

2022 EPA REGION 8 TRIBAL SANITARY SURVEY FORM INVENTORY

DATE OF SURVEY: _____	RESERVATION: _____	SURVEYOR NAME(S): _____	
PWS ID: _____	SYSTEM NAME: _____		
System representatives (including titles) present at survey: _____ IHS team members present: _____ BOR team members present: _____ Tribal engineer present: _____ Comments: _____		EMERGENCY CONTACT	
		Emergency Contact Name: _____ Emergency cell phone: (____) _____ Emergency email address: _____ Title: _____ Business Mailing Address: Street: _____ City: _____ State: _____ County: _____ Zip: _____	
SYSTEM OWNER OR LEGAL REPRESENTATIVE		PRIMARY ADMINISTRATIVE CONTACT (to receive ALL correspondence from EPA)	
Addressee Name: _____ Title: _____ Company (if Corporation, name of Corporation): _____ Street: _____ City: _____ State: _____ Zip: _____ Owner Business Phone: (____) _____ Owner Cell Phone: (____) _____ FFax: (____) _____ Email Address: _____ Tribal Chairman (if different than owner): _____		Addressee: _____ Title: _____ Street: _____ City: _____ State: _____ Zip: _____ Administrative Contact Business Phone: (____) _____ Cell: (____) _____ Fax: (____) _____ Email Address: _____	
ADDITIONAL CONTACT (if any)		PUBLIC WORKS DIRECTOR, TRIBAL ENGINEER and/or WATER PLANT SUPERINTENDENT	
Addressee: _____ Title: _____ Business Mailing Address: Street: _____ City: _____ State: _____ County: _____ Zip: _____ Contact Phone (Bus): (____) _____ Cell: (____) _____ Fax: (____) _____ Email Address: _____ Comments: _____		Addressee: _____ Title: _____ Street: _____ City: _____ State: _____ County: _____ Zip: _____ Contact Phone (Bus): (____) _____ Cell: (____) _____ Fax: (____) _____ Email Address: _____	
DESIGNATED OPERATOR OF SYSTEM		ALTERNATE OPERATOR	
Name: _____ Certified Operator? @ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TNC System (not required) Treatment Cert. Level: _____ Distribution Cert. Level: _____ Treatment Cert. Exp. Date: _____ Distribution Cert. Exp. Date: _____ Cert. Authority: _____ Cert. Authority: _____ Business Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____ Contract Operator*? <input type="checkbox"/> Yes <input type="checkbox"/> No Date contract ends: _____ Comments: _____		Name: _____ Certified Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required Treatment Cert. Level: _____ Distribution Cert. Level: _____ Treatment Cert. Exp. Date: _____ Distribution Cert. Exp. Date: _____ Cert. Authority: _____ Cert. Authority: _____ Business Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____ Comments: _____	
WATER SYSTEM CLASSIFICATION BY EPA for operator certification		WATER SYSTEM CLASSIFICATION from PWS Inventory	
System Treatment Classification Level: _____ System Distribution Classification Level: _____ Comments: _____		<input type="checkbox"/> C = Community <input type="checkbox"/> NTNC = Non-Transient Non-Community <input type="checkbox"/> NC = Transient Non-Community Comments: _____	
SYSTEM PHYSICAL ADDRESS		PHYSICAL LOCATION	

Street: _____ City: _____ State: _____ Zip: _____	Physical Location and Directions: _____
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CONTACTS

IHS TUC or Sanitarian: _____

Phone: _____

Email: _____

CONTACTS

BOR Contact: _____

Phone: _____

Email: _____

PERIOD OF OPERATION

Year-round

Part of the year: From _____ to _____

Comments: _____

SERVICE CONNECTIONS

Total Service Connections (Active and Inactive): _____

Service Connections Metered? Yes No _____

Number of metered service connections: _____

Comments: _____

OWNER TYPE

1 Federal Government (BIA / BIE / BOR)

2 Federal Government under 638 contract with Tribe

3 Private: Subdivision, Investor, Trust, Cooperative, Water Association, etc.

Is this PWS operating with a lease on Federal land? Yes No
 If yes, Federal land name: _____

4 Mixed Public/Private

5 Native American Indian Tribes & Reservations _____

6 Other _____

Comments: _____

**POPULATION DIRECTLY SERVED
(do not include populations of consecutive PWSs)
(do not double count populations)**

Residential Population (year round residents): _____ (people)

Non-Residential Non-Transient Population: _____ (people)
 (6-12 months/year)
 (e.g. students, employees)

Transient Population (less than 6 months/year): _____ (people per day)
 (Average daily number during peak 60 days of operation)
 (e.g. customers, visitors)

Does the water system serve at least 25 individuals daily at least 60 days of the year (does not need to be consecutive days)? Yes No

Comments (source(s) of population info): _____

SERVICE CATEGORY (check all that apply)

<input type="checkbox"/> AP Airport <input type="checkbox"/> BA Bathing/Swimming <input type="checkbox"/> BR Bar <input type="checkbox"/> CG Campground <input type="checkbox"/> CH Church <input type="checkbox"/> DC Daycare Center <input type="checkbox"/> DR Dude Ranch <input type="checkbox"/> HS Hospital <input type="checkbox"/> IB Interstate Bottler <input type="checkbox"/> IF Industrial/Agricultural <input type="checkbox"/> IN Institution <input type="checkbox"/> LB Local Bottler <input type="checkbox"/> LO Lodge <input type="checkbox"/> MA Marina <input type="checkbox"/> MH Mobile Home Park <input type="checkbox"/> MO Motel/Hotel	<input type="checkbox"/> PC Picnic Area <input type="checkbox"/> RA Rest Area <input type="checkbox"/> RC Recreation <input type="checkbox"/> RS Residential <input type="checkbox"/> RT Restaurant <input type="checkbox"/> RV RV Park <input type="checkbox"/> SC School <input type="checkbox"/> SD Subdivision <input type="checkbox"/> SK Ski Area <input type="checkbox"/> SS Service Station <input type="checkbox"/> US Water User's Association <input type="checkbox"/> VC Visitor Center <input type="checkbox"/> VM Vending Machine <input type="checkbox"/> WH Water Hauler <input type="checkbox"/> XX Other _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Primary Service Category Description: _____

Comments: _____

SOURCES (check all that apply)

SW = Surface Water SWP = Surface Water Purchased

GW = Groundwater GWP= Groundwater Purchased

GWUDI/GU = GW Under the Direct Influence of SW

GWUDIP/GUP = GW Under the Direct Influence of SW Purchased

If mixed, does GW receive full SW Treatment? Yes No

Is the current water source adequate in quantity?
 Yes No Describe: _____

Have there been any interruptions in service since the last survey?
 Yes No Describe: _____

Have there been reports of a water borne disease (2 or more people)?
 Yes No Describe: _____

Have there been any changes to the water system since the last survey?
 Yes No Describe: _____

Are there any changes that are planned?
 Yes No Describe: _____

Comments: _____

SUMMARY (Describe the water system, including a summary of the water flow through system components from source to distribution)

The following abbreviations will be used throughout this document: NI = no information available, NA = not applicable, NR = not requested, NM = not measured
 @ = potential significant deficiency.

Update Significant Deficiency Messages

SIGNIFICANT DEFICIENCIES

Significant deficiencies include, but are not limited to, defects in the design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system, that EPA determines to be causing, or have the potential for causing, the introduction of contamination into the water delivered to consumers. Please note the instructions for responding to significant deficiencies in the attached cover letter. Failure to provide a response to EPA could result in a violation.

UNCORRECTED SIGNIFICANT DEFICIENCIES FROM PRIOR SANITARY SURVEY

Numbered significant deficiencies and associated numbered photos if applicable

RECOMMENDATIONS

Numbered recommendations and associated numbered photos if applicable

Comments: _____

How many master meter connections exist from the wholesale system to the consecutive system? _____

Who is responsible for maintenance of the master meter connection(s) from the wholesale system?

- Wholesaler
- Consecutive system

Comments: _____

If the consecutive system is responsible:

Check the condition of the principal master meter and the pit for leaks or flooding and describe any concerns: _____

How often are the master meter connections inspected? _____

How often are the master meter connections serviced? _____

Is there standing water present in any meter pits? Yes No

If so, what is the source of the standing water?

- Leaks @
- Groundwater
- Don't know @

Comments: _____

If PWS Purchases Water from a WATER HAULER:

Name of hauler: _____

WY Dept. of Agriculture license number: _____

Name of the water system supplying water to the hauler: _____

Is there a water tight cap on the (water system's) fill port? @ Yes No

How does the operator check chlorine residual at the time of delivery? _____

Comments: _____

WHOLESALE SYSTEMS
 (i.e. does this PWS supply finished water to another PWS?)
 NA

How many master meter connections exist off the wholesale system? _____		
Consecutive System	Who is responsible for maintenance of master meter connection(s)?	Connection Type
Name: _____ PWSID: _____ # of master meter connections: _____ Population: _____ Contact and address if no PWSID: _____	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Consecutive system Inspect one representative connection if wholesaler is responsible. If the wholesaler is responsible: How often is inspection performed? _____ How often is maintenance performed? _____ Is there standing water in any meter pit/vault? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If so, what is the source of the standing water? <input type="checkbox"/> Leaks @ <input type="checkbox"/> Groundwater <input type="checkbox"/> Unknown @ If groundwater, what evidence exists for groundwater as the source? _____ Comments: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr _____ <input type="checkbox"/> Emergency Only <input type="checkbox"/> Water is hauled (bulk water fill stations are described in Distribution section)
Name: _____ PWSID: _____ # of master meter connections: _____ Population: _____ Contact and address if no PWSID: _____	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Consecutive system Inspect one representative connection if wholesaler is responsible. If the wholesaler is responsible: How often is inspection performed? _____ How often is maintenance performed? _____ Is there standing water in any meter pit/vault? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If so, what is the source of the standing water? <input type="checkbox"/> Leaks @ <input type="checkbox"/> Groundwater <input type="checkbox"/> Unknown @ If groundwater, what evidence exists for groundwater as the source? _____ Comments: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr _____ <input type="checkbox"/> Emergency Only <input type="checkbox"/> Water is hauled (bulk water fill stations are described in Distribution section)
Name: _____ PWSID: _____ # of master meter connections: _____ Population: _____ Contact and address if no PWSID: _____	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Consecutive system Inspect one representative connection if wholesaler is responsible. If the wholesaler is responsible: How often is inspection performed? _____ How often is maintenance performed? _____ Is there standing water in any meter pit/vault? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If so, what is the source of the standing water? <input type="checkbox"/> Leaks @ <input type="checkbox"/> Groundwater <input type="checkbox"/> Unknown @ If groundwater, what evidence exists for groundwater as the source? _____ Comments: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr _____ <input type="checkbox"/> Emergency Only <input type="checkbox"/> Water is hauled (bulk water fill stations are described in Distribution section)
Comments: _____		

SOURCE DATA

ACTIVE (PHYSICALLY CONNECTED) WELLS AND WELL PUMPS

(if well is GWUDI and fully treated as SW, these will be recommendations)

NA

Well Name (according to the system):	_____	_____	_____
Facility ID (from PWS inventory, e.g., WL01):	_____	_____	_____
Well owner (if different than system owner):	_____	_____	_____
Well Location: (well house, well pit, pitless adapter, combination, driveway/parking lot, other)	_____	_____	_____
Does system want this well to be considered inactive? @	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequately protected from vehicle damage? @	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If well is located in a pit or vault, is the pit or vault completely watertight?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If no, is the pit or vault completed with drainage or a sump pump for permanent or portable use? @ If applicable, indicate type (permanent pump, portable pump, or drainage)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type: _____
Is the pit located in a building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Total Well Depth (ft):	_____	_____	_____
Depth range of shallowest casing perforations (ft):	_____ to _____	_____ to _____	_____ to _____
Current yield (gpm):	_____	_____	_____
Well log or Statement of Completion on site? (If yes, please copy or photograph and submit with report)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well Construction			
Does SW runoff drain away from the wellhead (including wells in pits or vaults)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does well casing terminate at least 12" above the concrete floor? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the well casing terminate at least 18" above the natural ground surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the actual casing height (inches)?	_____	_____	_____
Any holes or openings observed in the well or its appurtenances? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If yes, describe.	_____	_____	_____
Does the well have a sanitary seal with tightly bolted cap? @ (May need operator to open well cap to verify; explain why if unable to verify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is a gasket visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the well cap move?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Explain	_____	_____	_____
Is well vented (vent not required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the height from the ground level to the screen of the vent (inches)?	_____	_____	_____
Does the vent terminate at or above the top of the casing or pitless unit? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is vent facing downward? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Vent screened with #24 mesh? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there a source water sample tap for GWR compliance? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the tap located prior to any pressure tanks, treatment, and storage? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Well Name (according to the system):	_____	_____	_____
Where is the source water tap located (provide photos)? If it is a combined tap What wells does the sample tap represent?	_____ <input type="checkbox"/> NA	_____ <input type="checkbox"/> NA	_____ <input type="checkbox"/> NA
Is there an air release/vacuum relief valve (not required)? Discharge Piping Termination - In a downward position? @ - At least 8" above the floor? @ - Screened with #24 mesh? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments:	_____	_____	_____
Well Pumps (Check NA & skip if artesian and no pumps)			
Submersible Pump? (If not, describe and indicate location in the comment field below)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pump Make/Model/HP:	_____	_____	_____
Variable frequency drive controlled? If Yes, make/model:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Normal Operating Pressure at pumphouse (psi):	_____	_____	_____
Date pump last replaced:	_____	_____	_____
Pump run time at time of visit (min):	_____	_____	_____
NSF-60 lubricant used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Maintenance program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the external pump subject to flooding? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Spare pump available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Emergency power available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments (Include pump operation sounds, leakage observed, pump not operable, operator concerns)	_____	_____	_____
<p>Are there any sources of pollution near the wells which could possibly impact water quality? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)</p> <p>If yes, indicate impacted well(s) and provide general location and comments (please locate on aerial map and provide photos): _____</p> <p>How far from the well is the source of pollution located? _____</p> <p>Mice or other animals and their droppings in immediate area (well house, vault, pit, etc.) @ <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Are there seasonal variations in the quantity of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Are there seasonal variations in the quality of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>How does the system handle sewage?</p> <p><input type="checkbox"/> Centralized Sewage Treatment</p> <p><input type="checkbox"/> Septic Systems with Pumped Vaults</p> <p><input type="checkbox"/> Septic Systems with Leach Fields (mark location on aerial if near well)</p> <p>Comments: _____</p>			

SOURCE DATA

ACTIVE (PHYSICALLY CONNECTED) WELLS AND WELL PUMPS

(if well is GWUDI and fully treated as SW, these will be recommendations)

NA

Well Name (according to system):	_____	_____	_____
Facility ID (from PWS inventory, e.g., WL01):	_____	_____	_____
Well owner (if different than system owner):	_____	_____	_____
Well Location: (well house, well pit, pitless adapter, combination, driveway/ parking lot, other)	_____	_____	_____
Does system want this well to be considered inactive? @	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequately protected from vehicle damage? @	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If well is located in a pit or vault, is the pit or vault completely watertight?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If no, is the pit or vault completed with drainage or a sump pump for permanent or portable use? @ If applicable, indicate type (permanent pump, portable pump, or drainage)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type: _____
Is the pit located in a building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Total Well Depth (ft):	_____	_____	_____
Depth range of shallowest casing perforations (ft):	_____ to _____	_____ to _____	_____ to _____
Current yield (gpm):	_____	_____	_____
Well log or Statement of Completion on site? (If yes, please copy or photograph and submit with report)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well Construction			
Does SW runoff drain away from the wellhead (including wells in pits or vaults)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does well casing terminate at least 12" above the concrete floor? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the well casing terminate at least 18" above the natural ground surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the actual casing height (inches)?	_____	_____	_____
Any holes or openings observed in the well or its appurtenances? @ If yes, describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA _____
Does the well have a sanitary seal with tightly bolted cap? @ (May need operator to open well cap to verify; explain why if unable to verify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is a gasket visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the well cap move?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Explain	_____	_____	_____
Is well vented (vent not required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the height from the ground level to the screen of the vent (inches)?	_____	_____	_____
Does the vent terminate at or above the top of the casing or pitless unit? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is vent facing downward? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Vent screened with #24 mesh? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there a source water sample tap for GWR compliance? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the tap located prior to any pressure tanks, treatment, and storage? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Where is the source water tap located (provide photos)?	_____	_____	_____

Well Name (according to system):	_____	_____	_____
If it is a combined tap What wells does the sample tap represent?	<input type="checkbox"/> NA _____	<input type="checkbox"/> NA _____	<input type="checkbox"/> NA _____
Is there an air release/vacuum relief valve (not required)? Discharge Piping Termination - In a downward position? @ - At least 8" above the floor? @ - screened with #24 mesh? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments:	_____	_____	_____
Well Pumps (Check NA & skip if artesian and no pumps)			
Submersible Pump (if not, describe and indicate location in the comment field below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pump Make/Model/HP:	_____	_____	_____
Variable frequency drive controlled? If Yes, make/model:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Normal Operating Pressure at pumphouse (psi):	_____	_____	_____
Date pump last replaced:	_____	_____	_____
Pump run time at time of visit (min):	_____	_____	_____
NSF-60 lubricant used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Maintenance program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the external pump subject to flooding? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Spare pump available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Emergency power available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments (include pump operation sounds, leakage observed, pump not operable, operator concerns)	_____	_____	_____
<p>Are there any sources of pollution near the wells which could possibly impact water quality? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)</p> <p>If yes, indicate impacted well(s) and provide general location and comments (please locate on aerial map and provide photos): _____</p> <p>How far from the well is the source of pollution located? _____</p> <p>Mice or other animals and their droppings in immediate area (well house, vault, pit, etc.) @ <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Are there seasonal variations in the quantity of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Are there seasonal variations in the quality of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>How does the system handle sewage? <input type="checkbox"/> Centralized Sewage Treatment <input type="checkbox"/> Septic Systems with Pumped Vaults <input type="checkbox"/> Septic Systems with Leach Fields (mark location on aerial if near well)</p> <p>Comments: _____</p>			

Are there seasonal variations in the quantity of the water? Yes No _____

Are there seasonal variations in the quality of the water? Yes No _____

How does the system handle sewage? Centralized Sewage Treatment
 Septic Systems with Pumped Vaults
 Septic Systems with Leach Fields (mark location on aerial if near spring)

Comments: _____

**SOURCE DATA FOR INTAKE LOCATED IN
INFILTRATION GALLERIES AND ASSOCIATED PUMPS**

NA

INFILTRATION GALLERIES	SOURCE PUMPS
Infiltration gallery name: _____	Location of the pump station: _____
Infiltration gallery owner if different than system owner: _____	How many pumps at the facility? _____
Facility ID (from PWS Inventory, e.g., IG01): _____	Type of pump(s): _____
Physical description: _____	
How often are infiltration gallery components inspected? _____	Yes No NA
Depth? _____	Are the correct types of lubricants (NSF-60) used? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Actual yield (gpm): _____	Are pumps operable and in good condition? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are there seasonal algal blooms present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a maintenance program in operation? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Describe: _____	Is the pump station subject to flooding? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is an algaecide ever used to control algae? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are spare parts available? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, describe: _____	Is emergency power available? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report</i>	Comments: _____

Is the tap located prior to all treatment processes? Yes No NA

Where is the source water tap located? _____

If it is a combined tap NA

What wells does the sample tap represent? _____

Are there any sources of pollution near the infiltration gallery (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ Yes No

If yes, indicate impacted infiltration gallery(ies) and provide general location and comments (please locate on aerial map and provide photos):

How far from the infiltration gallery is the source of pollution located? _____

Are there seasonal variations in the quantity of the water? Yes No _____

Are there seasonal variations in the quality of the water? Yes No _____

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN RESERVOIRS, LAKES AND PONDS AND ASSOCIATED PUMPS

NA

Reservoir or lake name: _____ Facility ID (from PWS Inventory, e.g., IN01): _____																													
<p>RESERVOIRS</p> Is the area around the intake(s) restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there multiple intakes located at different levels? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Depth of intake(s): _____ Distance from shore: _____ Are the intake(s) screened? <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency of intake inspection: _____ Date of last inspection: _____ Are there seasonal algal blooms present? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Is an algaecide ever used to control algae? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report	<p>INTAKE PUMPS</p> Location of the pump station: _____ How many pumps at the facility? _____ Type of pump(s): _____																												
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">NA</th> </tr> </thead> <tbody> <tr> <td style="border: none;">Are the correct types of lubricants (NSF-60) used?</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Are pumps operable and in good condition?</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Is there a maintenance program in operation?</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Is the pump station subject to flooding?</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Are spare parts available?</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Is emergency power available?</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	NA	Are the correct types of lubricants (NSF-60) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are pumps operable and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a maintenance program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the pump station subject to flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are spare parts available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is emergency power available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	NA																										
Are the correct types of lubricants (NSF-60) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
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Is emergency power available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Comments: _____																													
<p style="color: red;">Are there any sources of pollution near the reservoir/lake/pond (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> If yes, indicate impacted reservoir/lake/pond(s) and provide general location and comments (please locate on aerial map and provide photos): _____ How far from the reservoir/lake/pond is the source of pollution located? _____ Are there seasonal variations in the quantity of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Are there seasonal variations in the quality of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Comments: _____																													

SOURCE DATA

EMERGENCY BACKUP SOURCE WATER

Describe any backup source water possibly available during an emergency to the PWS, or indicate none: _____

Is the backup water source physically disconnected from the water system? Yes No _____
 (if this is a raw water source and is still physically connected to the system, then stop filling out this section and complete the applicable source data section)

Backup source name: _____

Facility ID (from PWS Inventory, e.g., IN01, WL01, etc.): _____

Are there seasonal algal blooms present? Yes No NA

Describe: _____

Is an algaecide ever used to control algae? Yes No NA

If yes, describe: _____

Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report

Are there any sources of pollution near the emergency backup source (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ Yes No

If yes, indicate impacted emergency backup source(s) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the emergency backup source is the source of pollution located? _____

Mice or other animals and their droppings in immediate area (**well house, vault, pit, etc.**). Yes No _____

Are there seasonal variations in the quantity of the water? Yes No _____

Are there seasonal variations in the quality of the water? Yes No _____

Comments: _____

RAW WATER TO TREATMENT PLANT TRANSMISSION LINE

NA

Name or designation: _____
 SW GW GU
 Point of origin: _____
 Point of termination: _____
 Approximate Length: _____
 Material: _____
 Is there asbestos pipe in the water system between the source and the treatment plant? Yes No
 If yes, what are the location and estimated linear feet of the asbestos pipe in the transmission line? _____
 Are there any service connections off the raw water transmission line? @ Yes No _____
 (Check yes only if the water system provides treated water to the rest of the distribution system)
 What does each connection serve? _____
 If used for potable water supply, is there a legal agreement or contract in place? Yes No _____
 If used for potable water supply, is the water treated at the connection and how? Yes No _____

Name or designation: _____
 SW GW GU
 Point of origin: _____
 Point of termination: _____
 Approximate Length? _____
 Material: _____
 Is there asbestos pipe in the water system between the source and the treatment plant? Yes No
 If yes, what are the location and estimated linear feet of the asbestos pipe in the transmission line? _____
 Are there any service connections off the raw water transmission line? @ Yes No _____
 (Check yes only if the water system provides treated water to the rest of the distribution system)
 What does each connection serve? _____
 If used for potable water supply, is there a legal agreement or contract in place? Yes No _____
 If used for potable water supply, is the water treated at the connection and how? Yes No _____

WATER TREATMENT DATA

GROUNDWATER and CONSECUTIVE SYSTEMS THAT HAVE AVAILABLE TREATMENT

NA

Describe the steps (as many as necessary) of the treatment process in order from the water source to distribution: _____
 Plant Output (gal/day)
 Design: _____
 Maximum: _____
 Any changes to treatment since the last sanitary survey? Yes No
 Describe: _____

	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
--	----------------------	----------------------	----------------------	----------------------

Process	<input type="checkbox"/> Chemical _____ Manufacturer _____ Product Name _____ Max Dose Applied _____ (past 12 months) Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/> NSF 60 Max Allowable Dose _____ <input type="checkbox"/> UV <input type="checkbox"/> Filtration <input type="checkbox"/> Ion exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____ Dosage: _____	<input type="checkbox"/> Chemical _____ Manufacturer _____ Product Name _____ Max Dose Applied _____ (past 12 months) Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/> NSF 60 Max Allowable Dose _____ <input type="checkbox"/> UV <input type="checkbox"/> Filtration <input type="checkbox"/> Ion exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____ Dosage: _____	<input type="checkbox"/> Chemical _____ Manufacturer _____ Product Name _____ Max Dose Applied _____ (past 12 months) Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/> NSF 60 Max Allowable Dose _____ <input type="checkbox"/> UV <input type="checkbox"/> Filtration <input type="checkbox"/> Ion exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____ Dosage: _____	<input type="checkbox"/> Chemical _____ Manufacturer _____ Product Name _____ Max Dose Applied _____ (past 12 months) Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/> NSF 60 Max Allowable Dose _____ <input type="checkbox"/> UV <input type="checkbox"/> Filtration <input type="checkbox"/> Ion exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____ Dosage: _____
	NSF 60 certification and max. allowable dose info. can be found at: http://info.nsf.org/Certified/PwsChemicals/			
Objective:	<input type="checkbox"/> Disinfection <input type="checkbox"/> Particulate removal <input type="checkbox"/> Hardness removal <input type="checkbox"/> Taste & odor removal <input type="checkbox"/> Metals removal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Disinfection <input type="checkbox"/> Particulate removal <input type="checkbox"/> Hardness removal <input type="checkbox"/> Taste & odor removal <input type="checkbox"/> Metals removal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Disinfection <input type="checkbox"/> Particulate removal <input type="checkbox"/> Hardness removal <input type="checkbox"/> Taste & odor removal <input type="checkbox"/> Metals removal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Disinfection <input type="checkbox"/> Particulate removal <input type="checkbox"/> Hardness removal <input type="checkbox"/> Taste & odor removal <input type="checkbox"/> Metals removal <input type="checkbox"/> Other: _____
Is this process required by EPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of process?	<input type="checkbox"/> At Well <input type="checkbox"/> At Treatment Plant <input type="checkbox"/> Other: _____	<input type="checkbox"/> At Well <input type="checkbox"/> At Treatment Plant <input type="checkbox"/> Other: _____	<input type="checkbox"/> At Well <input type="checkbox"/> At Treatment Plant <input type="checkbox"/> Other: _____	<input type="checkbox"/> At Well <input type="checkbox"/> At Treatment Plant <input type="checkbox"/> Other: _____
Is this process adequate to meet the objective ?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Frequency of use:	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency <input type="checkbox"/> Other: _____
Redundant Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Backup power?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____

**Groundwater and Consecutive Systems
UV Disinfection**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a flow meter to monitor/alarm or a flow restrictor valve so the max flow rate is not exceeded? Describe how the system ensures the flow does not exceed max flow rate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Is there an intensity sensor and alarm (visible/audible) to indicate low intensity?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a UV lamp status alarm (visible/audible) to indicate lamps off?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a UV lamp age counter/alarm?
<input type="checkbox"/>	<input type="checkbox"/>	Is there an automatic shut-off fail-safe solenoid valve so that water does not flow through the unit without adequate treatment?

Are there spare bulbs on hand?

How often are the unit cleaned and the bulbs changed? _____

Point of use Treatment

For PWSs with required Point of Use (POU) treatment, ask the operator –

Yes No NA

Is the system adhering to the O&M Plan approved by EPA and conducting maintenance per the manufacturer's recommendations?

(i.e. Is the operator replacing POU filters in accordance with the maintenance plan or manufacturer recommendations).

Is the system following its EPA-approved POU sampling plan?

If No, explain any difficulties: _____

Comments: _____

WATER TREATMENT DATA

SURFACE WATER / GWUDISW SYSTEMS

NA

General Information

For each treatment plant indicated on the overall PWS schematic, update the separate treatment plant schematic. Show all treatment processes, recycle streams, turbidimeter locations, raw water and finished water sampling points, and disinfectant residual sampling points.

In this section, the ¥ symbol indicates a potential violation to be determined by the EPA Rule Manager

Plant Location and Information

Plant / Office Location and Directions: _____

Date plant put online: _____

Modifications since the last survey? (if yes, describe): _____

Describe water sources treated by this plant: _____

Is treatment impacted by algae (describe)? _____

Plant Output (gal / day)

Design: _____

Summer Average: _____

Winter Average: _____

Maximum: _____

Provide a brief description of the plant's treatment processes: _____

Indicate all points in the treatment process where flow is determined and describe how (i.e. flowmeters, flow restrictors, valves, etc): _____

Please indicate all of the treatment plant waste disposal methods the plant currently employs:

- Discharge to surface, sewer, or equivalent. Please describe: _____
- On-site disposal. Please describe: _____
- Land application
- Discharge to lagoon/drying bed, with no recovery/recycling – e.g., downstream outfall
- Backwash recovery/recycling: discharge to basin or lagoon and then to source
- Backwash recovery/recycling: discharge to basin or lagoon and then to plant intake
- Other. Please describe: _____
- No wastes generated

Pre-Filtration Processes

Pre-Sed Basin: Yes No
 Describe Type and indicate volume: _____
 Chemicals added: Yes No (If yes, input chemical information in table below)

Rapid Mix: Yes No
 Describe Type: _____
 Chemicals added: Yes No (If yes, input chemical information in table below)

Flocculation: Yes No
 Describe Type: _____
 Chemicals added: Yes No (If yes, input chemical information in table below)

Sedimentation: Yes No
 Describe Type: _____
 Chemicals added: Yes No (If yes, input chemical information in table below)

Other: Yes No
 Describe: _____
 Chemicals added: Yes No (If yes, input chemical information in table below)

Chemical Information (ask system to provide information from chemical supplier / manufacturer):

Manufacturer	Product Name	Location Chemical Added	Max Dose Used (past 12 months):	NSF 60 Certified?	NSF 60 Max Allowable Dose
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

NSF 60 certification and max. allowable dose info. can be found at: <http://info.nsf.org/Certified/PwsChemicals/>

Does the system use a chemical containing epichlorohydrin or polyacrylamide that is dosed in excess of the NSF 60 Max Allowable Dose? ¥
 Yes No

Filtration Processes

General

Indicate all types of filtration used:

Conventional Bags / Cartridges Slow Sand
 Direct Membranes Diatomaceous Earth

Which is the final filtration barrier?: _____

Type and model # of combined filter effluent (CFE) turbidimeter: _____

Location of CFE turbidimeter: _____

Frequency of all turbidimeter calibration(s): _____

Date(s) of last turbidimeter calibration(s) for all turbidimeters: _____

Method used for all calibrations (primary formazin standard or other)? _____

Yes No

Does the location of the CFE turbidimeter comply with EPA policy SWTR #5? @
 Are turbidimeters calibrated at least once every quarter? @
 Does the system use a primary standard to perform the calibration? @
 Are CFE turbidity records available for the last 5 years? ¥
 Can CFE turbidities be recorded up to 5 NTU? @ How high can they be recorded: _____
 Can turbidities associated with off-periods (backwash, FTW) be identified so they are not counted for compliance? (if applicable) @

Finished water CFE turbidity (NTU): PWS measurement: _____ Surveyor measurement: _____ Time of analysis: _____

Conventional and Direct Filtration

<p><u>Filter Information</u></p> <p># of filters: _____</p> <p><u>Type of filters:</u></p> <p><input type="checkbox"/> open to atmosphere <input type="checkbox"/> enclosed (pressure)</p> <p>Manufacturer name & model (if applicable): _____</p> <p><u>Depth of each media (in):</u></p> <p>Sand: _____ Anthracite: _____ Garnet: _____</p> <p>Total at least 24"? @ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has operator observed loss of media? _____</p> <p>Has the operator inspected the media for mudball formation? _____</p> <p>Average length of filter run (hours): _____</p> <p>Maximum filter loading rate (gpm/ft²): _____</p> <p>Is the filtration rate less than 2 gpm/sf (mono-media), 4 gpm/sf (dual media) or 6 gpm/sf (deep bed)? @</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Backwash Information</u></p> <p>What determines when backwash occurs? _____</p> <p>Backwash rate (gpm/ft²): _____</p> <p><u>What is used for a backwash?</u></p> <p><input type="checkbox"/> Air scour <input type="checkbox"/> finished water <input type="checkbox"/> raw water @</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> System starts up with clean filters (if not running 24/7)</p> <p><input type="checkbox"/> <input type="checkbox"/> System performs filter to waste (FTW) before putting filters back on line.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Conventional and Direct IFE and CFE additional information (only if final barrier)IFE QuestionsHow are IFE records maintained? SCADA strip chart circular chart**Yes No**

- Does each filter have an individual effluent (IFE) turbidimeter? ¥ Types and model #s: _____
- Are there alarms on each filter? Alarm set point (NTU): _____
- Are IFE turbidities measured continuously, and recorded at least every 15 Minutes? ¥
- Is IFE turbidity recorder (SCADA or charts) calibrated to record turbidities ≥ 2 NTU? @
- Are IFE records kept for the last 3 years (as applicable)? ¥
- Did any single filter IFE exceed 1.0 NTU in 2 consecutive 15 minute readings during the last 12 months? If yes, Indicate dates of all occurrences and copy those records. _____
- a. If so, did they report to EPA and do a filter profile, if required? ¥
- b. If this occurred 3 months in a row, did they conduct a filter self-assessment? ¥
- Did any single filter IFE exceed 2.0 NTU in 2 consecutive 15 minute readings in the last 12 months? Indicate dates of all occurrences and copy those records. _____
- a. If this occurred 2 months in a row for the same filter, did they report to EPA and have a CPE performed? ¥
- For systems serving $\geq 10,000$, did the IFE of any filter exceed 0.5 NTU in 2 consecutive 15 minute readings after being online 4 hours (following backwash or other reason offline) in the last 12 months? Indicate dates of all occurrences and copy those records.
- a. If so, did they report to EPA and do a filter profile, if required? ¥

CFE QuestionsHow are CFE records maintained? SCADA strip chart circular chart**Yes No**

- Based on these records, has the system consistently met the CFE turbidity requirements for this type of filtration during the last 12 months? ¥ (0.3 NTU 95% of each month, 1 NTU max) If no, indicate date of all occurrences and copy those records: _____

Log removal credited for this type of filtration barrier for: *Giardia*: _____ Viruses: _____ Cryptosporidium: _____**Conventional and Direct (only if filter backwash, thickener supernatant, or sludge dewatering liquid is recycled)**

Describe where recycle enters treatment process: _____

Yes No

- Is recycle location before the TOC monitoring point?
- Are records of recycle practices kept in an acceptable format for each year that includes all of the required elements (e.g., avg and max times/flows of backwashes; recycle treatment/equalization [chemical addition; hydraulic loading rates])? ¥

MembranesNumber of membrane skids: _____ Configuration: parallel seriesMembrane type: microfiltration ultrafiltration nanofiltration RO

Manufacturer: _____ Model #: _____ Absolute pore size: _____

Each skid capacity (gpm): _____

Yes No

- Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (0.3 NTU 95% of each month, 1 NTU max) ¥
- Are direct integrity tests (DIT) performed at least daily (specify pressure or vacuum applied)? ¥ If yes, how often? ¥ _____
- For continuous indirect integrity testing, does each unit/skid have its own online turbidimeter? ¥
- a. Is filtrate turbidity monitored continuously and recorded at least once every 15 minutes? ¥
- b. Is it set with a trigger level of 0.15 NTU for > 15 minutes (a DIT should be initiated when filtrate turbidity exceeds this level)? ¥
- Do operators know how to check and repair membranes when a DIT fails? @

How/when are membranes cleaned? _____

Are spare membrane cassettes available? Yes No

Is there adequate storage of cleaning chemicals in case of emergency weather? _____

Log removal credited for this type of filtration barrier for: *Giardia*: _____ Viruses: _____ Cryptosporidium: _____**Bags / Cartridges**

Number of parallel filter trains: _____ Each train capacity (gpm): _____

Pre Filter (if applicable)

Housing: _____ Manufacturer: _____ Model: _____

Bag / Cartridge Filter: Manufacturer: _____ Model: _____ # per housing: _____

Final Filter

Housing: _____ Manufacturer: _____ Model: _____

Bag / Cartridge Filter: Manufacturer: _____ Model: _____ # per housing: _____

Manufacturer's recommended maximum flow rate (gpm): _____

Pore size rating (microns - indicate absolute or nominal): _____

Replacement frequency of all filters: _____

Yes No

- Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1 NTU 95% of each month, 5 NTU max) ¥
- Are there working pressure gauges before and after filters? @
- Does the PWS keep daily records of monitoring the pressure drop across the filters, and know when to change out filters? @
- Has the final filter or pre/final filter combination been demonstrated to remove at least 99.9% of *Cryptosporidium* or equivalent size particles or have a 1 or 2 micron absolute pore size rating? (leave blank if unknown) @
- Does the flow rate through the final filter exceed the manufacturer's maximum recommended flow rate? @

Log removal credited for this type of filtration barrier for: *Giardia*: _____ Viruses: _____ Cryptosporidium: _____

Diatomaceous Earth Filters

Number of filters: _____ Pressure System Vacuum System

Filter manufacturer/model # (if applicable): _____

Each filter capacity (gpm): _____

Describe pre-coat and body feed systems: _____

Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1 NTU 95% of each month, 5 NTU max) ¥
 Yes No

Describe precoat and body feed systems: _____

Maximum filter loading rate (gpm/ft²): _____

Is the filtration rate less than 1.5 gpm/sf? @ Yes No

Maximum head loss allowed: _____

What determines when backwash occurs? time turbidity automatic head loss

Log removal credited for this type of filtration barrier for: *Giardia*: _____ Viruses: _____ Cryptosporidium: _____

Slow Sand Filtration

Number of filters: _____ Each Filter capacity (gpm): _____

What is rate of filtration (gpm/ft)? _____

Is the filtration rate less than 0.1 gpm/sf? @ Yes No

Yes No

Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1 NTU 95% of each month, 5 NTU max) ¥

Is turbidity of raw water to filters always <10 NTU? @

Is water depth over sand at least 3 feet during operation? @

Can plant meet design capacity with one unit out of service?

Do they ripen after scraping (filter to waste) and how long?

Is head loss across filters monitored and used for process control? @ If yes, how is the head loss monitored? _____

How often is each unit scraped? _____

Log removal credited for this type of filtration barrier for: *Giardia*: _____ Viruses: _____ Cryptosporidium: _____

Disinfection Processes

General

Describe all inactivation processes, **both pre-filtration and post-filtration**: _____

UV Disinfection

Point of application: _____ UV manufacturer/model #: _____

Validated maximum flow (gpm): _____ Validated UV dosage (mJ/cm²): _____

Log inactivation credited based upon validated dosage (use table below): *Giardia*: _____ *Cryptosporidium*: _____

Table 1. UV Dose Requirements in Millijoules per Square Centimeter (mJ/cm²)

Target Pathogen	Log Inactivation							
	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0
<i>Cryptosporidium</i>	1.6	2.5	3.9	5.8	8.5	12	15	22
<i>Giardia</i>	1.5	2.1	3.0	5.2	7.7	11	15	22
Viruses	**	**	**	**	**	**	**	**

Source: 40 CFR 141.720(d)

** UV not credited with virus inactivation by EPA R8 for SW/GU systems

Yes No

Does PWS keep records of UV reports sent monthly to EPA? ¥

Does public water system's Emergency Response Plan address breakage of UV lamps? (Mercury hazard: OSHA guidelines 1910 Subparts H, I, Z, Response to breakage, Cleanup and disposal)

UV Disinfection – less than 40 gpm

Yes No

Is there a flow meter to monitor/alarm or a flow restrictor valve so the max flow rate is not exceeded? @ Describe how the system ensures the flow does not exceed max flow rate: _____

Is there an intensity sensor and alarm (visible/audible) to indicate low intensity? @

Is there a UV lamp status alarm (visible/audible) to indicate lamps off? @

Is there a UV lamp age counter/alarm? @

Is there an automatic shut-off fail-safe solenoid valve so that water does not flow through the unit without adequate treatment? @

Does this UV unit have an NSF Standard 55A Certification or has it been validated according to the requirements of the 2006 UV Disinfection Guidance Manual? ¥ (leave blank if unknown)

Are there spare bulbs on hand?

How often is the unit cleaned and the bulbs changed? _____

UV Disinfection – greater than 40 gpmHow is unit monitored? Intensity Setpoint Method Calculated Dose Method

Yes No

- Is the calibration of the UV intensity sensors checked at least monthly using a reference sensor? @ How frequently are calibration checks performed? _____
- Is the calibration of the UV transmittance analyzer checked at least weekly with a benchtop analyzer (Calculated Dose Method only)? @ How frequently are calibration checks performed? _____
- Is there a calibrated flowmeter to ensure max flow rate is not exceeded? @
- Are daily operational records kept of flow rates/production, run time, lamp status, UV intensity, UVT and UV dosage? ¥ (These should be monitored continuously and recorded at least once/4 hours. Small systems (less than 500 population) are allowed to record one time each day.)
- Does the operator know how to identify an off-specification event and report it to the EPA? @
- Does the system alarm when an off-specification event occurs? @
- Are there spare bulbs on hand?

