

## 2013 EPA Region 8 TRIBAL SANITARY SURVEY FORM For Groundwater Systems INVENTORY

DATE OF SURVEY _____	RESERVATION _____  SURVEYOR NAMES: _____
PWSID _____	SYSTEM NAME _____
System representatives present at survey: _____ IHS team members present: _____ BOR team members present: _____ Tribal Engineer: _____	<b>EMERGENCY CONTACT</b> Emergency Contact Name: _____ Emergency cell phone: (____) _____ Emergency email address: _____
<b>SYSTEM OWNER OR LEGAL REPRESENTATIVE</b> Addressee _____ Title _____ Street _____ City _____ State _____ Zip _____ Owner Phone (____) _____ Fax (____) _____ Email Address _____ Tribal Chairman (if different than owner): _____	<b>ADMINISTRATIVE CONTACT (to receive correspondence from EPA)</b> Addressee _____ Title _____ Street _____ City _____ State _____ Zip _____ Administrative Contact Phone (____) _____ Fax (____) _____ Email Address _____
<b>OPERATOR OF SYSTEM</b> Name _____ Certified Operator?@ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required Treatment Certification Level _____ Distribution Certification Level _____ Treatment Cert. Expir. Date _____ Distribution Cert. Expir. date _____ Treatment Certification # _____ Distribution Certification # _____ Certifying Agency _____ Phone (____) _____ Email Address _____	<b>ALTERNATE OPERATOR</b> Name _____ Certified Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required Treatment Certification Level _____ Distribution Certification Level _____ Treatment Cert. Expir. Date _____ Distribution Cert. Expir. date _____ Treatment Certification # _____ Distribution Certification # _____ Certifying Agency _____ Phone (____) _____ Email Address _____
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<b>WATER SYSTEM CLASSIFICATION BY EPA for operator certification</b> System Treatment Classification Level _____ System Distribution Classification Level _____	<b>WATER SYSTEM CLASSIFICATION (from PWS Inventory)</b> <input type="checkbox"/> C = Community <input type="checkbox"/> NTNC = Non-Transient Non-Community <input type="checkbox"/> NC = Transient Non-Community
<b>SYSTEM PHYSICAL ADDRESS</b> Street _____ City _____ State _____ Zip _____	<b>PHYSICAL LOCATION</b> Physical Location and Directions _____

<p style="text-align: center;"><b>CONTACTS</b></p> <p>IHS TUC OR SANITARIAN _____, _____</p> <p><b>Phone:</b> _____</p> <p style="text-align: center;"><b>Email:</b> _____</p>	<p style="text-align: center;"><b>CONTACTS</b></p> <p>BOR CONTACT _____</p> <p><b>Phone:</b> _____</p> <p style="text-align: center;"><b>Email:</b> _____</p>																																
<p style="text-align: center;"><b>PERIOD OF OPERATION</b></p> <p><input type="checkbox"/> Year-round</p> <p><input type="checkbox"/> Part of the year</p> <p>From _____ to _____</p>	<p style="text-align: center;"><b>SERVICE CONNECTIONS</b></p> <p>Total Service Connections:  Residential (year round residents): _____  Business/Non-Transient (non-residential): _____</p> <p>For Transient NC Systems also indicate:  Transient: _____</p> <p>Service Connections Metered? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Number of metered service connections under water system's control: _____</p>																																
<p style="text-align: center;"><b>OWNER TYPE</b></p> <p><input type="checkbox"/> 1 Federal Government (BIA/BIE/BOR)</p> <p><input type="checkbox"/> 2 Federal Government under 638 contract with Tribe</p> <p><input type="checkbox"/> 3 Private Subdivision, Investor, Trust, Cooperative, Water Association, etc.</p> <p><input type="checkbox"/> 4 Mixed Public/Private</p> <p><input type="checkbox"/> 5 Native American Indian Tribe &amp; Reservation _____</p>	<p style="text-align: center;"><b>POPULATION</b></p> <p>Does the water system serve at least 25 individuals daily at least 60 days out of the year? _____</p> <p><b>Residential Population</b> _____  Average number of year-round residents utilizing the PWS</p> <p><b>For Non-Community Systems:</b></p> <p><b>Non-Transient Population</b> _____  Number of same persons using PWS Daily for 6 months of the year</p> <p><b>Transient Population</b> _____  Average number of transient persons served by PWS <b>Daily</b> during peak 60 days of operation</p> <p><input type="checkbox"/> If population varies throughout the year, recommend EPA send new Basic Information Form (BIF) to request specific seasonal counts?</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>Service Category Description _____</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>PRIMARY SOURCE (SDWIS CODE)</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 = Groundwater Under the Direct Influence of Surface Water</p> <p>If there is more than one source type, indicate:  <input type="checkbox"/> Mixed GW/GWP and SW /SWP</p> <p>If mixed, does GW/GWP receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p> <hr/> <p>Is the current water source adequate in quantity?  <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p style="color: red;">Have there been any interruptions in service since the last sanitary survey? @</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Have there been reports of 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 sanitary survey?  <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Are there any changes that are planned?  <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p>
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<p><b>SUMMARY (Describe the water system in a paragraph or two)</b></p> <p>_____</p>																																	
<p>The following abbreviations will be used throughout this document:  NI = no information; NA = not applicable; NR = not requested,</p>																																	

