monitoring violations in the past 12 months? If yes, when.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.11	Have there been any reports of community illness suspected of being waterborne? (ODW/LHD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Virginia Department of Health
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Waterworks Level 2 Assessment

Waterworks Name: Six-O-Five Village

PWSID No.: 2109675

Assessment Elements		Response			Describe any Element of Concern	
		Y	N	N/A		
4. Recent Operational Changes To The System						
4.1	Have any new approved, previously inactive or unapproved well sources been placed into service recently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.4- Replaced booster pump in well house due to bad pump bearings.	
4.2	Have any emergency or contingent/reserve well sources been placed into service recently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.3	Is there evidence of any potential contamination from main breaks, low pressure, high turbidity, loss of disinfection, or other similar event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.4	If seasonal, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Distribution System						
5.1	System pressure: Is there evidence that the system experienced low or negative pressure prior to sampling? If yes, describe event and when it occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.4- Replaced booster pump in well house due to bad pump bearings.	
5.2	Have there been any water main breaks or utility line construction in the vicinity of the sample site? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.3	Pump stations					
a.	Have there been any mechanical, electrical, or operational problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5.4- Replaced booster pump in well house due to bad pump bearings.
b.	Are pump(s) currently operable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Pump maintenance service or repair in the last six (6) months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5	Air valves upstream of the sample tap connection:					
a.	Is the air valve vault subject to flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b.	Does the vent terminate below grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.6	Have any fire hydrants in the vicinity of the sample tap connection been used recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.7	Have any blow-offs in the vicinity of the sample tap been used recently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.8	Unauthorized access or use of the distribution system suspected or reported?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.9	Backflow Prevention Devices					
a.	Are any backflow devices in service in the distribution system near tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b.	Are required inspections and certifications current?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c.	Is the certification or serviceability of any backflow prevention device suspect?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment

Waterworks Name: Six-O-Five Village

PWSID No.: 2109675

Assessment Elements		Response			Describe any Element of Concern
		Y	N	N/A	
5. Distribution System - continued					
5.10	Was there any scheduled flushing of the distribution system? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.11	Is there any evidence of intentional contamination in the distribution system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.12	Has there been a large variation in chlorine residual values in the system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.13	Have any unusual circumstances/incidents involving the water distribution system been observed or reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.13- New tenants in a few trailers that have redone plumbing.
5.14	Authorized/unauthorized water haul trucks filled at any fire hydrant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.15	Yard hydrants near sample location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.16	Have there been any customer complaints about pressure and/or water quality prior to sampling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.15- There are yard hydrants, but near wastewater treatment plant fairly far away from sample location
6. Treatment Process				<input type="checkbox"/>	
6.1	Have there been any interruptions in treatment processes from power outages or other causes? If yes, provide details for which part, when and for how long?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		6.1- There is a possibility of interruptions. Operator stated that whenever there are bad storms (which have been frequent this summer) they often cause a loss of power. Operator does not live in the area, so he is unsure of any length of power loss.
6.2	Is treatment equipment operational and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.3	Has there been any new equipment installation or repair of treatment equipment recently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.4	Has useful life of filter media/cartridges expired?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.5	Have there been any recent changes in the treatment process (e.g., addition of a process, change in chemical or dosage)? If yes, provide details for the change and when it occurred?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.6	Was the free chlorine residual measured immediately downstream from the point of application adequate for chlorine contact time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.7	Has the desired free chlorine residual goal and range been consistently achieved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.8	Did a review of the filter turbidity profiles reveal any anomalies?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.9	Were there any failures in meeting the required chlorine contact time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.10	Was any process flow loading rate above the rated capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.11	Was there anything unusual about the settled water turbidity?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.12	Other observations on the treatment system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment

Waterworks Name: Six-O-Five Village

PWSID No.: 2109675

Assessment Elements		Response			Describe any Element of Concern
		Y	N	N/A	
7. Water Storage Tanks - Atmospheric				<input type="checkbox"/>	
7.1	Are the vents properly protected and screened?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Are the storage facilities and sites secured to prevent unauthorized access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.2- Tank hatch is locked, but tank is not within a locked/authorized personal only area
7.3	Are the roof access hatches properly designed as shoebox lids, properly gasketed, sealed and locked against unauthorized access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3- Cannot guarantee properly gasketed hatch access (not observed)
7.4	Does the tank have a screened drain line, separate from the overflow line, discharging to the atmosphere?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Is the tank overflow outlet screened?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Does the tank overflow line terminate above ground surface (air-gap) with a downward discharge screened end?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Are there any unsealed openings in the storage facility, such as access doors, vents or joints, target float wire penetrations; cathodic protection/ ice free electrode holder penetrations in the tank roof or wall; have any leaks been observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.8	Was any physical deterioration of the tank appurtenances (ladders, communications equipment, etc.) observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.9	Could the physical condition of the tank be a possible source of contamination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.10	Does the tank "float" on the distribution system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.11	Are there separate inlet/outlet lines into the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.12	Does the tank have an altitude valve assembly, air release assembly or other device associated with the tank inlet/outlet or fill/release line?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Water Storage – Hydropneumatic/Bladder Storage Tanks			<input type="checkbox"/>		
8.1	Are the pressure storage tanks maintaining an appropriate minimum pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior paint peeling, but inspections up to date.
8.2	Has proper O&M been performed per appropriate schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Any recent tank maintenance (i.e. interior inspection; painting/coating)? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.4	Is the measured free chlorine residual in the water exiting the storage tank detectable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Is there any evidence of intentional contamination to the pressure storage tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.6	Are there any other observations of the water storage facilities worthy of note?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment**

