2013 EPA Region 8 WY SANITARY SURVEY FORM
For Surface Water & GWUDISW Systems
INVENTORY

DATE OF SURVEY _____	**COUNTY** _____	**SURVEYOR NAME -** _____
PWSID _____	**SYSTEM NAME** _____	

System representatives present at survey: _____

Others present: _____

EMERGENCY CONTACT

Emergency Contact Name:_____

Emergency cell phone: (_____)_____

Emergency email address:_____

SYSTEM OWNER OR MUNICIPAL LEGAL REPRESENTATIVE

Addressee _____

Title _____

Street _____

City _____ State _____ Zip _____

Owner Phone (_____)_____ Fax (_____)_____

Email Address _____

PRIMARY ADMINISTRATIVE CONTACT
(to receive correspondence from EPA)

Addressee _____

Title _____

Street _____

City _____ State _____ County _____ Zip _____

Administrative Contact Phone (_____)_____ Fax (_____)_____

Email Address _____

ADDITIONAL ADMINISTRATIVE CONTACT
(if any)

Addressee _____

Title _____

Street _____

City _____ State _____ County _____ Zip _____

Administrative Contact Phone (_____)_____ Fax (_____)_____

Email Address _____

PUBLIC WORKS DIRECTOR,
CITY ENGINEER and/or WATER PLANTSUPERINTENDENT

Addressee _____

Title _____

Street _____

City _____ State _____ County _____ Zip _____

Administrative Contact Phone (_____)_____ Fax (_____)_____

Email Address _____

OPERATOR OF SYSTEM

Name _____

Certified Operator?@ ☐ Yes ☐ No ☐ Not required

Treatment Cert. Level _____ Distribution Cert. Level _____

Treatment Cert. Exp. Date _____ Distribution Cert. Exp. Date _____

Treatment Cert. # _____ Distribution Cert. # _____

Phone (_____)_____

Email Address _____

Go to: http://deq.state.wy.us/wqd/www/opcert/index.asp
Click on: Check Facility Records
Click on: Check Operator Records

ALTERNATE OPERATOR

Name _____

Certified Operator? ☐ Yes ☐ No ☐ Not required

Treatment Cert. Level _____ Distribution Cert. Level _____

Treatment Cert. Exp. Date _____ Distribution Cert. Exp. Date _____

Treatment Cert. # _____ Distribution Cert. # _____

Phone (_____)_____

Email Address _____

Go to: http://deq.state.wy.us/wqd/www/opcert/index.asp
Click on: Check Facility Records
Click on: Check Operator Records

WATER SYSTEM CLASSIFICATION
for operator certification

System Treatment Classification Level _____

System Distribution Classification Level _____

Go to: http://deq.state.wy.us/wqd/www/opcert/index.asp
Click on: Check Facility Records

WATER SYSTEM CLASSIFICATION
from PWS Inventory

☐ C = Community

☐ NTNC = Non-Transient Non-Community

☐ NC = Transient Non-Community

SYSTEM PHYSICAL ADDRESS

Street _____ _____

City _____ State _____ Zip _____

PHYSICAL LOCATION

Physical Location and Directions _____

CONTACTS

DEQ District Engineer:

_____, _____ District Engineer

Phone: 307-_____

Email: _____@wyo.gov

CONTACTS

County and/or CHS Sanitarian:

_____, CHS Specialist

Phone: 307-_____

Email: _____@state.wy.us

PERIOD OF OPERATION

☐ Year-round

☐ Part of the year

From _____ to _____

Is this PWS a concessionaire operating with a lease on Federal land? ☐ Yes ☐ No _____

SERVICE CONNECTIONS

Total Service Connections:
Residential _____
Number of residential connections for year-round residents:_____
Non-Transient (non-residential): _____
Transient:_____

Service Connections Metered? ☐ Yes ☐ No _____

Number of metered service connections: _____

OWNER TYPE

☐ 1 Federal Government

☐ 2 Private Subdivision, Investor, Trust, Cooperative, Water Association, etc.

☐ 3 State Government

☐ 4 Local Government Authority, Commission, District, Municipality, City, etc.

☐ 5 Mixed Public/Private

☐ 6 Native American Indian Tribes & Reservations _____

POPULATION

Does the water system serve at least 25 individuals daily at least 60 days out of the year? ☐ Yes ☐ No _____

Residential Population _____
Average number of year-round residents utilizing PWS

For Non-Community Systems:
Non-Transient Population _____
Number of the same persons utilizing PWS Daily for 6 months of the year

Transient Population _____
Average number of transient persons served by PWS **Daily** during peak 60 days of operation

☐ If population varies throughout the year, recommend EPA send new Basic Information Form (BIF) to request specific seasonal counts?

SERVICE CATEGORY (check all that apply)

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

Service Category Description _____

SOURCE

☐ SW = Surface Water ☐ SWP = Surface Water Purchased

☐ GW = Groundwater ☐ GWP= Groundwater Purchased

☐ GWUDI = Groundwater Under the Direct Influence of Surface Water
☐ Mixed GW and SW
If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No.

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

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

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

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

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

SUMMARY (Describe the water system in a paragraph or two)

_____

The following abbreviations will be used throughout this document:
NI = no information: NA = not applicable; NR = not requested,

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

CONSECUTIVE SYSTEMS

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

Name of Supplier (System Receives Water From)	PWSID of Supplier	Water Source Type	Connection Type
_____	_____	☐ GW ☐ SW ☐ Mixed If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No.	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only
_____	_____	☐ GW ☐ SW ☐ Mixed If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No.	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only
_____	_____	☐ GW ☐ SW ☐ Mixed If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No.	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only

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

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

☐ Wholesaler

☐ Consecutive system

Comments: _____

If the consecutive system is responsible:

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

How often 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?

☐ Leaks @

☐ 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: _____

WY Dept. of Agriculture license number: _____

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 section if no)

Name of Consecutive (System Supplies Water To)	**PWSID of Consecutive**	**Population**	**Connection Type**
_____	_____	_____	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only
_____	_____	_____	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only
_____	_____	_____	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only

How many master meter connections exist off the wholesale system? _____

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

☐ Wholesaler

☐ Consecutive system

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?

☐ Leaks @

☐ 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

WELLS

Well name : _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

WELL INFORMATION

Total well depth (ft.): _____

Depth range of casing perforations (ft.): _____ to _____

Actual yield (gpm): _____

Well log or statement of completion on file? ☐ Yes ☐ No

Please copy or photograph and submit with the sanitary survey report

WELL LOCATION

☐ Well house ☐ Well pit

☐ Pitless adapter ☐ Combination

☐ Driveway/parking lot

	Yes	No
Adequately protected? @	☐	☐

☐ Other _____

If in a pit or vault is the pit or vault completed with drainage or a sump pump for permanent or portable use? @

☐ Yes ☐ No

Type: ☐ Permanent ☐ Portable ☐ Drainage

WELL	Yes	No	NA
Does surface water runoff drain away from the wellhead?@	☐	☐	☐
Does well casing terminate at least 12" above the pump house floor? @	☐	☐	☐
Does well casing terminate at least 18" above the ground surface? @	☐	☐	☐
Does well have a sanitary seal? @	☐	☐	
Is well properly and appropriately vented?	☐	☐	
Is vent at least 18" above floor or ground surface? @	☐	☐	☐
Is vent facing downward?@	☐	☐	☐
Is vent screened with #24 mesh screen?@	☐	☐	☐
Is there a source water sample tap for GWR compliance?	☐	☐	
Is there an air release/vacuum relief valve?	☐	☐	
Is the valve installed upstream of the check valve? @	☐	☐	☐
Is the discharge piping terminated in a downward position?@	☐	☐	☐
Is the discharge piping terminated at least 18" above the floor?@	☐	☐	☐
Is the discharge piping screened with #24 mesh screen?@	☐	☐	☐

PUMPS	Yes	No
Location of the pump station:: _____		
How many pumps at the facility?: _____		
Are the correct types of lubricants (NSF-60) used?	☐	☐
Are pumps operable and in good condition?	☐	☐
Is there a maintenance program in operation?	☐	☐
Is the pump station subject to flooding? @	☐	☐
Are spare parts available?	☐	☐
Is emergency power available?	☐	☐

Comments:_____

Are there any sources of pollution in the vicinity near the well which could impact water quality? ☐ Yes ☐ 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? ☐ Yes ☐ No _____

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

SOURCE DATA
SPRINGS AND PUMPS

Spring name : _____

Facility ID (from PWS Inventory, e.g.: SPR01) : _____

WY DEQ permit number: _____

WY SEO permit number: _____

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

SPRINGS

Is the area around the spring collection box fenced to keep animals away?@ ☐ Yes ☐ No

Does surface water runoff drain away from the collection area?@ ☐ Yes ☐ No

Is there deep rooted vegetation around the spring collection box@ ☐ Yes ☐ No

Describe:_____

Does the spring collection box have the following features: @

- Proper shoe box lid? @ ☐ Yes ☐ No
- Rubber gasket on the lid? @ ☐ Yes ☐ No
- Adequate air vents with #24 mesh corrosion-resistant screen? @ ☐ Yes ☐ No
- Is the hatch locked? @ ☐ Yes ☐ No
- Screened (#24 mesh) overflow? @ ☐ Yes ☐ No
- Overflow with a free fall of at least 12 inches? @ ☐ Yes ☐ No

Is the water supply intake at least 6 " above the floor of the spring collection chamber? @ ☐ Yes ☐ No

Is the intake screened? @ ☐ Yes ☐ No

Is the spring collection chamber water tight to prevent inflow of unwanted surface water ? @ ☐ Yes ☐ No

PUMPS

	Yes	No
Location of the pump station:: _____		
How many pumps at the facility?: _____		
Are the correct types of lubricants (NSF-60) used?	☐	☐
Are pumps operable and in good condition?	☐	☐
Is there a maintenance program in operation?	☐	☐
Is the pump station subject to flooding? @	☐	☐
Are spare parts available?	☐	☐
Is emergency power available?	☐	☐

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: ☐ Yes ☐ No

Rubber gasket on the lid: ☐ Yes ☐ No

Secured access entry: ☐ Yes ☐ No

Are there any sources of pollution in the vicinity near the spring which could impact water quality? ☐ Yes ☐ 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? ☐ Yes ☐ No _____

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

SOURCE DATA
INFILTRATION GALLERIES AND SOURCE PUMPS

INFILTRATION GALLERIES

Infiltration gallery name: _____

Facility ID (from PWS Inventory, e.g.: IG01) : _____

WY DEQ permit number: _____

WY SEO permit number: _____

Physical description: _____

Depth? _____

Actual yield (gpm): _____

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

PUMPS	**Yes**	**No**
Location of the pump station:: _____		
How many pumps at the facility?: _____		
Are the correct types of lubricants (NSF-60) used?	☐	☐
Are pumps operable and in good condition?	☐	☐
Is there a maintenance program in operation?	☐	☐
Is the pump station subject to flooding? @	☐	☐
Are spare parts available?	☐	☐
Is emergency power available?	☐	☐
Comments:_____		

Are there any sources of pollution in the vicinity near the infiltration gallery which could impact water quality? ☐ Yes ☐ 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? ☐ Yes ☐ No _____

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

SOURCE DATA
STREAMS AND SOURCE PUMPS

STREAMS

Stream name: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

Is the area around the intake restricted?
☐ Yes ☐ No

Are there multiple intakes located at different levels?
☐ Yes ☐ No Describe: _____

Are the intakes screened?
☐ Yes ☐ No

Frequency of intake inspection: _____

Date of last inspection: _____

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

PUMPS

	Yes	No
Location of the pump station:: _____		
How many pumps at the facility?: _____		
Are the correct types of lubricants (NSF-60) used?	☐	☐
Are pumps operable and in good condition?	☐	☐
Is there a maintenance program in operation?	☐	☐
Is the pump station subject to flooding? @	☐	☐
Are spare parts available?	☐	☐
Is emergency power available?	☐	☐

Comments:_____

Are there any sources of pollution in the vicinity near the stream which could impact water quality? ☐ Yes ☐ 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? ☐ Yes ☐ No _____

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

SOURCE DATA
RESERVOIRS, LAKES AND PONDS AND PUMPS

Reservoir or lake name: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

RESERVOIRS

Is the area around the intake restricted? ☐ Yes ☐ No

Are there multiple intakes located at different levels? ☐ Yes ☐ No Describe: _____

Depth of intake: _____

Distance from shore: _____

Are the intakes screened? ☐ Yes ☐ No

Frequency of intake inspection: _____

Date of last inspection: _____

Are there algal blooms present? ☐ Yes ☐ No Describe: _____

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

PUMPS	**Yes**	**No**
Location of the pump station:: _____		
How many pumps at the facility?: _____		
Are the correct types of lubricants (NSF-60) used?	☐	☐
Are pumps operable and in good condition?	☐	☐
Is there a maintenance program in operation?	☐	☐
Is the pump station subject to flooding? @	☐	☐
Are spare parts available?	☐	☐
Is emergency power available?	☐	☐

Comments:_____

Are there any sources of pollution in the vicinity near the water source which could impact water quality? ☐ Yes ☐ 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? ☐ Yes ☐ No _____

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

SOURCE DATA
BACKUP WATER SOURCES

Backup source name: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

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? ☐ Yes ☐ No _____

Does the system have a contingency plan for water outages? ☐ Yes ☐ No _____

Are there any sources of pollution in the vicinity near the water source which could impact water quality? ☐ Yes ☐ 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? ☐ Yes ☐ No _____

Are there seasonal variations in the quality of the water? ☐ Yes ☐ 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

Location of the pump station:: _____

How many pumps at the facility?: _____

Is the pump station 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)

Tank name: _____

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

Location, Description _____

Date put into service:

Volume: _____

Is there an operable pressure gauge? ☐ Yes ☐ No

Does low pressure level provide adequate pressure (> 20 psi)? @ ☐ Yes ☐ No

Pressure: Cut-In _____ psi
Cut-Out _____ psi

Is the exterior surface of the tank in good physical condition? ☐ Yes ☐ No

Can tank(s) be by-passed for repair? ☐ Yes ☐ No

Comments: _____

PRESSURE TANK(S) (THAT USE AN AIR COMPRESSOR)

Tank name: _____

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

Location, Description _____

Date put into service:

Volume: _____

Is there an operable pressure gauge? ☐ Yes ☐ No

Does low pressure level provide adequate pressure (> 20 psi)? @ ☐ Yes ☐ No

Pressure: Cut-In _____ psi
Cut-Out _____ psi

Is there evidence of severe rust? @ ☐ Yes ☐ No

Is there evidence of water leaks? @ ☐ Yes ☐ No

Is there evidence of air leaks? @ ☐ Yes ☐ No

Is there evidence of flooding (if in a vault)? @ ☐ NA ☐ Yes ☐ No

Is there a pressure relief valve? ☐ Yes ☐ No

Can tank(s) be by-passed for repair? ☐ Yes ☐ No

Comments: _____

CAPTIVE AIR (BLADDER)TANK(S)

Tank name: _____

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

Location, Description _____

Date put into service:

Volume: _____

Is there an operable pressure gauge? ☐ Yes ☐ No

Does low pressure level provide adequate pressure (> 20 psi)? @ ☐ Yes ☐ No

Pressure: Cut-In _____ psi
Cut-Out _____ psi

Is the exterior surface of the tank in good physical condition? ☐ Yes ☐ No

Can tank(s) be by-passed for repair? ☐ Yes ☐ No

Comments: _____

PRESSURE TANK(S) (THAT USE AN AIR COMPRESSOR)

Tank name: _____

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

Location, Description _____

Date put into service:

Volume: _____

Is there an operable pressure gauge? ☐ Yes ☐ No

Does low pressure level provide adequate pressure (> 20 psi)? @ ☐ Yes ☐ No

Pressure: Cut-In _____ psi
Cut-Out _____ psi

Is there evidence of severe rust? @ ☐ Yes ☐ No

Is there evidence of water leaks? @ ☐ Yes ☐ No

Is there evidence of air leaks? @ ☐ Yes ☐ No

Is there evidence of flooding (if in a vault)? @ ☐ NA ☐ Yes ☐ No

Is there a pressure relief valve? ☐ Yes ☐ No

Can tank(s) be by-passed for repair? ☐ Yes ☐ No

Comments: _____

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? @ _____

Who performed the cleaning and inspection? _____

Surveyor able to view inspection report and confirm date? ☐ Yes ☐ No

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 (ground level or elevated) tanks:

- Does the air vent terminate in an inverted U (downward) at least 3 pipe diameters above the roof? @ ☐ NA ☐ Yes ☐ No

-OR -

-If non U-shaped vent, is it covered to protect from rain, wind, and debris? @ ☐ NA ☐ Yes ☐ No

-For non-U-shaped vent on **flat roof tank**, is the screened vent area elevated at least 24 inches or 3 pipe diameters above the tank roof; on **domed or curved roofs** is the screened vent area elevated at least 6 inches above the roof surface? @ ☐ NA ☐ Yes ☐ No

If neither, 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 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?@ ☐ Yes ☐ No

If no, is there a DEQ variance for the overflow? ☐ 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 " above the ground or 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

If yes, 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

WATER TREATMENT DATA
SURFACE WATER / GWUDISW SYSTEMS

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.

Plant Location and Information	**Plant Output (gal / day)**
Plant / Office Location and Directions: _____	Design: _____
Date plant put online: _____	Summer Average: _____
Modifications since the last survey? (if yes, describe): _____	Winter Average: _____
Describe water sources treated by this plant: _____	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. flow meters, flow restrictors, valves, etc): _____

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

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

Pre-Filtration Processes

Pre-filtration Processes

Pre-Sed Basin: ☐

DescribeType and indicate size: _____

Chemicals added and dose: _____

Rapid Mix: ☐

Describe Type: _____

Chemicals added and dose: _____

Flocculation: ☐

Describe Type: _____

Chemicals added and dose: _____

Sedimentation: ☐

Describe Type: _____

Chemicals added and dose: _____

Other: ☐

Describe: _____

Filtration Processes

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 (see EPA policy SWTR #5) @: _____

Frequency of all turbidimeter calibration(s) ¥: _____

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

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

Are CFE turbidity records available for the last 5 years? ¥ _____

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

Conventional and Direct Filtration

Filter Information

# of filters: _____

Type of filters:

☐ open to atmosphere ☐ enclosed (pressure)

Manufacturer name & model (if applicable): _____

Depth of each media (in):

Sand _____ Anthracite _____ Garnet _____Total at least 24"?@ **Yes** ☐ **No** ☐

Has operator observed loss of media? _____

Has the operator inspected the media for mudball formation? _____

Average length of filter run (hours): _____

Maximum filter loading rate (gpm/ft^2) (should be no greater than 2 for mono-media, 4 for dual media, and 6 for deep bed): @ _____

Backwash Information

What determines when backwash occurs? _____

Backwash rate (gpm/ft^2) _____

What is used for a backwash?

☐ Air scour ☐ finished water ☐ raw water@

Yes	No	
☐	☐	System starts up with clean filters (if not running 24/7)
☐	☐	System performs filter to waste (FTW) before putting filters back on line.

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

IFE Questions

How are IFE records maintained? ☐ SCADA ☐ strip chart ☐ circular chart

Yes	No	
☐	☐	Does each filter have an individual effluent (IFE) turbidimeter ¥? Types and model #s _____
☐	☐	Are there alarms on each filter? Alarm set point (NTU): _____
☐	☐	Are IFE turbidities measured continuously, and recorded at least every 15 Minutes¥?
☐	☐	Is IFE turbidity recorder (SCADA or charts) calibrated to record turbidities ≥ 2 NTU@?
☐	☐	Are IFE records kept for the last 3 years (as applicable) ¥?
☐	☐	Can turbidities associated with off-periods (backwash, FTW) be identified so they are not counted for

compliance? @

☐ ☐ 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**

☐ ☐ Are CFE turbidity records available for the last 5 years?

☐ ☐ 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: _____

☐ ☐ Can CFE turbidities be recorded up to 5 NTU@?

☐ ☐ Can turbidities associated with off-periods (backwash, FTW) be identified so they are not counted for compliance? @

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: (observe during survey; is recycle before or after raw water TOC monitoring point?) ¥ _____

Yes **No**

☐ ☐ Are records kept of recycle practices (e.g., avg and max times/flows of backwashes; recycle treatment/equalization [chemical addition; hydraulic loading rates])? ¥

☐ ☐ Records available for the last calendar year in acceptable format? ¥

Membranes

Number of membrane skids: _____ Configuration: ☐ parallel ☐ series

Filter type and manufacturer/model # (include absolute pore size): _____

Each Filter/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) done (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 every15 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 DIT fails?@

How/when are membranes cleaned? _____

Are spare membrane cassettes available? ☐ Yes ☐ No

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

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

Bags / Cartridges

Number of filter skids: _____ Configuration: ☐ parallel ☐ series

Filter type and manufacturer/model # (include absolute pore size, describe both the housing and the bag / cartridge element): _____

Each Filter/skid capacity (gpm): _____

Replacement frequency: _____

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? @

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) ¥ _____

Describe precoat and body feed systems: _____

Maximum filter loading rate (gpm/ft^2) (should be no more than 1.5) @: _____

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)? (should be 0.1 or less) @ _____

Yes **No**

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

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

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

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

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

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

How often is each unit scraped? _____

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

Disinfection Processes

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^2): ¥ _____

Yes No

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

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

UV Disinfection – less than 40 gpm

Yes No

☐ ☐ Is there a 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: _____

☐ ☐ 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 ?@

☐ ☐ 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

How often are the UV intensity sensors calibrated (recommend monthly)? @ _____

How often is the UV transmittance analyzer calibrated (Calculated Dose Method) (recommend weekly)? @ _____

Yes No

☐ ☐ Is there a calibrated flowmeter and at least once/4 hours recording of flow rate so 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 and recorded at least once/4 hours.)

UV Disinfection – Inactivation Calculations

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

Table 1. UV Dose Requirements in Millijoules per Square Centimeter (mJ/cm^2)

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

Source: 40 CFR 141.720(d)

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

Chemical Disinfection – Chlorine and Chloramines

Type: _____ Dosage: _____ (lb / day or ppm)

Point of application: _____

Where does the PWS measure disinfectant residual for compliance with the SWTR requirement of ≥ 0.2 mg/L at the POE? _____

Is this before the 1st user of the water? ¥ _____

How is residual measured? ☐ continuous ☐ grab Equipment / manufacturer model# _____

Free chlorine residual at POE (mg/L): PWS measurement @: _____ Surveyor measurement @: _____

Yes	No	
☐	☐	Is residual detectable at taps at the end of the distribution system? @
☐	☐	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? ¥ _____

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? _____

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

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

Chemical Disinfection – Inactivation Calculations

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

Identify location of 1st user: _____

Summer Calculations	List the volume of each segment using minimum operating heights of tanks: _____
Lowest disinfectant residual and where measured: _____	Total logs *Giardia* inactivation from all chemical disinfection segments: _____
Water temperature (lowest): _____	Total logs virus inactivation from all chemical disinfection segments: _____
Water pH (highest): _____	
Maximum flow through segment: _____	
Describe each segment and list appropriate baffling factor: _____	

Winter Calculations	List the volume of each segment using minimum operating height of tanks: _____
Lowest disinfectant residual and where measured: _____	Total logs *Giardia* inactivation from all chemical disinfection segments: _____
Water temperature (lowest): _____	Total logs virus inactivation from all chemical disinfection segments: _____
Water pH (highest): _____	
Maximum flow through segment: _____	
Describe each segment and list appropriate baffling factor: _____	

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

Yes	No	
☐	☐	Did profiling start on or before 7/1/03 (for systems serving <10,000 but >500); or 1/1/04 (smaller systems)? ¥ If not, indicate when profiling started: _____
☐	☐	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, describe the change, date made, and if EPA was consulted: ¥ _____
☐	☐	Does the profile include weekly log inactivation calculations?

