

## 2023 EPA REGION 8 WY SANITARY SURVEY FORM INVENTORY

DATE OF SURVEY: _____	COUNTY: _____	SURVEYOR NAME: _____
PWS ID: _____	SYSTEM NAME: _____	
System representatives (including titles) present at survey: _____ Others present: _____ Comments: _____	<p style="text-align: center;"><b>EMERGENCY CONTACT</b></p> Emergency Contact Name: _____ Emergency phone number: ( ) _____ Emergency email address: _____ Title: _____ Business Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ Comments: _____	
<p style="text-align: center;"><b>SYSTEM OWNER OR MUNICIPAL LEGAL REPRESENTATIVE</b></p> Addressee Name: _____ Title: _____ Company (if Corporation, name of Corporation): _____ Business Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ Business Phone: ( ) _____ Cell Phone: ( ) _____ Email Address: _____ Comments: _____	<p style="text-align: center;"><b>PRIMARY ADMINISTRATIVE CONTACT (to receive ALL correspondence from EPA)</b></p> Addressee: _____ Title: _____ Business Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ Business Phone: ( ) _____ Cell: ( ) _____ Email Address: _____ Comments: _____	
<p style="text-align: center;"><b>ADDITIONAL CONTACT (if any)</b></p> Addressee: _____ Title: _____ Business Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ Business Phone: ( ) _____ Cell: ( ) _____ Email Address: _____ Comments: _____	<p style="text-align: center;"><b>ADDITIONAL CONTACT (if any)</b></p> Addressee: _____ Title: _____ Business Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ Business Phone: ( ) _____ Cell: ( ) _____ Email Address: _____ Comments: _____	
<p style="text-align: center;"><b>DESIGNATED RESPONSIBLE CHARGE (RC) OPERATOR</b></p> Name: _____ Operator Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required for NC Systems Cert. Level: _____ Area: _____ Exp. Year: _____ Cert. Level: _____ Area: _____ Exp. Year: _____ <input type="checkbox"/> NA Business Phone: ( ) _____ Cell Phone: ( ) _____ Business Mailing Address: _____ Contract Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No Date contract ends: _____ Email Address: _____ Comments: _____ Go to: <a href="#">WYDEQ Operator Certification Website 'Check Operator Records'</a>	<p style="text-align: center;"><b>DESIGNATED SUB. RESPONSIBLE CHARGE (SRC) OPERATOR</b></p> Name: _____ Operator Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required for NC Systems Cert. Level: _____ Area: _____ Exp. Year: _____ Cert. Level: _____ Area: _____ Exp. Year: _____ <input type="checkbox"/> NA Business Phone: ( ) _____ Cell Phone: ( ) _____ Business Mailing Address: _____ Contract Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No Date contract ends: _____ Email Address: _____ Comments: _____ Go to: <a href="#">WYDEQ Operator Certification Website 'Check Operator Records'</a>	
<p style="text-align: center;"><b>WATER SYSTEM CLASSIFICATION for WYDEQ Operator Certification</b></p> WYDEQ System Classification: <input type="checkbox"/> Not required for NC Systems Level: _____ Area: _____ Level: _____ Area: _____ <input type="checkbox"/> NA Comments: _____ Go to: <a href="#">WYDEQ Operator Certification Website 'Check Facility Records'</a>	<p style="text-align: center;"><b>WATER SYSTEM CLASSIFICATION from PWS Inventory</b></p> <input type="checkbox"/> C = Community <input type="checkbox"/> NTNC = Non-Transient Non-Community <input type="checkbox"/> NC = Transient Non-Community Comments: _____	
<p style="text-align: center;"><b>SYSTEM PHYSICAL ADDRESS</b></p> Street: _____ City: _____ State: _____ Zip: _____	<p style="text-align: center;"><b>PHYSICAL LOCATION</b></p> Physical Location and Directions: _____	

