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September 21, 2006

Antonina C. Novello, M.D., M.P.H., Dr. P.H.  
Commissioner  
Department of Health  
Corning Tower  
Empire State Plaza  
Albany, NY 12237

Re: Report 2006-F-15

Dear Dr. Novello:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Department of Health (Department) to implement the recommendations contained in our audit report, *Oversight of Public Water Supply Systems* (Report 2003-S-36).

**Background, Scope and Objectives**

The Department is responsible for overseeing public water systems. In New York State (State), a public water system is defined as one that provides piped water to the public for drinking or other domestic purposes. The system must have at least five service connections or regularly serve a daily average of at least 25 people for at least 60 days a year. Such systems fall into three categories: community (3,337), non-transient non-community (766), and non-community (6,371). To operate in the State, all three types of systems must comply with the health and safety requirements in relevant sections of the State Public Health Law and the State Sanitary Code and also meet the requirements of the Federal Environmental Protection Agency (EPA). Such compliance includes the obligation to submit water samples for routine monitoring and to participate in routine sanitary surveys.

The Department's Bureau of Public Water Supply Protection (Bureau) is responsible for overseeing the State's public water supplies to ensure that suppliers comply with the Code. The Bureau makes policy and provides technical assistance and training, as needed, for staff in four regional offices (Capital District, Central, Metropolitan, and Western) and for local water staff. Regional offices directly oversee 46 local health units, which comprise 36 county health departments, nine Department district offices (responsible for 21 "small" upstate counties), and the New York City Department of Health and Mental Hygiene. Local staff conduct the day-to-day regulation of public water supplies, including reviewing and approving designs and alterations, performing sanitary surveys, receiving and reviewing the results of routine water sampling, issuing violations, verifying the correction of violations, and taking appropriate enforcement action.

Our initial audit report, which was issued on April 29, 2005, examined the Department's oversight of public water supplies in an effort to determine whether the Department ensures that local staff inspect public water supplies properly for compliance with the Public Health Law, the State Sanitary Code, and Department policies and procedures for the period January 1, 2002 through July 31, 2004. We also determined whether the Department ensures that local staff take appropriate follow-up and/or enforcement actions when violations are identified. Our initial report concluded that, as the primary regulator for the Department, the Bureau has verified that local staff were monitoring public water suppliers, by ensuring that inspections and water quality sampling were done as required and public health hazards were identified and corrected. However, the Department can improve on its monitoring activities. The objective of our follow-up, which was conducted in accordance with generally accepted government auditing standards, was to assess the extent of implementation as of September 7, 2006 of the two recommendations included in our initial report.

### **Summary Conclusions and Status of Audit Recommendations**

We found that Department officials have implemented the two recommendations contained in our initial audit report.

### **Follow-up Observations**

#### **Recommendation 1**

*The Department should reinforce the requirements for inspections and water quality monitoring samples and continue to work with localities that do not meet the requirements.*

Status - Implemented

Agency Action - The Department reinforces the requirements for inspections (sanitary surveys) through Quarterly Enhancement Grant Tracking Reports. These reports are made up of four categories of instructions that show the frequency with which the inspections must be completed. The number of sanitary surveys that should be performed on the water systems in each category is taken from the State Drinking Water Information System (SDWIS). The reports with the inspection frequencies are distributed to each local health unit.

The Department reinforces the requirements for water quality monitoring samples through the SDWIS/State Water Sample Schedule Report. Distributed to each public water supply system in January of each year, the report lists all water samples that must be taken, the location where they should be taken, and the frequency of the sample. The format of report has been improved recently; the samples that must be taken during the current year now appear in the front of the report.

The Department uses Field Coordinators' quarterly meetings with the Local Health Units to continue its work with localities that do not meet the requirements. The quarterly meeting reports document the Field Coordinators' assistance to the localities.

**Recommendation 2**

*The Department should continue with plans to use the Safe Drinking Water Information System's (SDWIS) site visit-tracking module to document correction of identified general violations.*

Status - Implemented

Agency Action - The Department's SDWIS site visit tracking module is used to document the correction of identified general violations. The SDWIS Violations and Corresponding Enforcement Actions Summary Report provides, by water supply, a list of violations and their associated enforcement actions. The report shows the violation ID, violation type, status, enforcement ID, and determination date. It also shows the date compliance was achieved.

Major contributors to this report were Christine Chu and Michael Cantwell.

We thank the management and staff of the Department of Health for the courtesies and cooperation extended to our auditors during this process.

Very truly yours,

Albert Kee  
Audit Manager

cc: Thomas Howe, Department of Health  
Lisa Ng, Division of Budget