## SIGNIFICANT DEFICIENCIES

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

List deficiency and include reference to numbered photograph in photo log

1)

Uncorrected Significant Deficiencies from Prior Sanitary Survey (list and refer to numbered photograph in photo log)

## RECOMMENDATIONS

List recommendation and include reference to numbered photograph in photo log if applicable

1)

## CONSECUTIVE SYSTEMS

Is this a consecutive system (Does PWS receive some or all of its finished water from another PWS)?  Yes  No.(skip this section if No)

Name of Supplier (System Receives Water From)	PWSID of Supplier	Water Source Type	Connection Type
_____	_____	<input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> Mixed If mixed, does GW receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr _____ <input type="checkbox"/> Emergency Only
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How many master meter connections exist from the wholesale system(s) to the consecutive system? \_\_\_\_\_

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

- Wholesaler(s)
- Consecutive system

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

**If the consecutive system is responsible:**

**Check the condition of the principal master meter and the pit for leaks or flooding and describe any concerns @ \_\_\_\_\_**

How often is inspection and maintenance performed on the master meter connection(s)? \_\_\_\_\_

Does standing water exist in any meter pits?  Yes  No

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

- Leaking master meter connection @
- Groundwater
- Don't know @

Do any Reduced Pressure Backflow Assembly devices exist in pits that have standing water?@  Yes  No

### If PWS Purchases Water from a WATER HAULER:

Name of 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? \_\_\_\_\_

## WHOLESALE SYSTEMS

Is this a wholesale system (Does the PWS supply water to another PWS)?  Yes  No (skip this section if No)

Name of Consecutive (System Supplies Water To)	PWSID of Consecutive	Population	Connection Type
_____	_____	_____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr _____ <input type="checkbox"/> Emergency Only
_____	_____	_____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr _____ <input type="checkbox"/> Emergency Only
_____	_____	_____	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal, # Days/Yr _____ <input type="checkbox"/> Emergency Only

How many master meter connections exist off the wholesale system? \_\_\_\_\_

Who is responsible for maintenance of those connection(s)?

- Wholesaler
- Consecutive system(s)

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

If the wholesaler is responsible, how often is inspection and maintenance performed on the master meter connection(s)? \_\_\_\_\_

Does standing water exist in any meter pits for which the wholesale system is responsible?  Yes  No

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

- Leaking master meter connection @
- Groundwater
- Don't know @

Do any Reduced Pressure Backflow Assembly devices exist in pits that have standing water?@  Yes  No

## SOURCE DATA

### ACTIVE AND PHYSICALLY CONNECTED WELLS AND WELL PUMPS

<p><b>WELLS</b></p> <p>Well name : _____</p> <p>Facility ID (from PWS Inventory, e.g.: WL01) : _____</p>	<p style="text-align: center;"><b>WELL INFORMATION</b></p> <p>Total well depth (ft.): _____</p> <p>Depth range of casing perforations (ft.): _____ to _____</p> <p>Actual yield (gpm): _____</p> <p>Well log or statement of completion on file? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please copy or photograph and submit with the sanitary survey report)</p>																																																												
<p style="text-align: center;"><b>WELL LOCATION</b></p> <p><input type="checkbox"/> Well house                      <input type="checkbox"/> Well pit</p> <p><input type="checkbox"/> Pitless adapter                  <input type="checkbox"/> Combination</p> <p><input type="checkbox"/> Driveway/parking lot                      <b>Yes    No</b> Adequately protected? @                      <input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/> Other _____</p>	<p style="color: red;">If in a pit or vault is the pit or vault completed with drainage or a sump pump for permanent or portable use? @</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Type: <input type="checkbox"/> Permanent    <input type="checkbox"/> Portable    <input type="checkbox"/> Drainage</p>																																																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">WELL</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;">Does surface water runoff drain away from the wellhead? @</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 well casing terminate at least 12" above the pump house floor?</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 well casing terminate at least 18" above the ground surface?</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 well have a sanitary seal? 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@</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 vent 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;">Is there a source water sample tap for GWR compliance?</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;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Is there an air release/vacuum relief valve?</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;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">    Is the valve installed upstream of the check valve? @</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 discharge piping terminated in a downward position? @</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 discharge piping terminated at least 18" above the floor? @</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 discharge piping screened with #24 mesh screen? 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<input type="checkbox"/> <input type="checkbox"/></p> <p>Are pumps operable and in good condition? <input type="checkbox"/> <input type="checkbox"/></p> <p>Is there a maintenance program in operation? <input type="checkbox"/> <input type="checkbox"/></p> <p style="color: red;">Is the pump station subject to flooding? @ <input type="checkbox"/> <input type="checkbox"/></p> <p>Are spare parts available? <input type="checkbox"/> <input type="checkbox"/></p> <p>Is emergency power available? <input type="checkbox"/> <input type="checkbox"/></p> <p>Comments: _____</p>
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<p>Are there any sources of pollution in the vicinity near the well which could impact water quality? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Includes: septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, , <span style="color: red;">unsanitary conditions in immediate area (rodent droppings, etc)@</span>, <span style="color: red;">potential chemical contamination sources in immediate area (cleaning supplies, oil/fuel, etc.)@</span></p> <p>If yes, provide general location and comments: _____</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>																																																													