<p style="text-align: center;"><b>DEQ DISTRICT ENGINEER</b></p> <p>_____, District Engineer</p> <p>Phone: (307) _____</p> <p>Email: _____</p>	<p style="text-align: center;"><b>COUNTY AND/OR CHS SANITARIAN</b></p> <p>_____, CHS Specialist</p> <p>Phone: (307) _____</p> <p>Email: _____</p>																																
<p style="text-align: center;"><b>PERIOD OF OPERATION</b></p> <p><input type="checkbox"/> Year-round</p> <p><input type="checkbox"/> Seasonal Operation Dates:</p> <p style="padding-left: 20px;">From _____ to _____</p> <p style="padding-left: 20px;">From _____ to _____</p> <p>Comments: _____</p>	<p style="text-align: center;"><b>SERVICE CONNECTIONS</b></p> <p>Total Service Connections (Active and Inactive): _____</p> <p>Number of Metered Service Connections? _____</p> <p>Number of un-metered service connections: _____</p> <p>Comments: _____</p>																																
<p style="text-align: center;"><b>OWNER TYPE</b></p> <p><input type="checkbox"/> 1 Federal Government: National Park, National Forest, etc.</p> <p><input type="checkbox"/> 2 Private: Subdivision, Investor, Trust, Cooperative, Water Association, etc. Is this PWS operating with a lease on Federal land? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter name of the Federal land here: _____</p> <p><input type="checkbox"/> 3 State Government</p> <p><input type="checkbox"/> 4 Local Government Authority: Commission, District, Municipality, City, etc.</p> <p><input type="checkbox"/> 5 Mixed Public/Private</p> <p><input type="checkbox"/> 6 Native American: Indian Tribes &amp; Reservations _____</p> <p><input type="checkbox"/> 7 Other _____</p> <p>Comments: _____</p>	<p style="text-align: center;"><b>POPULATION DIRECTLY SERVED</b> Average Daily Users <b>(do not include populations of consecutive PWSs)</b></p> <p>Residential Population (year-round residents): _____</p> <p>Non-Residential Non-Transient Population: _____ (Over 6 months/year, e.g. employees, students during the peak 60 days of operation)</p> <p>Transient Population (Less than 6 months/year): _____ (Average daily number during peak 60 days of operation, e.g. customers, visitors)</p> <p>Source of population info: _____</p> <p>Comments: _____</p>																																
<p style="text-align: center;"><b>SERVICE CATEGORY (check all that apply)</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AP Airport</td> <td><input type="checkbox"/> PC Picnic Area</td> </tr> <tr> <td><input type="checkbox"/> BA Bathing/Swimming</td> <td><input type="checkbox"/> RA Rest Area</td> </tr> <tr> <td><input type="checkbox"/> BR Bar</td> <td><input type="checkbox"/> RC Recreation</td> </tr> <tr> <td><input type="checkbox"/> CG Campground</td> <td><input type="checkbox"/> RS Residential</td> </tr> <tr> <td><input type="checkbox"/> CH Church</td> <td><input type="checkbox"/> RT Restaurant</td> </tr> <tr> <td><input type="checkbox"/> DC Daycare Center</td> <td><input type="checkbox"/> RV RV Park</td> </tr> <tr> <td><input type="checkbox"/> DR Dude Ranch</td> <td><input type="checkbox"/> SC School</td> </tr> <tr> <td><input type="checkbox"/> HS Hospital</td> <td><input type="checkbox"/> SD Subdivision</td> </tr> <tr> <td><input type="checkbox"/> IB Interstate Bottler</td> <td><input type="checkbox"/> SK Ski Area</td> </tr> <tr> <td><input type="checkbox"/> IF Industrial/Agricultural</td> <td><input type="checkbox"/> SS Service Station</td> </tr> <tr> <td><input type="checkbox"/> IN Institution</td> <td><input type="checkbox"/> US Water User's Association</td> </tr> <tr> <td><input type="checkbox"/> LB Local Bottler</td> <td><input type="checkbox"/> VC Visitor Center</td> </tr> <tr> <td><input type="checkbox"/> LO Lodge</td> <td><input type="checkbox"/> VM Vending Machine</td> </tr> <tr> <td><input type="checkbox"/> MA Marina</td> <td><input type="checkbox"/> WH Water Hauler</td> </tr> <tr> <td><input type="checkbox"/> MH Mobile Home Park</td> <td><input type="checkbox"/> XX Other _____</td> </tr> <tr> <td><input type="checkbox"/> MO Motel/Hotel</td> <td></td> </tr> </table> <p>Primary Service Category Description: _____</p> <p>Comments: _____</p>	<input type="checkbox"/> AP Airport	<input type="checkbox"/> PC Picnic Area	<input type="checkbox"/> BA Bathing/Swimming	<input type="checkbox"/> RA Rest Area	<input type="checkbox"/> BR Bar	<input type="checkbox"/> RC Recreation	<input type="checkbox"/> CG Campground	<input type="checkbox"/> RS Residential	<input type="checkbox"/> CH Church	<input type="checkbox"/> RT Restaurant	<input type="checkbox"/> DC Daycare Center	<input type="checkbox"/> RV RV Park	<input type="checkbox"/> DR Dude Ranch	<input type="checkbox"/> SC School	<input type="checkbox"/> HS Hospital	<input type="checkbox"/> SD Subdivision	<input type="checkbox"/> IB Interstate Bottler	<input type="checkbox"/> SK Ski Area	<input type="checkbox"/> IF Industrial/Agricultural	<input type="checkbox"/> SS Service Station	<input type="checkbox"/> IN Institution	<input type="checkbox"/> US Water User's Association	<input type="checkbox"/> LB Local Bottler	<input type="checkbox"/> VC Visitor Center	<input type="checkbox"/> LO Lodge	<input type="checkbox"/> VM Vending Machine	<input type="checkbox"/> MA Marina	<input type="checkbox"/> WH Water Hauler	<input type="checkbox"/> MH Mobile Home Park	<input type="checkbox"/> XX Other _____	<input type="checkbox"/> MO Motel/Hotel		<p style="text-align: center;"><b>SOURCES (check all that apply)</b></p> <p><input type="checkbox"/> SW = Surface Water      <input type="checkbox"/> SWP = Surface Water Purchased</p> <p><input type="checkbox"/> GW = Groundwater      <input type="checkbox"/> GWP = Groundwater Purchased</p> <p><input type="checkbox"/> GWUDI/GU = GW Under the Direct Influence of SW</p> <p><input type="checkbox"/> GWUDIP/GUP = GW Under the Direct Influence of SW Purchased</p> <p>If mixed, does GW receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Is the current water source adequate in quantity? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Have there been any interruptions in service since the last survey? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Have there been reports of a water borne disease (2 or more people)? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Have there been any changes to the water system since the last survey? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Changes: _____ Describe: _____</p> <p>Are there any changes that are planned? <input type="checkbox"/> Yes <input type="checkbox"/> No Projected Date: _____ Describe: _____</p> <p>Comments: _____</p>
<input type="checkbox"/> AP Airport	<input type="checkbox"/> PC Picnic Area																																
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<p style="text-align: center;"><b>SUMMARY (Describe the water system, including a summary of the water flow through system components from source to distribution)</b></p> <p>_____</p>																																	
<p>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.</p>																																	

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 the 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 the EPA could result in a violation.

Prior to making physical modifications to your water system, a permit issued by the Wyoming Department of Environmental Quality (WY DEQ) may be required. Contact the respective WY DEQ District Engineer for your area to determine if a permit is needed before making corrections for significant deficiencies followed by an asterisk (\*). The email and phone number for the DEQ District Engineer may be found on Page 2 of your Sanitary Survey Report.

**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

### CONSECUTIVE SYSTEMS

(i.e. does this PWS receive some or all of its water from another PWS?)

NA

Wholesale System	Who is responsible for maintenance of the connection(s)?	Connection Type
Name: _____ PWSID: _____ Population: _____ Facility ID: _____ How many master meter connections exist from the wholesale system to the consecutive system? _____	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Consecutive system 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 is inspection performed? _____ How often is maintenance performed? _____ Is there standing water in the 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? _____  <b>Water Source Type</b> <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> GU <input type="checkbox"/> Mixed If mixed, does GW receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type of residual disinfectant in water supplied: <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines <input type="checkbox"/> None Type of corrosion inhibitor applied: <input type="checkbox"/> Orthophosphate <input type="checkbox"/> Polyphosphate Blend <input type="checkbox"/> Silicate-based <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr: _____ <input type="checkbox"/> Emergency Only
Comments: _____		
Name: _____ PWSID: _____ Population: _____ Facility ID: _____ How many master meter connections exist from the wholesale system to the consecutive system? _____	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Consecutive system 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 is inspection performed? _____ how often is maintenance performed? _____ Is there standing water in the 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? _____  <b>Water Source Type</b> <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> GU <input type="checkbox"/> Mixed If mixed, does GW receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type of residual disinfectant in water supplied: <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines <input type="checkbox"/> None Type of corrosion inhibitor applied: <input type="checkbox"/> Orthophosphate <input type="checkbox"/> Polyphosphate Blend <input type="checkbox"/> Silicate-based <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr: _____ <input type="checkbox"/> Emergency Only
Comments: _____		
Name: _____ PWSID: _____ Population: _____ Facility ID: _____ How many master meter connections exist from the wholesale system to the consecutive system? _____	<input type="checkbox"/> Wholesaler <input type="checkbox"/> Consecutive system 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 is inspection performed? _____ how often is maintenance performed? _____ Is there standing water in the 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? _____  <b>Water Source Type</b> <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> GU <input type="checkbox"/> Mixed If mixed, does GW receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type of residual disinfectant in water supplied: <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines <input type="checkbox"/> None Type of corrosion inhibitor applied: <input type="checkbox"/> Orthophosphate <input type="checkbox"/> Polyphosphate Blend <input type="checkbox"/> Silicate-based <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr: _____ <input type="checkbox"/> Emergency Only
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 water to another PWS?)  
 NA

Consecutive System	Who is responsible for maintenance of the 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: _____		
How many master meter connections exist off the wholesale system? _____		

**SOURCE DATA**  
**ACTIVE (PHYSICALLY CONNECTED) WELLS AND WELL PUMPS**  
(if well is GWUDI and fully treated as SW, these will be recommendations)  
 NA

<b>Well Name (according to the system):</b>	_____	_____	_____
Facility ID (from PWS inventory, e.g., WL01):	_____	_____	_____
Well owner (if different than system owner):	_____	_____	_____
Well Location: (well house, well pit, pitless adapter, driveway/parking lot, combination, etc.)	_____	_____	_____
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
Is the well 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
WY DEQ and/or WY SEO permit #:	_____	_____	_____
Are there any approved WY DEQ Chapter 12 variances for this well? If yes, describe what variance was approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Total Well Depth (ft):	_____	_____	_____
Depth range of shallowest casing perforations (ft):	_____ to _____	_____ to _____	_____ to _____
Current yield and source of information (gpm):	_____	_____	_____
Well log or Statement of Completion on site? (Submit with report and note well SC name here)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<b>Well Construction</b>			
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 (indoor well)? @	<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 (outdoor well)? @	<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 the 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
Is the 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

<b>Well Name (according to the system):</b>	_____	_____	_____
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 treatment or 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 relative to the water system facilities (e.g. pressure tanks; provide photos)?	_____	_____	_____
If it is a combined tap:	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
What wells does the sample tap represent?	_____	_____	_____
Is there an air release/vacuum relief valve (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
<b>Discharge Piping Termination</b>			
- In a downward position? @	<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
- At least 8" above the 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
- 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
Comments:	_____	_____	_____
<b>Well Pumps</b> (Skip if artesian and no pumps)	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Submersible Pump (if not, describe and indicate location in the comment field below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 pump house (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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 parts/pump available (specify in comments)?	<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><b>Are there any known sources of pollution near the wells which could possibly impact water quality? @</b> <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><b>Mice or other animals and their droppings in immediate area (well house, vault, pit, etc.)? @</b> <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

<b>Well Name (according to the system):</b>	_____	_____	_____
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
Is the well 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
WY DEQ and/or WY SEO permit #:	_____	_____	_____
Are there any approved WY DEQ Chapter 12 variances for this well? If yes, describe what variance was approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
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? <b>(Submit with report and note well SC name here)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<b>Well Construction</b>			
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 (indoor well)? @	<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 (outdoor well)? @	<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 the 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
Is the 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

<b>Well Name (according to the system):</b>	_____	_____	_____
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 treatment or 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 relative to the water system facilities (e.g. pressure tanks; provide photos)?	_____	_____	_____
If it is a combined tap:	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
What wells does the sample tap represent?	_____	_____	_____
Is there an air release/vacuum relief valve (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
<b>Discharge Piping Termination</b>			
- In a downward position? @	<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
- At least 8" above the 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
- 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
Comments:	_____	_____	_____
<b>Well Pumps</b> (Check NA & skip if artesian and no pumps)	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Submersible Pump (if not, describe and indicate location in the comment field below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 pump house (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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 parts/pump available (specify in comments)?	<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><b>Are there any known sources of pollution near the wells which could possibly impact water quality? @</b> <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><b>Mice or other animals and their droppings in immediate area (well house, vault, pit, etc.) @</b> <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

### SPRINGS AND ASSOCIATED PUMPS

NA

<p>Spring name: _____</p> <p>Facility ID (from PWS Inventory, e.g., SPR01): _____</p> <p>Spring owner if different than system owner: _____</p> <p>WY DEQ permit number: _____ WY SEO permit number: _____</p> <p>Are there any approved WY DEQ Chapter 12 variances for this spring? If yes, describe what variance was approved: _____</p>	<p>Description of the intake to the spring collection box (i.e., how the spring water is collected and conveyed into the box): _____</p> <p>How often are the spring collection box and spring collection area inspected? _____</p> <p>Current yield (gpm): _____</p> <p>Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report.</p> <p>Comments: _____</p>																																																																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">SPRING COLLECTION BOX</th> <th style="text-align: center; border-bottom: 1px solid black;">Yes</th> <th style="text-align: center; border-bottom: 1px solid black;">No</th> <th style="text-align: center; border-bottom: 1px solid black;">NA</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Are the spring collection area and spring box fenced to keep large animals away? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Does surface water runoff drain away from the collection area?</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Is there abundant vegetation around the spring collection area and spring box? Describe: _____</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Does the spring collection box have the following features:</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Proper shoe box cover? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Rubber gasket on the access hatch cover? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Air vents screened with #24-mesh? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Is the hatch cover locked? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Overflow screened with #24-mesh screen? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Does overflow have a free fall of at least 12 inches? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Is the spring collection box water tight to prevent inflow of unwanted surface water? @</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Comments: _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SPRING COLLECTION BOX	Yes	No	NA	Are the spring collection area and spring box fenced to keep large animals away? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does surface water runoff drain away from the collection area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there abundant vegetation around the spring collection area and spring box? Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the spring collection box have the following features:				Proper shoe box cover? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubber gasket on the access hatch cover? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air vents screened with #24-mesh? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the hatch cover locked? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overflow screened with #24-mesh screen? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does overflow have a free fall of at least 12 inches? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the spring collection box water tight to prevent inflow of unwanted surface water? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____				<p><b>SPRING COLLECTION INFORMATION</b></p> <p>Depth to water: _____ft <input type="checkbox"/> NI    Depth to intake pipe: _____ft <input type="checkbox"/> NI</p> <p>Do water levels in the collection device change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NI</p> <p>Are the changes seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NI</p> <p>Does water rise to the surface within 100 ft of the source during parts of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NI</p> <p>Comments: _____</p> <p><b>SOURCE PUMPS</b></p> <p>Location of the pump station: _____</p> <p>How many pumps at the facility? _____ Type of pump(s): _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Yes</th> <th style="text-align: center; border-bottom: 1px solid black;">No</th> <th style="text-align: center; border-bottom: 1px solid black;">NA</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Are the correct types of lubricants (NSF-60) used?</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Are pumps operable and in good condition?</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Is there a maintenance program in operation?</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Is the pump station subject to flooding? 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Is the hatch cover locked? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																		
Overflow screened with #24-mesh screen? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																		
Does overflow have a free fall of at least 12 inches? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																		
Is the spring collection box water tight to prevent inflow of unwanted surface water? @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																		
Comments: _____																																																																																					
	Yes	No	NA																																																																																		
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Comments: _____																																																																																					
<p>For any other hatches/manholes that are part of the spring collection system or on the transmission line from the spring box to a storage tank or distribution system: (describe the condition of each) <input type="checkbox"/> NA</p> <p>Proper shoe box cover on the access hatch/manhole? @ <input type="checkbox"/> Yes <input type="checkbox"/> No    Description and location: _____</p> <p>Rubber gasket on the access hatch/manhole cover? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the hatch cover locked? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																																					
<p>Is there a source water sample tap for GWR compliance? @ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Is the tap located prior to any treatment or storage? @ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Where is the source water tap located relative to the water system facilities (e.g. pressure tanks; provide photos)? _____</p> <p>If it is a combined tap: <input type="checkbox"/> NA    What sources does the sample tap represent? _____</p>																																																																																					
<p>Are there any known sources of pollution near the springs which could possibly impact water quality? @ <input type="checkbox"/> Yes <input type="checkbox"/> No (Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)</p> <p>If yes, indicate impacted spring(s) and provide general location and comments (please locate on aerial map and provide photos): _____</p> <p>How far from the spring is the source of pollution located? _____</p> <p>Mice or other animals and their droppings in immediate area (spring house, 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 spring)</p> <p>Comments: _____</p>																																																																																					

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

NA

<p><b>INFILTRATION GALLERIES</b></p> <p>Infiltration gallery name: _____</p> <p>Facility ID (from PWS Inventory, e.g., IG01): _____</p> <p>Infiltration gallery owner if different than system owner: _____</p> <p>WY DEQ permit number: _____</p> <p>WY SEO permit number: _____</p> <p>Physical description: _____</p> <p>How often are infiltration gallery components inspected? _____</p> <p>Depth? _____</p> <p>Current yield (gpm): _____</p> <p>Are there seasonal algal blooms present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>Is an algaecide ever used to control algae? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe: _____</p> <p>Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report</p>	<p><b>INFILTRATION GALLERY COLLECTION INFORMATION</b></p> <p>Depth to water: _____ft <input type="checkbox"/> NI    Depth to intake pipe: _____ft <input type="checkbox"/> NI</p> <p>Do water levels in the collection device change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NI</p> <p>Are the changes seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NI</p> <p>Does water rise to the surface within 100 ft of the source during parts of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NI</p> <p>Comments: _____</p> <p><b>SOURCE PUMPS</b></p> <p>Location of the pump station: _____</p> <p>How many pumps at the facility? _____</p> <p>Type of pump(s): _____</p> <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>Are the correct types of lubricants (NSF-60) used?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are pumps operable and in good condition?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is there a maintenance program in operation?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is the pump station subject to flooding?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are spare parts available?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is emergency power available?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Comments: _____</p>		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"/>
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<p style="color: red;">Are there any known sources of pollution near the infiltration gallery (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate impacted infiltration gallery/galleries and provide general location and comments (please locate on aerial map and provide photos): _____</p> <p>How far from the infiltration gallery is the source of pollution located? _____</p> <p>Are there seasonal variations in the quantity of the water? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No _____</span></p> <p>Are there seasonal variations in the quality of the water? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No _____</span></p> <p>Comments: _____</p>																													

## SOURCE DATA FOR INTAKE LOCATED IN STREAMS, AND ASSOCIATED PUMPS

NA

<p><b>STREAMS</b></p> <p>Stream name: _____</p> <p>Facility ID (from PWS Inventory, e.g., IN01): _____</p> <p>WY DEQ permit number: _____</p> <p>WY SEO permit number: _____</p> <p>Is the area around the intake restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there multiple intakes located at different levels? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Are the intake(s) screened? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Frequency of intake inspection: _____</p> <p>Date of last inspection: _____</p> <p>Are there seasonal algal blooms present? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Is an algaecide ever used to control algae? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report</p>	<p><b>INTAKE PUMPS</b></p> <p>Location of the pump station: _____</p> <p>How many pumps at the facility? _____</p> <p>Type of pump(s): _____</p> <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>Are the correct types of lubricants (NSF-60) used?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are pumps operable and in good condition?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is there a maintenance program in operation?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is the pump station subject to flooding?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are spare parts available?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is emergency power available?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Comments: _____</p>		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"/>
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Are there any known sources of pollution near the stream (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @  Yes  No

If yes, indicate impacted stream(s) and provide general location and comments (please locate on aerial map and provide photos): \_\_\_\_\_

How far from the stream 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): \_\_\_\_\_  
 WY DEQ permit number: \_\_\_\_\_  
 WY SEO permit number: \_\_\_\_\_

<b>RESERVOIRS</b>	<b>INTAKE PUMPS</b>																												
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	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>Are the correct types of lubricants (NSF-60) used?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are pumps operable and in good condition?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is there a maintenance program in operation?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is the pump station subject to flooding?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are spare parts available?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is emergency power available?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> Comments: _____		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"/>
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Are there any known sources of pollution near the reservoir/lake/pond (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @  Yes  No

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?  Yes  No \_\_\_\_\_

Are there seasonal variations in the quality of the water?  Yes  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.): \_\_\_\_\_

WY DEQ permit number: \_\_\_\_\_

WY SEO permit number: \_\_\_\_\_

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 known 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

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



## 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 _____ (photograph the product label)  Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> UV <input type="checkbox"/> Filtration; type: _____ <input type="checkbox"/> Ion exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____  Dosage: _____	<input type="checkbox"/> Chemical _____ Manufacturer _____ Product Name _____ (photograph the product label)  Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> UV <input type="checkbox"/> Filtration; type: _____ <input type="checkbox"/> Ion exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____  Dosage: _____	<input type="checkbox"/> Chemical _____ Manufacturer _____ Product Name _____ (photograph the product label)  Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> UV <input type="checkbox"/> Filtration; type: _____ <input type="checkbox"/> Ion exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____  Dosage: _____	<input type="checkbox"/> Chemical _____ Manufacturer _____ Product Name _____ (photograph the product label)  Yes No NSF 60 Certified? <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> UV <input type="checkbox"/> Filtration; type: _____ <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"/> Nitrate removal <input type="checkbox"/> Corrosion control <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"/> Nitrate removal <input type="checkbox"/> Corrosion control <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"/> Nitrate removal <input type="checkbox"/> Corrosion control <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"/> Nitrate removal <input type="checkbox"/> Corrosion control <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?
<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the system adhering to the O&M Plan approved by EPA and conducting maintenance according to the manufacturer's recommendations? Please describe the O&M practices in place and the records that are maintained:  _____ (i.e. Is the operator replacing POU filters in accordance with the maintenance plan or manufacturer recommendations, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the system following its EPA-approved POU sampling plan?

If No, explain any difficulties: \_\_\_\_\_

Comments: \_\_\_\_\_

## WATER TREATMENT DATA SURFACE WATER / GWUDI 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. <a href="#">In this section, the ¥ symbol indicates a potential violation to be determined by the EPA Rule Manager</a>	
<b>Plant Location and Information</b> Plant / Office Location and Directions: _____ Date plant put online: _____ Modifications since the last survey? (if yes, describe) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Describe water sources treated by this plant: _____ Is treatment impacted by algae (describe)? _____	<b>Plant Output (gal / day)</b> 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: <input type="checkbox"/> Discharge to surface, sewer, or equivalent. Please describe: _____ <input type="checkbox"/> On-site disposal. Please describe: _____ <input type="checkbox"/> Land application <input type="checkbox"/> Discharge to lagoon/drying bed, with no recovery/recycling – e.g., downstream outfall <input type="checkbox"/> Backwash recovery/recycling: discharge to basin or lagoon and then to source <input type="checkbox"/> Backwash recovery/recycling: discharge to basin or lagoon and then to plant intake <input type="checkbox"/> Other. Please describe: _____ <input type="checkbox"/> No wastes generated	

**Pre-Filtration Processes**

Pre-Sed Basin:

Yes  No

Describe Type and indicate volume, list facility ID if one is assigned: \_\_\_\_\_

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 &amp; 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/ft<sup>2</sup>): _____</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/ft<sup>2</sup>): _____</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><b>Yes No</b></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 online.</p>
---	---

**Conventional and Direct IFE and CFE additional information (only if final barrier)**

IFE Questions  NA

How are IFE records maintained?  SCADA  strip chart  circular chart

**Yes No NA**

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 ≥ 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 Questions

How 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])? ¥

**Membranes**

Number of membrane skids: \_\_\_\_\_ Configuration:  parallel  series  
 Membrane 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? \_\_\_\_\_

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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/ft<sup>2</sup>): \_\_\_\_\_  
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	
<input type="checkbox"/>	<input type="checkbox"/>	Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1 NTU 95% of each month, 5 NTU max) ¥
<input type="checkbox"/>	<input type="checkbox"/>	Is turbidity of raw water to filters always <10 NTU? @
<input type="checkbox"/>	<input type="checkbox"/>	Is water depth over sand at least 3 feet during operation? @
<input type="checkbox"/>	<input type="checkbox"/>	Can plant meet design capacity with one unit out of service?
<input type="checkbox"/>	<input type="checkbox"/>	Do they ripen after scraping (filter to waste) and how long?
<input type="checkbox"/>	<input type="checkbox"/>	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? \_\_\_\_\_

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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/cm<sup>2</sup>): \_\_\_\_\_  
 Log inactivation credited based upon validated dosage (use table below): *Giardia*: \_\_\_\_\_ *Cryptosporidium*: \_\_\_\_\_

**Table 1. UV Dose Requirements in Millijoules per Square Centimeter (mJ/cm<sup>2</sup>)**

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
<b>Viruses</b>	**	**	**	**	**	**	**	**

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 or equal to 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 gpm**

How 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  $\geq 0.2$  mg/L at the POE? \_\_\_\_\_

Is this before the 1<sup>st</sup> user of the water? ¥  Yes  No

How is residual measured?  continuous  grab Equipment / manufacturer model #: \_\_\_\_\_

What type of measurement is taken?  free  total (systems that use chloramination must measure 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 1<sup>st</sup> user: \_\_\_\_\_

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

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

**Cryptosporidium**

<p>Committed to install maximum treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>System Classification: <input type="checkbox"/> Filtered <input type="checkbox"/> Unfiltered</p> <p><small>*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.</small></p>
<p>Total logs Cryptosporidium inactivation / removal required based on max treatment, bin # or classification: _____</p> <p>Date treatment required by: _____ Toolbox Components Utilized: _____</p> <p>_____ Logs Removal (filtration)</p> <p>_____ Logs chemical inactivation</p> <p>_____ Logs UV inactivation</p> <p>_____ Logs other Toolbox Components</p> <p>_____ Total logs inactivation / removal</p> <p>≥ required logs? ¥ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## WATER TREATMENT DATA (FOR ALL SYSTEMS) CORROSION CONTROL