Waterworks Name: Six-O-Five Village

PWSID No.: 2109675

Assessment Elements		Response			Describe any Element of Concern
		Y	N	N/A	
9. Water Supply Well(s)			<input type="checkbox"/>		
9.1	Is well house free of pests/vermin?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	Is exposed well casing free of rust/pitting or damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	Is well casing floor penetration sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.4	Wellhead with Sanitary Seal				
	a. Is the sanitary seal intact and tightened down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Is the seal properly vented and screened?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Are all other penetrations through the seal protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.5	Wellhead with Caps (pitless adapter installations)				9.5- Well 2 is Pitless Adapter. Screen underneath cap was intact and no visible rusting or other issues
	a. Is the cap a PAS-97 watertight cap?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Is the watertight cap and gasket properly installed and evenly tightened?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Is the vent screen intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. If the cap has been modified for any purpose, is the cap properly sealed and is any vent securely installed and screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.6	Is the well casing cover fitted to permit measurement of depth to water level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	a. If yes, is the installation satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9.7	Does the well blowoff terminate with approved air gap and screened end?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.8	Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.9	Does the well casing extend 12-in. above grade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.10	Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.10- There is standing water near Well 1 in well house with tanks
	a. In the wellhead enclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Around the concrete pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.11	Does the Well have a suitable 6 ft. x 6 ft. concrete pad in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.11- Well 1 has suitable conditions, Well 2 has a cracked and undercut concrete pad which has not been satisfactory since 2020 inspection. 9.12- Well 1 locked in well house, Well 2 not secured in locked enclosure 9.14- Well 2 crack in concrete pad, no visible grout at junction with casing and pad and could not observe below that. Possible conduit to water.
9.12	Is the wellhead secured in a locked enclosure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.13	Have there been any sewer spills or other contamination activities in or around wellhead (within 50 ft.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.14	Are there any aspects of well or wellhead construction whether compliant or non-compliant with the VA. <i>Waterworks Regulations</i> , that might affect bacteriological quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment

Waterworks Name: Six-O-Five Village

PWSID No.: 2109675

Assessment Elements		Response			Describe any Element of Concern
		Y	N	N/A	
10. Source – Surface Water Supply (Lake/Reservoir)			<input checked="" type="checkbox"/>		
10.1	Have there been any sewer overflows, chemical spills or other disturbances into the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10.2	Have there been any algal blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10.3	Has water turnover occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10.4	Has there been heavy rainfall, flooding, or rapid snowmelt in the past 60 days that have resulted in raw water turbidities exceeding 100 NTU?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10.5	Any other surface water comments relevant to bacteriological quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Source – Spring(s)			<input checked="" type="checkbox"/>		
11.1	Recent heavy rainfall, flooding event within 7 days prior to sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11.2	Recent incident of raw water turbidity (≥ 100 NTU) within 14 days prior to sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11.3	Has there been any damage, change or repairs to the spring(s) infrastructure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11.4	Has there been any damage, change or repairs to the treatment processes used at the spring(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11.5	Have there been any unusual changes or incidents within the spring drainage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Environmental Events					
12.1	Have there been changes in the availability of water supply, such as a significant drop in water table, ground well levels in the wells, reservoir capacity, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extreme heat warnings issued during sampling window in July 2025
12.2	Have there been any extremes in heat or cold?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comment Sampler delivers samples to lab directly, no courier or shipping.					

**Virginia Department of Health
Office of Drinking Water
Waterworks Level 2 Assessment**

Waterworks Name: Six-O-Five Village	PWSID No.: 2109675
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Summary	
Assessment Elements/Sanitary Defects	Corrective Action Taken and Date
N/A	

Conclusions:

A conclusive cause for contamination was not found. Sampler indicated there is potential that sample collection was rushed. Heat also may have potential for sweat to get into sample. Sampler also worked at the wastewater plant prior to sample collection. ODW discussed sampling technique- sampler already has indicated he is now using separate coolers, bags, etc. so that potable water samples are not cross contaminated by wastewater samples. Sampler has also indicated more care will be taken while sampling.

Waterworks had several vacant, abandoned homes. One home was observed to have graffiti inside the vacant structure and broken windows also observed. Homes have the potential to be sources of contamination. BSSP should be revised so that samples are collected at occupied homes. Vacant homes should have water disconnected or valved off to reduce potential for leaks, backflow events.

Attach additional sheets as necessary

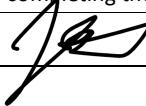
A cause for the contamination was not found.

Assistance with assessment provided by:

		Yes	No	Comments
1.	Was likely reason for TC+ occurrence or <i>E.coli</i> violation found?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BSSP will be revised. No outstanding physical corrections required- sampling technique was discussed on-site.
2.	Have all identified problems or sanitary defects been corrected by waterworks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	a. If 'No', has an approved schedule to complete remaining corrections been developed and accepted by the waterworks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. If a correction schedule is necessary, has schedule been entered into SDWIS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Print name of ODW staff completing the form:

James Reynolds

Signature:		Date:	7/29/25
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Print name of Waterworks Representative:

Signature:		Date:	

Name of Reviewer (Print)		Date:	

Comments: