

NEW YORK

- **Procedure for Detailed System Evaluations
of Public Water Supplies**



ENVIRONMENTAL
HEALTH MANUAL

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH
OFFICE OF LOCAL HEALTH MANAGEMENT

PROCEDURE

3/23/81

TRANSMITTAL LETTER 113

PROCEDURE: FWS 181 PAGE 1
ISSUING UNIT: Bureau of Public Water Sup

SUBJECT: Detailed System Evaluations of
Public Water Supplies

POLICY

Public water systems which have their own source of supply and/or provide treatment will be evaluated on the following schedule:

Community Systems: At least once every five years.

Noncommunity Systems: Systems meeting the following special criteria must be evaluated at least once every ten years:

1. Systems with known violations of Part 5, State Sanitary Code.
2. Systems with surface sources.
3. Elementary and secondary schools.
4. Systems which serve 1,000 people or more, per day of operation.

Systems should be evaluated based on the following priority:

1. Community systems with known code violations.
2. Noncommunity systems with known code violations.
3. Community systems with surface sources.
4. Community systems with groundwater sources serving more than 1,000 people.
5. Noncommunity systems with surface sources.
6. Elementary and secondary schools.
7. All other community systems.
8. Noncommunity systems serving 1,000 people or more per day of operation.
9. All other noncommunity systems.

OBJECTIVES

To ensure that an adequate and safe supply of water is delivered to all consumers.

To provide guidance and assistance to suppliers of water.

To ensure compliance with applicable codes, rules and regulations.

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PROCEDURE

- FIELD
1. Schedules detailed system evaluation.
 2. Reviews all appropriate files on the public water system including correspondence, annual inspection reports, monthly operating reports, violations, water quality, plan review, etc.
 3. Determines special sampling needs and contacts Bureau of Public Water Supply (BPWS) for approval.
- BPWS
4. Reviews special sampling requests and contacts DL&R to arrange for analysis.
 5. Notifies FIELD of approval or disapproval for special sampling.
- FIELD
6. Conducts detailed system evaluation and completes appropriate portions of evaluation forms (including inspection report form).
 - a. Community Systems - GEN 218 - GEN 200
 - b. Noncommunity Systems - GEN 223 - GEN 201
 7. Collects microbiological samples, routine surveillance samples, and special samples as previously approved.
 8. Discusses evaluation findings with responsible person:
 - a. Orders immediate correction or abatement of imminent health hazards, confirmed in writing to the supplier of water within 48 hours of learning of the hazard, with copies to the Regional/Area office and the BPWS.
 - b. Orders correction of serious violations and schedules re-inspection.
 9. Transmits written report to supplier of water citing as a minimum:
 - a. All code violations.
 - b. Operational problems.
 - c. Available water quality analyses.

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FIELD (Cont.)

- d. Compliance schedule for code violations.
- e. Accomplishments of the water system.

10. Forwards one copy of the written report, detailed system evaluation form and inspection report form to the Regional/Area office. An additional copy of these reports should be submitted to the Public Service Commission if the system is a privately owned community water supply.

REGIONAL/AREA
OFFICE

11. Forwards a copy of the written report, Detailed System Evaluation form and Inspection Report Form to the BFWS.

FIELD

12. Conducts follow-up inspection within prescribed schedule to assure compliance with Part 5.

- a. If Code violations are corrected, notifies supplier of water in writing. Transmits one copy of letter to both Regional/Area Office, BFWS, and PSC if applicable.
- b. If Code violations are not corrected, initiates appropriate enforcement action.

REFERENCES

Form GEN 218 - Detailed System Evaluation

Form GEN 223 - Small Water System Detailed System Evaluations -
Groundwater Sources.

Form GEN 200 - Public Water Supply Annual Inspection

Form GEN 201 - Noncommunity Public Water Supply Annual Inspection

Part 76 - Administrative Procedure

EHM Procedure FWS 180 - Annual Inspections of Public Water Supplies

PART I Section A. Identifying Information

SURVEY DATE

1. Name of Public Water System		Station No.	<input type="text"/>
2. Location <small>City, Village, Town</small>	County	3. Prog. Code	<input type="text"/>