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

Overall Inactivation / Removal Calculations

Viruses / Giardia

Viruses	***Giardia***
_____ Logs Removal (filtration)	_____ Logs Removal (filtration)
_____ Logs chemical inactivation	_____ Logs chemical inactivation
_____ Logs UV inactivation	_____ Logs UV inactivation
_____ Logs other removal or inactivation	_____ Logs other removal or inactivation
_____ Total logs inactivation / removal	_____ Total logs inactivation / removal
≥ 4 logs ? ¥ ☐ Yes ☐ No	≥ 3 logs ? ¥ ☐ Yes ☐ No

Cryptosporidium

Committed to install max treatment ☐ Yes ☐ No

If no, what is the system's bin #? ☐ Bin #1 ☐ Bin #2 ☐ Bin #3 ☐ Bin #4

System Classification: ☐ Filtered ☐ Unfiltered

*If system committed to install max treatment, is in Bin #s 2, 3, or 4, or is unfiltered, then the section below must be completed

Total logs Cryptosporidium inactivation / removal required based on max treatment, bin # or classification: _____

Date treatment required by: _____ Toolbox Components Utilized: _____

_____ Logs Removal (filtration)

Logs chemical inactivation

_____ Logs UV inactivation

_____ Logs other Toolbox Components

_____ Total logs inactivation / removal

≥ required logs ? ¥ ☐ Yes ☐ No

DISTRIBUTION DATA
Please provide a brief description of the distribution system, including source to use piping: _____
What are the location and estimated linear feet of asbestos pipe in the distribution system? _____
Have lines broken due to freezing? ☐ Yes ☐ No _____ Have lines broken due to traffic load? ☐ Yes ☐ No _____
Are lines properly disinfected after repairs are made?@ ☐ Yes ☐ No _____
Is there at least 35 psi pressure in the distribution system at peak normal flow? ☐ Yes ☐ No _____
Is there at least 20 psi at all points in the system at all times? @ ☐ Yes ☐ 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? ☐ Yes ☐ 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 _____

Threaded yard hydrants – pressure vacuum breaker, atmospheric vacuum breaker or double check valve assembly ☐ 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	_____
Are DEQ construction specifications followed?	☐ 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)	☐ Yes	☐ 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)	☐ Yes	☐ No	_____
Are extra bottles available in case of need for repeat TCR sampling?	☐ Yes	☐ No	_____
Does the system have a TCR sampling plan on file and available for the surveyor's review?	☐ Yes	☐ No	_____
Is it up to date?	☐ Yes	☐ 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?	☐ Yes	☐ No	_____
They will need to submit both-			
- Repeat samples under the TCR (utilizing their regular lab form), and	☐ Yes	☐ No	_____
- Source water samples utilizing the Ground Water Rule Sample Collection Form located on the Drinking Water Online website (http://www2.epa.gov/region8-waterops) under the Reporting Form link?			
Where to sample if they are required to sample all of their ground water sources?	☐ Yes	☐ No	_____
Are extra bottles available in case of need for GWR source sampling?	☐ Yes	☐ No	_____
Are test kits, reagents, and instruments, as appropriate, available for monitoring?	☐ Yes	☐ No	_____
For systems that disinfect:			
If the PWS chlorinates, is test equipment available for measuring chlorine residual?	☐ Yes	☐ No	_____
Describe equipment: _____			
Are reagents up to date?	☐ Yes	☐ No	_____
Does the operator know how to properly measure chlorine residual?	☐ Yes	☐ No	_____
For community and NTNC systems:			
Is there a DBPR Monitoring Plan on-site available for the surveyor's review?	☐ Yes	☐ No	_____
- Is it up-to-date reflecting the current distribution system?	☐ Yes	☐ No	_____
- What types of MRDLs are measured (free, total, combined, or chlorine dioxide)?	☐ Yes	☐ No	_____
Does the system have a Lead & Copper sample siting plan on file and available for the surveyor's review?	☐ Yes	☐ No	_____
Is it up to date?	☐ Yes	☐ No	_____
Does the operator know the location of each entry point to the distribution system?	☐ Yes	☐ No	_____
Does the operator know how to properly label samples taken from the entry points?	☐ Yes	☐ No	_____
Has the PWS completed the monitoring that is specified in the EPA-provided monitoring schedule so far for this calendar year?	☐ Yes	☐ No	_____
Are copies of all monitoring results filed and readily accessible?	☐ Yes	☐ No	_____
Is the operator familiar with the Drinking Water Online (http://www2.epa.gov/region8-waterops) and Drinking Water Watch (https://sdwisr8.epa.gov/Region8DWW/JSP/loginForm.jsp) websites created for their benefit?	☐ Yes	☐ No	_____