## SOURCE DATA SPRINGS AND PUMPS

Spring name : _____ Facility ID (from PWS Inventory, e.g.: SPR01) : _____	Description of the intake to the spring collection box: _____ Actual yield (gpm): _____ (Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report)
<b>SPRINGS</b>  Is the area around the spring collection box fenced to keep animals away? @ <input type="checkbox"/> Yes <input type="checkbox"/> No  Does surface water runoff drain away from the collection area? @ <input type="checkbox"/> Yes <input type="checkbox"/> No  Is there deep rooted vegetation around the spring collection box @ <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Does the spring collection box have the following features: @ Proper shoe box lid? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Rubber gasket on the lid? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Adequate air vents with #24 mesh corrosion-resistant screen? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Is the hatch locked? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Screened (#24 mesh) overflow ? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Overflow with a free fall of at least 12 inches? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Is the water supply intake at least 6 " above the floor of the spring collection chamber? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Is the intake screened? @ <input type="checkbox"/> Yes <input type="checkbox"/> No Is the spring collection chamber water tight to prevent inflow of unwanted surface water ? @ <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PUMPS</b> <span style="float: right;">Yes No</span>  Location of the pump station:: _____ How many pumps at the facility?: _____ Are the correct types of lubricants (NSF-60) used? <input type="checkbox"/> <input type="checkbox"/> Are pumps operable and in good condition? <input type="checkbox"/> <input type="checkbox"/> Is there a maintenance program in operation? <input type="checkbox"/> <input type="checkbox"/> Is the pump station subject to flooding? @ <input type="checkbox"/> <input type="checkbox"/> Are spare parts available? <input type="checkbox"/> <input type="checkbox"/> Is emergency power available? <input type="checkbox"/> <input type="checkbox"/> Comments: _____
For any other hatches/manholes from the spring box to the tank or distribution system: (describe the condition of each)@: _____  Proper shoe box lid: <input type="checkbox"/> Yes <input type="checkbox"/> No Rubber gasket on the lid: <input type="checkbox"/> Yes <input type="checkbox"/> No Secured access entry: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any sources of pollution in the vicinity near the well which could impact water quality? <input type="checkbox"/> Yes <input type="checkbox"/> No Includes: septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, unsanitary conditions in immediate area (rodent droppings, etc)@, potential chemical contamination sources in immediate area (cleaning supplies, oil/fuel, etc.)@ If yes, provide general location and comments: _____  Are there seasonal variations in the quantity of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Are there seasonal variations in the quality of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

## SOURCE DATA INFILTRATION GALLERIES AND SOURCE PUMPS

INFILTRATION GALLERIES	PUMPS		Yes	No
Infiltration gallery name: _____	Location of the pump station:: _____			
Facility ID (from PWS Inventory, e.g.: IG01) : _____	How many pumps at the facility?: _____			
Physical description: _____	Are the correct types of lubricants (NSF-60) used? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Depth? _____	Are pumps operable and in good condition? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Actual yield (gpm): _____	Is there a maintenance program in operation? <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report)	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"/>
	Comments: _____			
<p>Are there any sources of pollution in the vicinity near the well which could impact water quality? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Includes: septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, <span style="color: red;">unsanitary conditions in immediate area (rodent droppings, etc.)@,</span>  <span style="color: red;">potential chemical contamination sources in immediate area (cleaning supplies, oil/fuel, etc.)@</span></p> <p>If yes, provide general location and comments: _____</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>				

## SOURCE DATA BACKUP WATER SOURCES

Backup source name: _____ Facility ID (from PWS Inventory, e.g.: IN01, WL01, etc.) : _____ (Please copy or photograph any available construction diagrams or "as-builts" and submit with the sanitary survey report)	
Describe any backup water sources possibly available to the PWS: _____ Is the backup water source physically disconnected from the water system? <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ Does the system have a contingency plan for water outages? <input type="checkbox"/> Yes <input type="checkbox"/> No    _____	
Are there any sources of pollution in the vicinity near the source which could impact water quality? <input type="checkbox"/> Yes <input type="checkbox"/> No Includes: septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, <b>unsanitary conditions in immediate area (rodent droppings, etc.)@,</b> <b>potential chemical contamination sources in immediate area (cleaning supplies, oil/fuel, etc.)@</b> If yes, provide general location and comments: _____ Are there seasonal variations in the quantity of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ Are there seasonal variations in the quality of the water? <input type="checkbox"/> Yes <input type="checkbox"/> No    _____	

## RAW WATER TO TREATMENT PLANT TRANSMISSION LINE

Name or designation: \_\_\_\_\_

SW  GW

Point of origin: \_\_\_\_\_

Point of termination: \_\_\_\_\_

Material: \_\_\_\_\_

Are there any service connections to the raw water transmission line?  Yes  No \_\_\_\_\_

What does each connection serve? \_\_\_\_\_

Name or designation: \_\_\_\_\_

SW  GW

Point of origin: \_\_\_\_\_

Point of termination: \_\_\_\_\_

Material: \_\_\_\_\_

Are there any service connections to the raw water transmission line?  Yes  No \_\_\_\_\_

What does each connection serve? \_\_\_\_\_

## DISTRIBUTION BOOSTER PUMP STATIONS

Number and location of booster pump station(s): \_\_\_\_\_

How many pumps are at each facility?: \_\_\_\_\_

Are the pump stations subject to flooding?@:  Yes  No \_\_\_\_\_

Are the correct types of lubricants (NSF-60) used?  Yes  No \_\_\_\_\_

Are pumps operable and in good condition?  Yes  No \_\_\_\_\_

Is there a maintenance program in operation?  Yes  No \_\_\_\_\_

Are spare parts available?  Yes  No \_\_\_\_\_

Is emergency power available?  Yes  No \_\_\_\_\_

## HYDROPNEUMATIC TANKS

### COMPLETE ONE SECTION FOR EACH HYDROPNEUMATIC TANK

CAPTIVE AIR (BLADDER) TANK(S)	PRESSURE TANK(S) (THAT USE AN AIR COMPRESSOR)
<p>Tank name: _____</p> <p>Tank ID _____</p> <p>Location, Description _____</p> <p>Date put into service: _____</p> <p>Volume: _____</p> <p>Is there an operable pressure gauge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">Does low pressure level provide adequate pressure (&gt; 20 psi)? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pressure: <span style="float: right;">Cut-In _____ psi Cut-Out _____ psi</span></p> <p>Is the exterior surface of the tank in good physical condition? <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>Comments: _____</p>	<p>Tank name: _____</p> <p>Tank ID _____</p> <p>Location, Description _____</p> <p>Date put into service: _____</p> <p>Volume: _____</p> <p>Is there an operable pressure gauge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">Does low pressure level provide adequate pressure (&gt; 20 psi)? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pressure: <span style="float: right;">Cut-In _____ psi Cut-Out _____ psi</span></p> <p style="color: red;">Is there evidence of severe rust? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">Is there evidence of water leaks? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">Is there evidence of air leaks? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">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>Comments: _____</p>
CAPTIVE AIR (BLADDER) TANK(S)	PRESSURE TANK(S) (THAT USE AN AIR COMPRESSOR)
<p>Tank name: _____</p> <p>Tank ID _____</p> <p>Location, Description _____</p> <p>Date put into service: _____</p> <p>Volume: _____</p> <p>Is there an operable pressure gauge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">Does low pressure level provide adequate pressure (&gt; 20 psi)? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pressure: <span style="float: right;">Cut-In _____ psi Cut-Out _____ psi</span></p> <p>Is the exterior surface of the tank in good physical condition? <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>Comments: _____</p>	<p>Tank name: _____</p> <p>Tank ID _____</p> <p>Location, Description _____</p> <p>Date put into service: _____</p> <p>Volume: _____</p> <p>Is there an operable pressure gauge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does low pressure level provide adequate pressure (&gt; 20 psi)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pressure: <span style="float: right;">Cut-In _____ psi Cut-Out _____ psi</span></p> <p style="color: red;">Is there evidence of severe rust? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">Is there evidence of water leaks? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">Is there evidence of air leaks? @ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="color: red;">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>Comments: _____</p>