Section B. Personnel Information

4. a. Chief Operator		<small>Name</small>	
b. Title and Grade			
c. Home Address	<small>No. & Street</small>	<small>City</small>	<small>State</small>
			<small>Zip</small>
d. Telephone No.	<small>Home</small>	<small>Work</small>	
5. Emergency Contacts		<small>Name</small>	<small>Tel. No.</small>
a. Day			
b. Night			<small>Tel. No.</small>
6. Water supplier personnel present during evaluation on		<small>(Date)</small>	<small>Mo Day Yr</small>
	<small>Name</small>	<small>Title</small>	
	<small>Name</small>	<small>Title</small>	
	<small>Name</small>	<small>Title</small>	
7. Other Certified Operators			
	<small>Name</small>	<small>Grade</small>	<small>Certificate No.</small>
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
8. Remarks			

PART II. General Data

1. System Name	Station No.	<input type="text"/>
----------------	-------------	----------------------

Section A. Source Transmission Mains

2. Number from each source	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Size	Length	<input type="text"/>	<small>Ft.</small>
	Diameter	<input type="text"/>	<small>In.</small>
		<input type="text"/>	<small>Ft.</small>
		<input type="text"/>	<small>In.</small>

	Yes	No	Yes	No	Yes	No
4. Protected from freezing	<input type="checkbox"/>					
5. Blowoffs on low points	<input type="checkbox"/>					
6. Relief valves on high points	<input type="checkbox"/>					
7. Cleaning frequency	.....				
8. Cleaning method	.....				

Section B. Distribution System

9. Total storage (gallons)	<input type="text"/>	13. If maximum pressure is over 100 psi are pressure-reducing valves used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. No. of storage facilities	<input type="text"/>	14. Normal minimum pressure	<input type="text"/>	psi
11. Is at least 1 day's storage provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	15. No. of rechlorination stations	<input type="text"/>
12. Normal maximum pressure	<input type="text"/>	psi		

Section C. Miscellaneous Information

16. No. of emergency sources	<input type="text"/>	Names:	
17. No. of abandoned sources	<input type="text"/>	Names:	
18. Are abandoned sources adequately protected or isolated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

19. Remarks

PART III. Wells or Infiltration Galleries

Section A. General Information

	#1	#2	#3
1. Name of well or infiltration gallery	.....	.....	.....
2. Is this for regular or auxiliary use?	<input type="checkbox"/> R <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> A
3. How often is it used?	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Does this source receive any treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section B. Protection (Do not use this section for springs or surface sources.)

5. a. Are Watershed Rules & Regulations in effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes, when were they last updated?	Mo <input type="text"/>	Day <input type="text"/>	Yr <input type="text"/>	Mo <input type="text"/>	Day <input type="text"/>	Yr <input type="text"/>

6. What is the distance to the nearest								
a. Subsurface disposal system	<input type="text"/>	Ft.		Ft.		Ft.		Ft.
b. Sanitary sewer	<input type="text"/>	Ft.		Ft.		Ft.		Ft.
c. Storm sewer	<input type="text"/>	Ft.						
d. Waste lagoon	<input type="text"/>	Ft.		Ft.		Ft.		Ft.
e. Surface water	<input type="text"/>	Ft.						
7. Is it subject to 100 year flooding?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Is it subject to chemical spills?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Is the yield constant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Is the site properly drained?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. How much land from the source is owned by the supplier?	<input type="text"/>	ft.						
12. How much land from the source is controlled by local ordinances or WR&R?	<input type="text"/>	ft.						
13. How much land from the source is fenced?	<input type="text"/>	ft.						
14. Is the source located in a well house?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15. (DRILLED WELL ONLY) Is the well casing properly sealed and grouted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. a. Does the well vent face downward?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Is it screened?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. a. Is the well located in a pit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. If yes, is the pit floor dry and well drained?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. What is the distance from the floor to the top of the casing?	<input type="text"/>	in.		in.		in.		in.

Section C. Construction (for ground sources only)

19. What is the type of well?	<input type="checkbox"/>	Drilled	<input type="checkbox"/>	Drilled	<input type="checkbox"/>	Drilled	<input type="checkbox"/>	Dug	<input type="checkbox"/>	Driven
20. What is the diameter of the well?	<input type="text"/>	ft.	<input type="text"/>	ft.	<input type="text"/>	ft.	<input type="text"/>	ft.	<input type="text"/>	ft.
21. a. Is the source an infiltration gallery?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
b. If Yes, what is the diameter of the collection basin?	<input type="text"/>	ft.	<input type="text"/>	ft.	<input type="text"/>	ft.	<input type="text"/>	ft.	<input type="text"/>	ft.
22. Is a low water shutoff provided?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
23. Is a discharge pressure gauge provided?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
24. Is a gate valve provided?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
25. Is a check valve provided on the discharge piping?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
26. a. Is a blow-off provided on the discharge piping?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
b. If Yes, is it connected directly to a sanitary sewer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

	Yes	No	Yes	No	Yes	No
27. Is a raw water sampling cock provided?	<input type="checkbox"/>					
28. Is a well alarm system provided?	<input type="checkbox"/>					
29. a. Is the source metered?	<input type="checkbox"/>					
b. Are daily records kept?	<input type="checkbox"/>					

Section D. Well Maintenance (for ground sources only)

30. When was the well last reconditioned? _____

31. What chemical was used in the last reconditioning? _____

Section E. Well Pump (for ground sources only)

32. What is the capacity? gpm gpm gpm

	Yes	No	Yes	No	Yes	No
33. Does the pump cycle more than 4 times /hour?	<input type="checkbox"/>					
34. Are air relief valves provided?	<input type="checkbox"/>					
35. Is the pump on a routine maintenance schedule?	<input type="checkbox"/>					

36. What is the general condition of the:

a. Pump _____

b. Motor _____

c. Switch gear _____

Section F. Auxilliary Power (for ground sources only)

	Yes	No	Yes	No	Yes	No
37. Is auxiliary power supply provided on site?	<input type="checkbox"/>					
	M	A	M	A	M	A
38. Is it engaged manually or automatically?	<input type="checkbox"/>					
39. What fuel does the generator use?	<input type="checkbox"/> Gasoline					
	<input type="checkbox"/> Diesel					
	<input type="checkbox"/> Propane					

40. How often is auxiliary power tested? _____

	Yes	No	Yes	No	Yes	No
41. Are the exhaust gases properly vented?	<input type="checkbox"/>					

Section G. Remarks

PART IV. Pumping

Section A. General Information

1. What is the pump station name?

2. Is it used for distribution or transfer pumping? **D** **T** **D** **T** **D** **T**

 Regular Regular Regular
 Auxiliary Auxiliary Auxiliary
 Emergency Emergency Emergency

3. What is the type of use?

4. Are gate valves located on suction and discharge sides of each pump? **Yes** **No** **Yes** **No** **Yes** **No**

5. Is check valve located on discharge side of pump?

6. Is total flow from each station metered?

7. What is total pumping capacity from each station? gpm gpm gpm

8. Does pump cycle more than 4 times/hour? **Yes** **No** **Yes** **No** **Yes** **No**

9. Is the pump on manual or automatic control? **M** **A** **M** **A** **M** **A**

10. If automatic, what type of control?

11. Is pump station clean and dry? **Yes** **No** **Yes** **No** **Yes** **No**

12. Is proper drainage provided?

13. Is pump station subject to 100 year flooding?

14. Is pump station fenced?

Are a sufficient number of pumps provided?

16. Is there a low pressure shutoff or alarm provided at each station?

17. Is a standard pressure gauge installed on each discharge line?

18. Is a compound gauge installed on the suction line of each pump?

19. Are pumps on a routine maintenance schedule?

20. What is the general condition of the:
 a. Pump

b. Motor

c. Switch gear

Section B. Auxiliary Power

21. Is auxiliary power supply provided on site? **Yes** **No** **Yes** **No** **Yes** **No**

22. Is it engaged manually or automatically? **M** **A** **M** **A** **M** **A**

23. What fuel does the generator use? Gasoline Gasoline Gasoline
 Diesel Diesel Diesel
 Propane Propane Propane

24. How often is auxiliary power tested?

Are the exhaust gases properly vented? **Yes** **No** **Yes** **No** **Yes** **No**

Section C. Remarks

PART V. Finished Water Storage

Section A. Treatment Plant Storage

	#1	#2	#3
1. Plant name .	_____	_____	_____
2. Storage volume (in millions)	<input type="text"/> <input type="text"/> <input type="text"/> gal.	<input type="text"/> <input type="text"/> <input type="text"/> gal.	<input type="text"/> <input type="text"/> <input type="text"/> gal.
3. Type of storage	<input type="checkbox"/> Elevated <input type="checkbox"/> Ground level <input type="checkbox"/> Below ground	<input type="checkbox"/> Elevated <input type="checkbox"/> Ground level <input type="checkbox"/> Below ground	<input type="checkbox"/> Elevated <input type="checkbox"/> Ground level <input type="checkbox"/> Below ground
4. Type of use	<input type="checkbox"/> Clear well <input type="checkbox"/> Backwash	<input type="checkbox"/> Clear well <input type="checkbox"/> Backwash	<input type="checkbox"/> Clear well <input type="checkbox"/> Backwash
5. Is common wall shared with unfinished water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Is storage facility covered and protected?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Are there any noticeable leaks in the storage facility?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Are deposits from purification chemicals present?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Is a water level indicator provided?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Section B. Distribution Storage