Does this PWS add chemicals for corrosion control (If yes, photograph the corrosion control system)?  Yes  No  
 Type of corrosion inhibitor applied:  Orthophosphate  Polyphosphate Blend  Silicate-based  Other: \_\_\_\_\_  
 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?  Yes  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.)			
<b>Tank Name:</b>	_____	_____	_____
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"/> NA	<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):	_____	_____	_____
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what variance was approved.	<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 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"/> 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 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
<b>Inspection and cleaning history</b>			
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:	_____	_____	_____
<b>Overflow</b>			
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
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:	_____	_____	_____

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:	_____	_____	_____
<b>Drain Line</b>			
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:	_____	_____	_____
<b>Air Vent</b>			
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:	_____	_____	_____
<b>Access Hatch</b>			
Are all hatch components 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 a 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) is the hatch raised at least 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 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 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:	_____	_____	_____

## STORAGE TANKS

NA

<b>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.)</b>			
<b>Tank Name:</b>	_____	_____	_____
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"/> NA	<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)?	_____	_____	_____
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what type of variance was approved.	<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 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
<b>Inspection and cleaning history</b>			
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:	_____	_____	_____
<b>Overflow</b>			
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 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
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:	_____	_____	_____



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:	_____	_____	_____
<b>Drain Line</b>			
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:	_____	_____	_____
<b>Air Vent</b>			
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:	_____	_____	_____
<b>Access Hatch</b>			
Are all hatch components 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 a 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) is the hatch raised at least 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 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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any booster stations the system has had problems with since the previous survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any booster stations where chlorine is added?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p> <p><b>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.</b></p>	
Name/location of the pump station: _____	Incoming pressure (suction side) of booster station (psi): _____
How many pumps at the facility? _____	Outgoing pressure (discharge side) of booster station (psi): _____
Type/Make/Model/HP of pumps: _____	Estimated run time of booster pump(s) at time of visit (min): _____
Are booster pumps operated with Variable Frequency Drives (VFDs)? If Yes, make/model: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	<b>Yes No NA</b>
Are the correct types of lubricants (NSF-60) used?	<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 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"/> _____
Are spare pumps/parts available (specify)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
Is emergency power available?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
Name/location of the pump station: _____	
Incoming pressure (suction side) of booster station (psi): _____	
How many pumps at the facility? _____	
Outgoing pressure (discharge side) of booster station (psi): _____	
Type/Make/Model/HP of pumps: _____	
Estimated run time of booster pump(s) at time of visit (min): _____	
Are booster pumps operated with Variable Frequency Drives (VFDs)? If Yes, make/model: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	<b>Yes No NA</b>
Are the correct types of lubricants (NSF-60) used?	<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 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"/> _____
Are spare pumps/parts available?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
Is emergency power available?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
Name/location of the pump station: _____	
Incoming pressure (suction side) of booster station (psi): _____	
How many pumps at the facility? _____	
Outgoing pressure (discharge side) of booster station (psi): _____	
Type/Make/Model/HP of pumps: _____	
Estimated run time of booster pump(s) at time of visit (min): _____	
Are booster pumps operated with Variable Frequency Drives (VFDs)? If Yes, make/model: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	<b>Yes No NA</b>
Are the correct types of lubricants (NSF-60) used?	<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 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"/> _____
Are spare pumps/parts available?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
Is emergency power available?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____

## HYDROPNEUMATIC TANKS

(Fill out one section for each tank/set of tanks with a unique facility ID)

NA

<p>Type of Tanks    <input type="checkbox"/> Captive air bladder tank                                    <input type="checkbox"/> Pressure tank that uses an air compressor                                    <input type="checkbox"/> Retention or surge tank</p> <p>Number of tanks: _____</p> <p>Facility ID: _____</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,   <input type="checkbox"/> NA   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  is the tank age older than the life expectancy? @                  (Manufacturer and model number) _____</p> <p>Comments: _____</p>	<p>Type of Tanks    <input type="checkbox"/> Captive air bladder tank                                    <input type="checkbox"/> Pressure Tank that uses an air compressor                                    <input type="checkbox"/> Retention or surge tank</p> <p>Number of tanks: _____</p> <p>Facility ID: _____</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,   <input type="checkbox"/> NA   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  is the tank age older than the life expectancy? @                  (Manufacturer and model number) _____</p> <p>Comments: _____</p>
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### DISTRIBUTION DATA