# GRAVITY TANKS

## COMPLETE ONE SECTION FOR EACH STORAGE FACILITY

Tank name: \_\_\_\_\_

Tank ID (from PWS Inventory, e.g.: ST01) \_\_\_\_\_

Location, Description \_\_\_\_\_

Elevation of tank:  Below ground  
 Ground Level  
 Elevated

Date put into service: \_\_\_\_\_

Tank is constructed of:  Concrete  
 Steel  
 Fiberglass  
 Other: \_\_\_\_\_

What type of water is stored?  Raw  Treated

Storage Volume (gallons)? \_\_\_\_\_

Total number of days of supply (Summer)? \_\_\_\_\_

Total number of days of supply (Winter)? \_\_\_\_\_

Is the storage capacity adequate to meet current needs?  Yes  No

Is the storage capacity adequate to meet future needs?  Yes  No

Is the site subject to flooding? @  Yes  No

Can the tank be isolated from the system?  Yes  No

Is the water level indicator accurate?  Yes  No

Is the tank structurally sound and properly maintained? @  Yes  No

Are there any breaches or openings other than a properly designed vent, overflow, drain or hatch? @ \_\_\_\_\_  Yes  No

Do the inlet and outlet lines have check valves?  Yes  No

When and how was the tank last cleaned and inspected? @ \_\_\_\_\_

How is the tank disinfected after cleaning? \_\_\_\_\_

**Air vent**

Is the vent accessible for inspection? @  Yes  No

Is air vent covered with #24 mesh corrosion-resistant screen? @  Yes  No

Is the screen on the inside of the vent pipe to discourage vandalism?  Yes  No

For elevated tanks, does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?  NA  Yes  No

For above ground tanks (ground level or elevated), does the vent terminate in an inverted U construction at least 3 pipe diameters above the tank OR have a cover to prevent rain from entering, with the vent screen at least 8 inches above the tank roof? @ .  NA  Yes  No

If no, describe: \_\_\_\_\_

For below-ground (buried or partially buried) tanks, does the air vent terminate in an inverted U (downward) at least 24 inches above the roof or ground surface (whichever is higher)? @  NA  Yes  No

If no, describe: \_\_\_\_\_

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

### Overflow Pipe

Overflow pipe is (select one) @:  Downturned  
 Horizontal with flapper valve  
 Other (describe and provide photo): \_\_\_\_\_  
 Unable to inspect @

Does the overflow line have a #24 mesh corrosion-resistant screen OR a duckbill valve OR a properly sealed flapper valve with a screen of any size inside? @  Yes  No

Does the overflow line terminate over a splash plate?  Yes  No

Does the overflow line terminate no less than 12 inches but no more than 24 inches above the splash plate? @ (see exception for overflow that daylight at ground level)  Yes  No

Is the overflow line connected directly to a storm sewer? @  Yes  No

Is the overflow line connected directly or indirectly to a sanitary sewer? @  Yes  No

If yes, is the overflow line 3 or more pipe diameters above the entrance to the storm or sanitary sewer? @  Yes  No

### Drain and clean-out pipe

Drain pipe is (select one) @:  Downturned  
 Horizontal  
 Other (describe and provide photo): \_\_\_\_\_  
 Unable to inspect @

Does the drain pipe terminate at least 12 " over a splash plate?  Yes  No

Is there #24 mesh screen on the drain pipe?  Yes  No

When the tank drains, is water channeled away so it does not accumulate near the drain area?  Yes  No

Is the drain pipe connected directly to a storm sewer? @  Yes  No

Is the drain pipe connected directly or indirectly to a sanitary sewer? @  Yes  No

Is the drain pipe 3 or more pipe diameters above the entrance to the storm or sanitary sewer? @  Yes  No

### Access hatch

Is the hatch accessible for inspection? @  Yes  No

For below-ground (buried or partially buried) tanks, is the hatch raised at least 24 inches above the roof or ground (whichever is higher)? @  NA  Yes  No

For above ground (ground level or elevated) tanks, is the hatch raised at least 4 inches above the roof? @  NA  Yes  No

Does the hatch have a shoe box lid? @  Yes  No

Is there a rubber gasket between the lid and the lip of the hatch? @  Yes  No

Is the site subject to flooding? @  Yes  No

Is the lid tight and sealed? @  Yes  No

Is the hatch locked? @  Yes  No

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

## WATER TREATMENT DATA GROUNDWATER and CONSECUTIVE SYSTEMS

Is the water treated by this PWS?  Yes  No

Treatment Plant Name/SDWIS ID \_\_\_\_\_

Describe the steps (as many as necessary) of the treatment process in order from water source to distribution: \_\_\_\_\_

**Plant Output (gal / day)**

Design: \_\_\_\_\_

Summer Average: \_\_\_\_\_

Winter Average: \_\_\_\_\_

Maximum: \_\_\_\_\_

**Step 1**

- Process:
- Disinfection
    - Chemical
    - UV
  - Filtration
  - Ion exchange
  - Chemical addition
  - Softener
  - Other: \_\_\_\_\_

- Objective:
- Treatment of giardia, bacteria, viruses
  - Turbidity removal
  - Hardness removal
  - Taste & odor removal
  - Metals removal
  - Other: \_\_\_\_\_

Is this process required by EPA?  Yes  No

- Location of process?
- At Well
  - At Treatment Plant
  - Other: \_\_\_\_\_

Is this process adequate to meet the objective?  Yes  No

Explain: \_\_\_\_\_

What maintenance is performed on the process?

- UV lamp output check/replace
- Filter cartridge replacement
- Ion exchange resin regeneration
- Batch chemical mixing
- Refill chemical hopper
- Other: \_\_\_\_\_

What is the frequency of the maintenance identified above?

- Weekly
- Monthly
- When pressure of \_\_\_\_\_ reaches \_\_\_\_\_
- When concentration of \_\_\_\_\_ reaches \_\_\_\_\_

\_\_\_\_\_

- Automatically based on \_\_\_\_\_
- Check chemical levels \_\_\_\_\_ times daily
- Other: \_\_\_\_\_

**Step 2**

- Process:
- Disinfection
    - Chemical
    - UV
  - Filtration
  - Ion exchange
  - Chemical addition
  - Softener
  - Other: \_\_\_\_\_

- Objective:
- Treatment of giardia, bacteria, viruses
  - Turbidity removal
  - Hardness removal
  - Taste & odor removal
  - Metals removal
  - Other: \_\_\_\_\_

Is this process required by EPA?  Yes  No

- Location of process?
- At Well
  - At Treatment Plant
  - Other: \_\_\_\_\_

Is this process adequate to meet the objective?  Yes  No

Explain: \_\_\_\_\_

What maintenance is performed on the process?

- UV lamp output check/replace
- Filter cartridge replacement
- Ion exchange resin regeneration
- Batch chemical mixing
- Refill chemical hopper
- Other: \_\_\_\_\_

What is the frequency of the maintenance identified above?

- Weekly
- Monthly
- When pressure of \_\_\_\_\_ reaches \_\_\_\_\_
- When concentration of \_\_\_\_\_ reaches \_\_\_\_\_
- Automatically based on \_\_\_\_\_
- Check chemical levels \_\_\_\_\_ times daily

- Other: \_\_\_\_\_

**Step 3**

- Process:
- Disinfection
    - Chemical
    - UV
  - Filtration
  - Ion exchange
  - Chemical addition
  - Softener
  - Other: \_\_\_\_\_

- Objective:
- Treatment of giardia, bacteria, viruses

**Step 4**

- Process:
- Disinfection
    - Chemical
    - UV
  - Filtration
  - Ion exchange
  - Chemical addition
  - Softener
  - Other: \_\_\_\_\_

- Objective:
- Treatment of giardia, bacteria, viruses

<input type="checkbox"/> Turbidity removal <input type="checkbox"/> Hardness removal <input type="checkbox"/> Taste & odor removal <input type="checkbox"/> Metals removal <input type="checkbox"/> Other: _____ Is this process required by EPA? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of process? <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: _____ What maintenance is performed on the process? <input type="checkbox"/> UV lamp output check/replace <input type="checkbox"/> Filter cartridge replacement <input type="checkbox"/> Ion exchange resin regeneration <input type="checkbox"/> Batch chemical mixing <input type="checkbox"/> Refill chemical hopper <input type="checkbox"/> Other: _____ What is the frequency of the maintenance identified above? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> When pressure of _____ reaches _____ <input type="checkbox"/> When concentration of _____ reaches _____ _____ <input type="checkbox"/> Automatically based on _____ <input type="checkbox"/> Check chemical levels _____ times daily <input type="checkbox"/> Other: _____	<input type="checkbox"/> Turbidity removal <input type="checkbox"/> Hardness removal <input type="checkbox"/> Taste & odor removal <input type="checkbox"/> Metals removal <input type="checkbox"/> Other: _____ Is this process required by EPA? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of process? <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: _____ What maintenance is performed on the process? <input type="checkbox"/> UV lamp output check/replace <input type="checkbox"/> Filter cartridge replacement <input type="checkbox"/> Ion exchange resin regeneration <input type="checkbox"/> Batch chemical mixing <input type="checkbox"/> Refill chemical hopper <input type="checkbox"/> Other: _____ What is the frequency of the maintenance identified above? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> When pressure of _____ reaches _____ <input type="checkbox"/> When concentration of _____ reaches _____ <input type="checkbox"/> Automatically based on _____ <input type="checkbox"/> Check chemical levels _____ times daily <input type="checkbox"/> Other: _____
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**Groundwater and Consecutive Systems  
UV Disinfection – less than 40 gpm**

<table border="0"> <tr> <td style="width: 50px;"><b>Yes</b></td> <td style="width: 50px;"><b>No</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is there a flowmeter 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: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is there an intensity sensor and alarm (visible/audible) to indicate low intensity?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is there a UV lamp status alarm (visible/audible) to indicate lamps off?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is there a UV lamp age counter/alarm?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is there an automatic shut-off fail-safe solenoid valve so that water does not flow through the unit without adequate treatment ?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Are there spare bulbs on hand?</td> </tr> </table> How often is the unit cleaned and the bulbs changed? _____	<b>Yes</b>	<b>No</b>		<input type="checkbox"/>	<input type="checkbox"/>	Is there a flowmeter 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?
<b>Yes</b>	<b>No</b>																				
<input type="checkbox"/>	<input type="checkbox"/>	Is there a flowmeter 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?																			

**Groundwater and Consecutive Systems  
Chemical Disinfection**

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Point of application: \_\_\_\_\_  
 Where does the PWS measure disinfectant residual? \_\_\_\_\_  
 Is this before the 1<sup>st</sup> user of the water? \_\_\_\_\_  
 How is residual measured?  continuous  grab Equipment / manufacturer model# \_\_\_\_\_  
 Free chlorine residual at POE (mg/L): PWS measurement @: \_\_\_\_\_ Surveyor measurement @: \_\_\_\_\_

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Is residual detectable at taps at the end of the distribution system? @
<input type="checkbox"/>	<input type="checkbox"/>	Is there redundant disinfection equipment?

<input type="checkbox"/>	<input type="checkbox"/>	Is there emergency power for the disinfection equipment?
<input type="checkbox"/>	<input type="checkbox"/>	If measuring residual continuously, is the PWS conducting weekly verifications with a grab sample measurement?

<b>DISTRIBUTION DATA</b>	
Please provide a brief description of the distribution system, including source to use (no treatment) piping: _____	
What are the location and estimated linear feet of asbestos pipe in the distribution system? _____	
Have lines broken due to freezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Have lines broken due to traffic load?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<b>Are lines properly disinfected after repairs are made?@</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Are there more than five pressure zones within the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Is there at least 35 psi pressure in the distribution system at peak normal flow?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
<b>Is there at least 20 psi at all points in the system at all times? @</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Location, length, number, and flushing frequency for dead ends in the system: _____	
Are distribution system ("as-built") drawings maintained; e.g. revised to show replacement or repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

## CROSS CONNECTION CONTROL

**Does each severe hazard connection** have the appropriate reduced pressure backflow assembly installed at the meter/service connection and approved air gap (twice the size of the supply pipe diameter but always greater than one inch)? If no, describe each severe hazard connection and its location. @

Yes    No    NA   \_\_\_\_\_

Severe hazard connections include radioactive materials processors, nuclear reactors, sewage treatment plants/pump stations.

**Does each high hazard connection** have the appropriate reduced pressure backflow assembly installed? If no, describe each high hazard connection and its location. @

Yes    No    NA   \_\_\_\_\_

High hazard connections include: hospitals, medical/dental facilities, laboratories, mortuaries, large taxidermies, chemical suppliers/processing facilities, petroleum plants, food processing facilities, wastewater treatment plants, water fill points/loading stations, piers and docks, car washes, dry cleaners, and any service connection with an unapproved auxiliary supply.

**Does the PWS have any frost-free hydrants** that drain into the soil?@

Yes    No    NA   \_\_\_\_\_

Do **trailers or mobile homes connected directly to the PWS** via a yard hydrant have a double check valve assembly at each connection?

Yes    No    NA   \_\_\_\_\_

**At Community PWS**, do the following low hazard connections have the appropriate double check valve assembly installed at the meter or service connection?

Yes    No    NA   \_\_\_\_\_

Low hazard connections include: Mobile home parks, farms and dairies, ranches, shopping centers

**For Non-community Systems**, do the following connections have the indicated type of backflow prevention assembly?

**Stock tanks – approved air gap or atmospheric vacuum breaker at the tank? @**

Yes    No    NA   \_\_\_\_\_

Does the water supplier have a record keeping program and management procedures to ensure:

a. the installation and certification by test or inspection of all backflow preventers (BFPs) at new service connections

Yes    No    NA   \_\_\_\_\_

b. the annual passing test certification by a certified tester of all high-hazard BFPs at service connections

Yes    No    NA   \_\_\_\_\_

## SAFETY

### Personnel Safety

- Are all personnel trained in proper handling of all utilized chemicals and materials?  Yes  No \_\_\_\_\_
- Are adequate masks, protective clothing, and safety equipments provided?  Yes  No \_\_\_\_\_
- Does the operator understand relevant Occupational Safety and Health Administration (OSHA) regulations (e.g., confined space, hazard communication, trenching/shoring, lock out/tag out)?  Yes  No \_\_\_\_\_