Chemical Disinfection**Chlorine and Chloramines**Type: _____ Dosage: _____ (lb / day or mg/L) NSF 60 Certified? Yes No

Point of application: _____

Where does the PWS measure disinfectant residual for compliance with the SWTR requirement of ≥ 0.2 mg/L at the POE? _____Is this before the 1st user of the water? ¥ Yes NoHow is residual measured? continuous grab Equipment / manufacturer model #: _____What type of measurement is taken? free total

Chlorine residual at POE (mg/L): PWS measurement: _____ Surveyor measurement: _____ Time of analysis: _____

Are the two measurements within 0.1 mg/L or 15% of one another (whichever is larger)? @ Yes No

Yes No

- Is there redundant disinfection equipment?
- Is there emergency power for the disinfection equipment?
- If measuring residual continuously, is the PWS conducting weekly verifications with a grab sample measurement? @

Ozone

Number of Ozone generators: _____ Percent ozone being generated (%): _____

Where is the ozone applied? _____ Where is residual measured? _____

Ozone residual (%): _____ Ozone residual (mg/L): _____

Describe the purpose of the ozone addition: _____

Are all applicable residual monitors operational? _____

Are excess ozone destructors operational? _____

Is there a preventive maintenance program for the generators? _____

Is a SCBA or supplied-air respirator available for the operators when working with ozone? _____

Are operators exposed to ozone levels above 0.1 mg/L? _____

Does the system monitor bromate concentration at point of entry? ¥ Yes No

Chlorine Dioxide

Number of Chlorine Dioxide generators: _____

Where is the Chlorine Dioxide applied? _____ Where is Chlorine Dioxide residual measured? _____

Chlorine Dioxide residual (mg/L): _____

Describe the purpose of the Chlorine Dioxide addition: _____

Are all applicable residual monitors operational? _____

Is there a preventive maintenance program for the generators? _____

Are operators exposed to Chlorine Dioxide levels above 0.1 ppm? _____

Yes No

Does the system monitor chlorine dioxide daily at point of entry? ¥

Does the system monitor chlorite at point of entry daily and monthly in the distribution system? ¥

Chemical Disinfection – Inactivation Calculations

If the PWS performs ongoing daily or weekly CT calculations, use their actual data to document inactivation in the section below. Otherwise, do a conservative calculation for each inactivation segment.

Identify location of 1st user: _____

<p><u>Summer Calculations</u></p> <p>Lowest* disinfectant residual and where measured (mg/L): _____</p> <p>Water temperature (lowest*): _____ °C</p> <p>Water pH (highest*): _____</p> <p>Maximum* flow through segment: _____ gpm</p> <p>Describe each segment and list appropriate baffling factor: _____</p>	<p>List the volume of each segment using minimum* operating heights of tanks: _____</p> <p>Total logs <i>Giardia</i> inactivation from all chemical disinfection segments: _____</p> <p>Total logs virus inactivation from all chemical disinfection segments: _____</p>
<p><u>Winter Calculations</u></p> <p>Lowest* disinfectant residual and where measured (mg/L): _____</p> <p>Water temperature (lowest*): _____ °C</p> <p>Water pH (highest*): _____</p> <p>Maximum* flow through segment: _____ gpm</p> <p>Describe each segment and list appropriate baffling factor: _____</p>	<p>List the volume of each segment using minimum* operating height of tanks: _____</p> <p>Total logs <i>Giardia</i> inactivation from all chemical disinfection segments: _____</p> <p>Total logs virus inactivation from all chemical disinfection segments: _____</p>

* Use data from system's ongoing CT calculations if available. Values should correlate to the system's lowest calculated inactivation levels during the specified season in the previous year.

Chemical Disinfection – Disinfection Profiling (if system is exempt, skip section)

Yes No

Does the system have a disinfection profile on site that contains a year of weekly log inactivation calculations (<10,000 pop.) or a year of daily log inactivation calculations (>10,000 pop.)? @

Did the PWS make a significant change (new disinfectant; new location; etc.) to disinfection practices after 7/1/03 or 1/1/04?

If yes, was EPA consulted? Describe the change and date made: ¥ _____

When was the profile conducted? _____ to _____

Lowest monthly average log inactivation observed from the profile (month/value): *Giardia*: _____ Viruses: _____

Overall Inactivation / Removal Calculations**Viruses / Giardia**

Viruses	Giardia
_____ Logs Removal (filtration)	_____ Logs Removal (filtration)
_____ Logs chemical inactivation (lowest value from Summer / Winter calculations)	_____ Logs chemical inactivation (lowest value from Summer / Winter calculations)
_____ Logs UV inactivation	_____ Logs UV inactivation
_____ Logs other removal or inactivation	_____ Logs other removal or inactivation
_____ Total logs inactivation / removal	_____ Total logs inactivation / removal
≥ 4 logs? @ <input type="checkbox"/> Yes <input type="checkbox"/> No	≥ 3 logs? @ <input type="checkbox"/> Yes <input type="checkbox"/> No

Cryptosporidium

Committed to install maximum treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the system's bin #? <input type="checkbox"/> Bin #1 <input type="checkbox"/> Bin #2 <input type="checkbox"/> Bin #3 <input type="checkbox"/> Bin #4
System Classification: <input type="checkbox"/> Filtered <input type="checkbox"/> Unfiltered
*If system completed sampling and was classified as a Bin #1 system, the section below does not need to be completed. For all other systems, please complete the section below.
Total logs Cryptosporidium inactivation / removal required based on max treatment, bin # or classification: _____
Date treatment required by: _____ Toolbox Components Utilized: _____
_____ Logs Removal (filtration)
_____ Logs chemical inactivation
_____ Logs UV inactivation
_____ Logs other Toolbox Components
_____ Total logs inactivation / removal
≥ required logs? ¥ <input type="checkbox"/> Yes <input type="checkbox"/> No

WATER TREATMENT DATA (FOR ALL SYSTEMS) CORROSION CONTROL

Does this PWS add chemicals for corrosion control (If yes, photograph the corrosion control system)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments: _____				
Chemical added:	NSF 60 Certified?	Dosage at Treatment Plant	Type of System	Added Continuously or Seasonally
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Flow-based <input type="checkbox"/> Constant feed	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally <input type="checkbox"/> Other (Specify in comments)
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Flow-based <input type="checkbox"/> Constant feed	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally <input type="checkbox"/> Other (Specify in comments)
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Flow-based <input type="checkbox"/> Constant feed	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally <input type="checkbox"/> Other (Specify in comments)
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Flow-based <input type="checkbox"/> Constant feed	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally <input type="checkbox"/> Other (Specify in comments)
Does this PWS monitor corrosion control treatment chemical concentrations, pH or any other water quality parameters at the entry point to the distribution system or at customer taps to evaluate the process? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what parameters are measured, where are samples taken, and how often? _____				
Comments: _____				

STORAGE TANKS

NA

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
Tank ID (from PWS inventory, e.g., ST01):	_____	_____	_____
Tank owner (if different than system owner):	_____	_____	_____
Location (indoor or outdoor):	_____	_____	_____
Date put into service	_____	_____	_____
Tank Type	<input type="checkbox"/> Below ground (buried or partially buried) <input type="checkbox"/> Ground level <input type="checkbox"/> Elevated (pedestal or standpipe)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tank is constructed of:	<input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
What type of water is stored (GW systems only)?	<input type="checkbox"/> Treated <input type="checkbox"/> Raw	<input type="checkbox"/> Treated <input type="checkbox"/> Raw	<input type="checkbox"/> Treated <input type="checkbox"/> Raw
Storage volume (gallons)?	_____	_____	_____
Is the site subject to flooding? @	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the tank be isolated from the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the water level indicator accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tank have a mixer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tank appear structurally sound? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the foundation appear structurally sound? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there unprotected openings in the tank (breaches, leaks, etc)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Inspection and cleaning history			
How often are the tank hatch, vent, and overflow visually inspected?	_____	_____	_____
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
When and how was the tank last cleaned and inspected?	_____	_____	_____
Who performed the cleaning and inspection?	_____	_____	_____
How was the tank disinfected after cleaning? (NA if diver used)	_____	_____	_____
Surveyor able to view report and confirm date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, note major concerns and/or recommendations:	_____	_____	_____
If Carcasses or other debris found in the tank:			
Was EPA notified immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the entry point for the carcass or debris eliminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	_____	_____	_____
Overflow			
Does the tank have an overflow separate from the vent? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the overflow accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen of any size inside (EPA recommends non-corrodible #24 mesh screen)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the discharge visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about overflow:	_____	_____	_____
Drain Line			
Combined overflow and drain pipe? (If yes, skip drain questions)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the drain accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there #24 mesh screen on the drain pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does water accumulate in the drain discharge area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about drain:	_____	_____	_____
Air Vent			
Does the tank have a vent separate from the overflow? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the vent accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If not #24 mesh screen, what size mesh is the screen?	_____	_____	_____
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Downturned vent: Is the vent at least 24" above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents: Is the screen at least 8" above the roof surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Below ground tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the air vent terminate downward? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the air vent at least 24" above the roof or ground surface (whichever is higher)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about air vent:	_____	_____	_____
Access Hatch			
Is the hatch accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For below ground tanks where the roof is completely buried, is the hatch raised at least 24" above ground level? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For partially buried tanks where the roof is visible, is the hatch raised at least 24" above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For above ground tanks (ground level or elevated/standpipe): Is the hatch raised 4" above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
What is the height of the access hatch above the roof or ground surface?	_____ in	_____ in	_____ in
Does the hatch have a shoe box cover? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch cover tight and sealed with a rubber gasket? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch locked? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about access hatch:	_____	_____	_____
Comments:	_____	_____	_____