Please provide a brief description of the distribution system, including source to use piping: _____			
Is there asbestos pipe in the distribution system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the location and estimated linear feet of the asbestos pipe in the distribution system? _____ Has all of the asbestos pipe been removed? Yes <input type="checkbox"/> No <input type="checkbox"/> NA If so, when was it removed? _____			
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 _____			
Does the system provide fire protection (for example, fire hydrants located in distribution)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
According to the system representative, volume of water distributed per year and in the peak month: <input type="checkbox"/> NI Annual volume distributed (MG/yr): _____ Peak month: _____ Volume distributed in peak month (MG) _____			
For systems that provide water storage: <b>NA</b> <input type="checkbox"/> Total number of days of storage (Summer)? _____ Total number of days of storage (Winter)? _____ Is the storage capacity adequate to meet current needs? Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/> Comments: _____ Is the storage capacity adequate to meet future needs? Yes <input type="checkbox"/> No <input type="checkbox"/> NI <input type="checkbox"/>			
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			
<b>Station name (if applicable)</b>	<b>Location</b>	<b>Appropriate Air Gap or RPZ?</b>	<b>Comments</b>
_____	_____	<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 @	_____
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 <input type="checkbox"/> NA _____ <b>Do any have leaks and/or standing water that covers the discharge point? @</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA _____			
Are there long dead end lines in excess of 500 feet in the distribution system? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
Does the system have a flushing plan to ensure all fire hydrants and valves are exercised regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
How often does the system perform flushing operations in the distribution 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: <b>NA</b> <input type="checkbox"/> <b>Yes No</b> <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) Was free or total chlorine measured? _____ It is recommended to maintain a minimum residual of 0.5 mg/L total or 0.2 mg/L free chlorine.			
<b>Distribution Pressure (NA may be checked for systems such as hand pump wells)</b>			<b>NA</b> <input type="checkbox"/>
According to the system representative, is there at least 35 psi pressure in the distribution system at peak flow? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
<b>According to the system representative, is there at least 20 psi at all points in the system at all times? @</b> <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 (%): _____			

## 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><b>Does each severe hazard connection</b> 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><b>Does each high hazard connection</b> 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, 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 <b>trailers or mobile homes connected directly to the PWS</b> via a yard hydrant have a residential dual check valve at each connection? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any <b>frost-free hydrants</b> that drain into the soil directly connected to this PWS? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Are there any <b>leaking system components</b> in the water system observed by the surveyor that are not previously noted? @ Explain where and what was leaking: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>At Community PWS</b>, 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><b>For all systems with stock tanks or yard hydrants under the direct control of the system owner</b>, do those connections have the indicated type of backflow prevention assemblies?</p>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- <b>Stock tanks – approved air gap or atmospheric vacuum breaker at the tank?</b> @ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Threaded yard hydrants – 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

<b>General Safety</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the fire department familiar with the facilities and their contents? _____
<b>Personnel Safety</b>			
<b>Yes</b>	<b>No</b>	<b>NA</b>	
<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)? _____
<b>Chlorine Gas Safety</b>		<b>NA</b> <input type="checkbox"/>	
<b>Yes</b>	<b>No</b>	<b>NA</b>	
<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? _____
<b>Chemical Safety</b>		<b>NA</b> <input type="checkbox"/>	
<b>Yes</b>	<b>No</b>	<b>NA</b>	
<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 the water system? _____

### 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"/>	Are DEQ construction standards followed? _____
<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"/>	<input type="checkbox"/>	- Is the ERP accessible to the operator on-site? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the system part of the state's Water and Wastewater Agency Response Network (WARN)? _____
<input type="checkbox"/>	<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"/>	<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? _____
Does any of the system's power comes from your own renewable energy sources? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
% wind: _____ % solar: _____ % hydro: _____			
<b>For Community systems (including consecutives):</b>			<b>NA</b> <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 (\$): _____ for _____ gallons + (\$) _____ per 1,000 gallons thereafter Or, (\$): _____ (Flat Rate) <input type="checkbox"/> Other (describe): _____			
What percentage of your customer accounts are delinquent? _____			

## MONITORING AND RECORDS

<b>Revised Total Coliform Rule (RTCR) monitoring (all systems)</b>			
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 ( <a href="http://www.epa.gov/region8-waterops">http://www.epa.gov/region8-waterops</a> ) - "click" on <b>Revised Total Coliform Rule (RTCR)</b> (under Regulations and Compliance) - "click" on <b>Tech Tip: TC+ Follow Up</b> (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 _____	
<b>If subject to the Ground Water Rule (GWR), does the operator know:</b>			NA <input type="checkbox"/>
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator know when they have to collect a triggered GWR source sample? 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 Source Sampling Form located on the Drinking Water Online site ( <a href="http://www.epa.gov/region8-waterops">http://www.epa.gov/region8-waterops</a> )? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are extra bottles available on site in case of the need for GWR source sampling? _____
<b>For Community and NTNC systems (including consecutives):</b>			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"/>	If yes, does the plan have an exhibit representing the current distribution system layout? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator feel that the current Total Trihalomethanes (TTHM) sample is at the oldest water age in the distribution system? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have a Lead & Copper Tap Sample Site Plan on site and available for the surveyor's review? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Is the system following the tiering criteria in the rule? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Does the system reach out to the LCR Manager when there are issues accessing sample sites? _____
<b>For All Systems:</b>			
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) _____  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? _____  Document the sample point code and sample point description for each entry point. The sample point code(s) and sample point description(s) are indicated on the system schematic with a star. This information is how compliance samples should be labeled and the lab's chain of custody completed. (e.g., Sample Point Code and Sample Point Description, such as 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? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the operator familiar with the Drinking Water Online ( <a href="http://www.epa.gov/region8-waterops">http://www.epa.gov/region8-waterops</a> ) and Drinking Water Watch ( <a href="https://sdwizr8.epa.gov/Region8DWWWPUB/">https://sdwizr8.epa.gov/Region8DWWWPUB/</a> ) websites created for their benefit? _____