### Chlorine Gas Safety NA

- Are chlorine room doors posted on the outside with warnings?  Yes  No \_\_\_\_\_
- Do the doors open outward?  Yes  No \_\_\_\_\_
- Do they open to the exterior of the building?  Yes  No \_\_\_\_\_
- Are chlorine room doors equipped with crash bars and viewports?  Yes  No \_\_\_\_\_
- Is there a leak detector in the chlorine room with an audible alarm?  Yes  No \_\_\_\_\_
- Are chlorine feed and storage areas isolated from other facilities?  Yes  No \_\_\_\_\_
- Are chlorine areas adequately ventilated?  Yes  No \_\_\_\_\_
- Are all chlorine cylinders adequately restrained?  Yes  No \_\_\_\_\_
- Are self-contained breathing apparatus available for use in chlorine emergencies?  Yes  No \_\_\_\_\_
- Where are they stored? \_\_\_\_\_
- Are they in good working condition? \_\_\_\_\_
- Are water system personnel adequately trained in the use and maintenance of the self-contained breathing apparatus?  Yes  No \_\_\_\_\_
- Are chlorine leak kits available and are all personnel trained in their proper use?  Yes  No \_\_\_\_\_

### Chemical Safety

- Are oxidizers, corrosives, and flammables stored in separate areas and in closed, marked containers?  Yes  No \_\_\_\_\_
- Are flammables stored in appropriate containers and cabinets away from combustion sources?  Yes  No \_\_\_\_\_
- Is there adequate ventilation in the areas where solvents, aerosols, and chemical feeders are in use?  Yes  No \_\_\_\_\_
- Are bulk storage areas physically isolated from treatment areas to prevent spills from entering treated or untreated water?  Yes  No \_\_\_\_\_
- Is the fire department familiar with the facilities and their contents?  Yes  No \_\_\_\_\_

## MANAGEMENT DATA

- Are there rules governing new hookups to protect the integrity of this water system?  Yes  No \_\_\_\_\_
- Does the PWS have arrangements in place to assure prompt supply and repair service?  Yes  No \_\_\_\_\_
- Does system have a current operations and maintenance manual which describes all procedures, equipment, sampling schedules, and inspection data?  Yes  No \_\_\_\_\_
- Is there a schedule for routine preventative maintenance for all facilities and equipment?  Yes  No \_\_\_\_\_
- Does the system (treatment plant, finished water storage) have security measures in place (fencing; locks; lighting; alarms; etc.)?  Yes  No \_\_\_\_\_
- Does the system have an emergency response plan (ERP) that includes: @**  Yes  No \_\_\_\_\_
- **Emergency contact phone numbers?**  Yes  No \_\_\_\_\_
  - **Procedures to respond to a pressure loss/water outage/?**  Yes  No \_\_\_\_\_
  - **Procedures to respond to a water contamination incident?**  Yes  No \_\_\_\_\_
- Is the ERP accessible to the operator on-site?  Yes  No \_\_\_\_\_

## MONITORING AND RECORDS

Does the operator know how to collect samples for total Coliform analysis? (Review operator sampling procedure at time of survey to confirm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the operator know what to do in the event of a total Coliform "unsafe" result? (Contact the Total Coliform Rule Manager when there is a positive Coliform result)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Are extra bottles available in case of need for repeat TCR sampling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the system have a TCR sampling plan on file and available for the surveyor's review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Is it up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
If subject to the Ground Water Rule (GWR), does the operator know:			
If they receive notice of a positive/unsafe sample under the Total Coliform Rule, they need to sample all their ground water sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
They will need to submit both-			
- Repeat samples under the TCR (utilizing their regular lab form), and	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
- Source water samples utilizing the Ground Water Rule Sample Collection Form located on the Drinking Water OnlineWatch website ( <a href="http://www2.epa.gov/region8-waterops">http://www2.epa.gov/region8-waterops</a> ) under the Reporting Forms link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Where to sample if they are required to sample all of their ground water sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Are extra bottles available in case of need for GWR source sampling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Are test kits, reagents, and instruments, as appropriate, available for monitoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<u>For systems that disinfect:</u>			
If the PWS chlorinates, is test equipment available for measuring chlorine residual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Describe equipment: _____			
Are reagents up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the operator know how to properly measure chlorine residual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<u>For community and NTNC systems:</u>			
Is there a DBPR Monitoring Plan on-site available for the surveyor's review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
- Is it up-to-date reflecting the current distribution system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
- What types of MRDLs are measured (free, total, combined, or chlorine dioxide)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the system have a Lead & Copper sample siting plan on file and available for the surveyor's review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Is it up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the operator know the location of each entry point to the distribution system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the operator know how to properly label samples taken from the entry points?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Has the PWS completed the monitoring that is specified in the EPA-provided monitoring schedule so far for this calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Are copies of all monitoring results filed and readily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Is the operator familiar with the Drinking Water Online ( <a href="http://www2.epa.gov/region8-waterops">http://www2.epa.gov/region8-waterops</a> ) and Drinking Water Watch ( <a href="https://sdwisr8.epa.gov/Region8DWW/JSP/loginForm.jsp">https://sdwisr8.epa.gov/Region8DWW/JSP/loginForm.jsp</a> ) websites created for their benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____