STORAGE TANKS

NA

Complete for all tanks at ground water systems and consecutive systems Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
Tank ID (from PWS inventory, e.g., ST01):	_____	_____	_____
Tank owner (if different than system owner):	_____	_____	_____
Location (indoor or outdoor):	_____	_____	_____
Date put into service	_____	_____	_____
Tank Type	Below ground (buried or partially buried) <input type="checkbox"/> Ground level <input type="checkbox"/> Elevated (pedestal or standpipe) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tank is constructed of:	Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
What type of water is stored (GW systems only)?	<input type="checkbox"/> Treated <input type="checkbox"/> Raw	<input type="checkbox"/> Treated <input type="checkbox"/> Raw	<input type="checkbox"/> Treated <input type="checkbox"/> Raw
Storage Volume (gallons)?	_____	_____	_____
Is the site subject to flooding? @	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the tank be isolated from the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the water level indicator accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tank have a mixer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tank appear structurally sound? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the foundation appear structurally sound? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there unprotected openings in the tank (breaches, leaks, etc)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection and cleaning history			
How often are the tank hatch, vent, and overflow visually inspected?	_____	_____	_____
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
When and how was the tank last cleaned and inspected?	_____	_____	_____
Who performed the cleaning and inspection?	_____	_____	_____
How was the tank disinfected after cleaning? (NA if diver used)	_____	_____	_____
Surveyor able to view report and confirm date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, note major concerns and/or recommendations:	_____	_____	_____
If Carcasses or other debris found in the tank:			
Was EPA notified immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the entry point for the carcass or debris eliminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	_____	_____	_____
Overflow			
Does the tank have an overflow separate from the vent? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the overflow accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen inside (EPA recommends a #24 mesh screen)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the discharge visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Complete for all tanks at ground water systems and consecutive systems Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about overflow:	_____	_____	_____
Drain Line			
Combined overflow and drain pipe? (If yes, skip drain questions)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the drain accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there #24 mesh screen on the drain pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does water accumulate in the drain discharge area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about drain:	_____	_____	_____
Air Vent			
Does the tank have a vent separate from the overflow? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the vent accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If not #24 mesh screen, what size mesh is the screen?	_____	_____	_____
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Downturned vent: Is the vent at least 24" above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents is the screen at least 8" above the roof surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Below Ground Tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the air vent terminate downward@	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the air vent at least 24" above the roof or ground surface (whichever is higher)? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about air vent:	_____	_____	_____
Access Hatch			
Is the hatch accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For below ground tanks where the roof is completely buried, is the hatch raised at least 24" above ground level? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For partially buried tanks where the roof is visible, is the hatch raised at least 24" above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For above ground tanks (ground level or elevated/standpipe): Is the hatch raised 4" above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the height of the access hatch above the roof or ground surface?	_____ in	_____ in	_____ in

Complete for all tanks at ground water systems and consecutive systems Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
Does the hatch have a shoe box cover? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch cover tight and sealed with a rubber gasket? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch cover locked? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about access hatch:	_____	_____	_____
Comments:	_____	_____	_____

DISTRIBUTION BOOSTER PUMP STATIONS

NA

Total number of booster stations in the distribution system: _____

Are there any new booster stations since the previous survey? Yes No

Are there any booster stations the system has had problems with since the previous survey? Yes No

Are there any booster stations where chlorine is added? Yes No

Note to surveyor: If there are new or problem booster stations, or if there are booster stations where chlorine is added, inspect each of them, complete the sections below, and take photos of each station inspected. For booster stations where chlorine is added, add the chlorination as a treatment process under the "Water Treatment Data" section, in addition to filling out the booster pump station section below.

If there are no new or problem booster stations, inspect at least one booster station as a representative of the entire system, complete a section below for each station inspected, and take photos of the station(s) inspected.

Name/location of the pump station: _____

How many pumps at the facility? _____

Type/make/model/HP of pumps: _____

Incoming pressure (suction side) of booster station (psi) _____

Outgoing pressure (discharge side) of booster station (psi): _____

Estimated run time of booster pump(s) at time of visit (min): _____

Are booster pumps operated with Variable Frequency Drives (VFD)? If Yes, make/model: Yes No _____

Yes No NA

Are the correct types of lubricants (NSF-60) used? _____

Is the pump station subject to flooding? @ _____

Are pumps operable and in good condition? _____

Is there a maintenance program in operation? _____

Are spare pumps available? _____

Is emergency power available? _____

Name/location of the pump station: _____

How many pumps at the facility? _____

Type/make/model/HP of pumps: _____

Incoming pressure (suction side) of booster station (psi) _____

Outgoing pressure (discharge side) of booster station (psi): _____

Estimated run time of booster pump(s) at time of visit (min): _____

Are booster pumps operated with Variable Frequency Drives (VFD)? If Yes, make/model: Yes No _____

Yes No NA

Are the correct types of lubricants (NSF-60) used? _____

Is the pump station subject to flooding? @ _____

Are pumps operable and in good condition? _____

Is there a maintenance program in operation? _____

Are spare pumps available? _____

Is emergency power available? _____

HYDROPNEUMATIC TANKS

NA

<p>Type of Tanks <input type="checkbox"/> Captive Air Bladder Tank <input type="checkbox"/> Pressure Tank that uses an air compressor</p> <p>Number of tanks: _____</p> <p>Location, Description: _____</p> <p>Dates put into service: _____</p> <p>Is there an operable pressure gauge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cut in pressure (psi): _____</p> <p>Cut out pressure (psi): _____</p> <p>Pump run time (min): _____</p> <p>Is there evidence of severe rust? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence of water leaks? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence of air leaks? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence of flooding (if in a vault)? @ <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a pressure relief valve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can tank(s) be by-passed for repair? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For any tank that uses an air compressor, is the tank age older than the life expectancy? @ (Manufacturer and model number) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments: _____</p>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

DISTRIBUTION DATA

Please provide a brief description of the distribution system, including source to use piping: _____		
Is there asbestos pipe in the water system between the source and the tap? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the locations and estimated linear feet of the asbestos pipe in the system? _____		
Have lines broken due to freezing? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Have lines broken due to traffic load? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Are lines properly disinfected after repairs are made? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
According to the system representative, is there at least 35 psi pressure in the distribution system at peak normal flow? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
According to the system representative, is there at least 20 psi at all points in the system at all times? @ <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
How does the water system monitor distribution pressure? _____		
Pressure measurement and location (if measured at the time of the survey): _____		
Distribution water loss rate (%): _____		
Does the system provide fire protection (for example, fire hydrants located in distribution)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
For systems that provide water storage: NA <input type="checkbox"/>		
Total number of days of storage (Summer)? _____		
Total number of days of storage (Winter)? _____		
Yes No NA		
Is the storage capacity adequate to meet current needs? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Is the storage capacity adequate to meet future needs? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Comments: _____		
Are there any bulk water supply/fill stations attached to this system? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (Note to surveyor: if yes, check each facility, note its condition and provide photos)		
Station name (if applicable)	Location	Appropriate Air Gap or RPZ?
_____	_____	<input type="checkbox"/> Air Gap <input type="checkbox"/> RPZ <input type="checkbox"/> Neither @
_____	_____	<input type="checkbox"/> Air Gap <input type="checkbox"/> RPZ <input type="checkbox"/> Neither @
_____	_____	<input type="checkbox"/> Air Gap <input type="checkbox"/> RPZ <input type="checkbox"/> Neither @
Comments: _____		
Are there any air relief valves in vaults/pits located in the distribution system? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Note to surveyor: If yes, inspect one representative ARV, note its condition and provide photos		
Are they regularly inspected and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Do any have leaks and/or standing water that covers the discharge point? @ <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Location, length, number, and flushing frequency for dead ends in the system: _____		
Are distribution system ("as-built") drawings maintained (e.g., revised to show replacement or repair?) <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
For systems that add a chemical disinfectant or receive disinfected water from a wholesaler: NA <input type="checkbox"/>		
Yes No		
<input type="checkbox"/> <input type="checkbox"/> Is test equipment available for measuring the chlorine residual in the distribution system? Describe equipment: _____		
<input type="checkbox"/> <input type="checkbox"/> Are reagents up to date? _____		
<input type="checkbox"/> <input type="checkbox"/> Does the operator know how to properly measure chlorine residual? _____		
Measured chlorine residual distribution system location: _____ Time of Analysis: _____		

Indicate residual value measured at this distribution system location: By Surveyor: _____ (mg/L) By PWS: _____ (mg/L)

Indicate if free or total chlorine was measured: _____

It is recommended that a minimum residual of 0.5 mg/L total chlorine or 0.2 mg/L free chlorine be maintained.

CROSS CONNECTION CONTROL

Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the system conducted a service connections audit to determine if any high or severe hazard connections exist? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have a cross connection control and backflow prevention program in place? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Does each severe hazard connection have the appropriate reduced pressure backflow assembly installed at the meter/service connection and approved air gap (twice the size of the supply pipe diameter but always greater than one inch)? Describe each severe hazard connection and its location. @ _____</p> <p>Note: Severe hazard connections include radioactive materials processors, nuclear reactors, and sewage treatment plants/pump stations.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Does each high hazard connection in the <u>treatment plant</u> or <u>distribution system</u> have the appropriate air gap or reduced pressure backflow assembly installed? Describe each high hazard connection and its location. @ _____</p> <p>Note: High hazard connections include hospitals, medical/dental facilities, laboratories, mortuaries, large taxidermies, chemical suppliers/processing facilities, petroleum plants, food processing facilities, wastewater treatment plants, piers and docks, car washes, dry cleaners, direct connections to raw or non-potable water, and any service connection with an unapproved auxiliary supply.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do trailers or mobile homes connected directly to the PWS via a yard hydrant have a residential dual check valve at each connection? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any frost-free hydrants that drain into the soil directly connected to this PWS? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Are there any leaking system components in the water system observed by the surveyor that are not previously noted? @</p> <p>Explain where and what was leaking: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>At Community PWS, do all low hazard connections have the appropriate dual check valve assemblies installed at the meter or service connection? _____</p> <p>Note: Low hazard connections include mobile home parks, farms/dairies, ranches, and shopping centers.</p>
			<p>For all systems with stock tanks or yard hydrants under the direct control of the system owner, do those connections have the indicated type of backflow prevention assemblies?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Stock tanks – approved air gap or atmospheric vacuum breaker at the tank? @ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Threaded yard hydrants – pressure vacuum breaker, atmospheric vacuum breaker or double check valve assembly? _____
			Does the water supplier have a record keeping program and management procedures to ensure:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- The installation and certification by test or inspection (as applicable) of all backflow preventers (BFPs) at new service connections _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- The annual certification by a certified tester of all high-hazard BFPs at service connections. _____

SAFETY

General Safety			
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the fire department familiar with the facilities and their contents? _____
Personnel Safety			
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all personnel trained in proper handling of all utilized chemicals and materials? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are adequate masks, protective clothing, and safety equipment provided? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator understand relevant Occupational Safety and Health Administration (OSHA) regulations (e.g., confined space, hazard communication, trenching/shoring, lock out/tag out)? _____
Chlorine Gas Safety		NA <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there chlorine warnings posted on the outside of chlorine room doors? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Do the doors open outward? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Do they open to the exterior of the building? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Are chlorine room doors equipped with crash bars? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there viewports in the interior wall and/or the doors of the chlorine room? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a leak detector in the chlorine room with an audible alarm? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are chlorine feed and storage areas isolated from other facilities? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are chlorine areas adequately ventilated? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all chlorine cylinders adequately restrained? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are self-contained breathing apparatus (SCBA) available for use in chlorine emergencies? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Are they in good working condition? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Are water system personnel adequately trained in the use and maintenance of the SCBA? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Where are the SCBA stored? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are chlorine leak kits available? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all personnel trained in their proper use? _____
Chemical Safety		NA <input type="checkbox"/>	
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are oxidizers, corrosives, and flammables stored in separate areas and in closed, marked containers? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are flammables stored in appropriate containers and cabinets away from combustion sources? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there adequate ventilation in the areas where solvents, aerosols, and chemical feeders are in use? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are bulk storage areas physically isolated from treatment areas to prevent spills from entering treated or untreated water? _____

MANAGEMENT DATA

Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there rules governing new hookups to protect the integrity of this water system? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the treatment plant being properly operated to prevent inadequately treated water from being sent to the distribution system? @ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have arrangements in place to assure prompt supply and repair service? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have a current operations and maintenance manual which describes all procedures, equipment, sampling schedules and inspection data? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a schedule for routine preventative maintenance for all facilities and equipment? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system (treatment plant, finished water storage) have security measures in place (fencing, locks, lighting, alarms, etc.)? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have an emergency response plan (ERP) – system does not need to show the surveyor the ERP --that includes: @ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Emergency contact phone numbers? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Procedures to respond to a pressure loss/water outage? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Procedures to respond to a water contamination incident? _____
<input type="checkbox"/>	<input type="checkbox"/>		Is the ERP accessible to the operator on-site? _____
<input type="checkbox"/>	<input type="checkbox"/>		Is the system part of a state's WARN network? _____
<input type="checkbox"/>	<input type="checkbox"/>		Have you evaluated possible impacts to your system from extreme weather events? If yes, what was the outcome? _____
<input type="checkbox"/>	<input type="checkbox"/>		Are you interested in training on extreme weather events? _____
<input type="checkbox"/>	<input type="checkbox"/>		Have you evaluated your facilities to see if they are in the 100 and 500 year flood plains? _____ If yes, what was the outcome? _____
			What percentage of the utility's power comes from your own renewable energy sources? _____ % wind: _____ % solar: _____ % hydro: _____
For Community systems (including consecutives):			NA <input type="checkbox"/>
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the water system have an annual budget? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the rate structure for water customers based on metered water use? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are procedures in place to handle delinquent accounts? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are purchasing procedures in place for equipment, materials, chemicals, lab analysis, etc.? _____
			List rates: Minimum (\$): _____ + (\$) _____ per 1,000 gallons thereafter Or, (\$): (Flat Rate) <input type="checkbox"/> Other (describe): _____
			What percentage of your customer accounts are delinquent? _____

MONITORING AND RECORDS

Revised Total Coliform Rule (RTCR) monitoring (all systems)			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Does the operator know how to collect and properly label samples for total coliform analysis? (Review operator sampling procedure at time of survey to confirm) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does the operator know what to do in the event of a total coliform positive result? _____ They will need to take 3 repeat samples under the RTCR utilizing the regular lab form: For an explanation go to the EPA Region 8 Drinking Water Online website (http://www.epa.gov/region8-waterops) - "click" on Revised Total Coliform Rule (RTCR) (under Regulations and Compliance) - "click" on Tech Tip: TC+ Follow Up (in green box) Follow the 5 steps described in the Tech Tip for follow up sampling after a TC+ sample	
<input type="checkbox"/>	<input type="checkbox"/>	Are extra bottles available on site in case of need for repeat total coliform sampling? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does the system have an RTCR sampling plan on file and available for the surveyor's review (give date of plan)? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Ask the operator - Is the system following their RTCR sampling plan? If No, explain any difficulties _____	
If subject to the Ground Water Rule (GWR), does the operator know:			NA <input type="checkbox"/>
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within 24 hours of being notified of a <i>routine total coliform</i> positive sample result, they must collect one triggered source water sample for <i>every</i> routine total coliform positive sample at each active ground water source (e.g., three routine total coliform positive samples requires the operator to collect three source water samples from <i>each</i> ground water source)? _____
			They will need to submit:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Source water sample results utilizing the triggered Ground Water Rule Source Sampling Form located on the Drinking Water Online site (http://www.epa.gov/region8-waterops)? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are extra bottles available in case of the need for GWR source sampling? _____
For Community and NTNC systems (including consecutives):			NA <input type="checkbox"/>
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a Disinfection Byproducts Rule Monitoring Plan on-site available for the surveyor's review? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Is it up-to-date reflecting the current distribution system? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- In the last 5 years has the distribution system been expanded?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have a Lead & Copper Tap Sample Site Plan on file and available for the surveyor's review? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Is it up to date? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Ask the operator – is the system following their LCR Tap Sample Site Plan? If no, explain any difficulties _____
For All Systems:			
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator know the location of each sample tap that represents the entry point(s) to the distribution system? (sample location for Nitrates, RADs, IOCs, SOCs and VOCs) _____ Note to surveyor: Include, in your photo document, a photo of each sample tap used by the operator to collect samples at the entry point(s) to the distribution system. Show, in the photo or in the photo comments, where the sample tap is located relative to other water system facilities that are identified on the system schematic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator know how to properly label samples taken from the entry point(s) to the distribution system? _____ Note to surveyor: Demonstrate to operator the correct method for labeling entry point sample bottles. These bottles should be labeled with both the sample point code and sample point description (e.g. SP01/Treatment Plant Sampling Point). _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the PWS completed the monitoring that is specified in the EPA-provided monitoring schedule so far for this calendar year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are copies of all monitoring results filed and readily accessible? _____

Is the operator familiar with the Drinking Water Online (<http://www.epa.gov/region8-waterops>) and Drinking Water Watch (<https://sdwizr8.epa.gov/Region8DWW/JSP/loginForm.jsp>) websites created for their benefit? _____