10. Name of distribution storage facility	_____	_____	_____
11. Usable volume (in millions)	<input type="text"/> <input type="text"/> <input type="text"/> gal.	<input type="text"/> <input type="text"/> <input type="text"/> gal.	<input type="text"/> <input type="text"/> <input type="text"/> gal.
12. Type	<input type="checkbox"/> Elevated <input type="checkbox"/> Ground level <input type="checkbox"/> Below ground	<input type="checkbox"/> Elevated <input type="checkbox"/> Ground level <input type="checkbox"/> Below ground	<input type="checkbox"/> Elevated <input type="checkbox"/> Ground level <input type="checkbox"/> Below ground
13. Is storage facility covered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. If uncovered, is effluent adequately disinfected?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15. a. Are roof hatches accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Locked?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
16. Does the overflow have a screen or a hinged flap?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17. Is the site fenced?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
18. Are access ladders inaccessible to the public?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
19. Does the storage facility have a separate drain?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
20. How often is water in storage tank turned over?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
21. Is a chlorine residual maintained in tank?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22. Is there adequate surface drainage around tank?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	Yes	No	Yes	No	Yes	No
23. Is elevation adequate to maintain 20 psi?	<input type="checkbox"/>					
24. Are level controls provided?	<input type="checkbox"/>					
25. Is the level monitored 24 hrs/day?	<input type="checkbox"/>					
26. Is an altitude valve used?	<input type="checkbox"/>					
27. Are valve pits vandal proof?	<input type="checkbox"/>					
28. Is cathodic protection of tank provided?	<input type="checkbox"/>					
29. Are anodes periodically checked and replaced?	<input type="checkbox"/>					
30. a. Inspection date of exterior paint	_____		_____		_____	
b. Inspection date of interior paint	_____		_____		_____	
31. a. Date last painted (exterior)	_____		_____		_____	
b. Date last painted (interior)	_____		_____		_____	
	Yes	No	Yes	No	Yes	No
32. Was acceptable paint used in the interior?	<input type="checkbox"/>					
33. Has a maintenance contract been provided?	<input type="checkbox"/>					

Section C. Hydropneumatic Storage

34. Name of facility	_____		_____		_____	
35. Usable volume	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gal	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gal	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gal	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gal	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gal	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gal
	Yes	No	Yes	No	Yes	No
36. Is a pressure gauge provided?	<input type="checkbox"/>					
37. Pressure range, PSI	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
	Yes	No	Yes	No	Yes	No
38. a. Is an air volume control provided?	<input type="checkbox"/>					
b. If Yes, what type?	_____		_____		_____	
	Yes	No	Yes	No	Yes	No
39. Is a sight glass provided?	<input type="checkbox"/>					

Section D. Remarks

PART VI. Transmission & Distribution System

Section A. Distribution Transmission Mains

1. Plant name	_____		_____		_____	
2. Number of transmission mains	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. a. Size of mains: length	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.
b. diameter	<input type="text"/> <input type="text"/> in.	in.	in.	in.	in.	in.
	Yes	No	Yes	No	Yes	No
4. Are mains adequately protected from freezing?	<input type="checkbox"/>					
Are relief valves provided on high points?	<input type="checkbox"/>					

6. Are blowoffs provided on low points?
7. a. Are mains periodically flushed?
- b. If Yes, how often? _____

Section B. Distribution System

- | | Yes | No | Yes | No | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. Is an adequate map maintained? | <input type="checkbox"/> |
| 9. Has a card system been developed that locates valves, etc.? | <input type="checkbox"/> |
| 10. Are there areas with chronic low pressure problems? | <input type="checkbox"/> |
| 11. Is the fire flow adequate? | <input type="checkbox"/> |
| 12. a. Are valves exercised regularly? | <input type="checkbox"/> |
| b. If Yes, How often? | _____ / _____ | | _____ / _____ | | _____ / _____ | |
| 13. Do dead ends in distribution system pose problems? | <input type="checkbox"/> |
| 14. Are blowoffs provided where necessary? | <input type="checkbox"/> |
| 15. a. Is the system periodically flushed? | <input type="checkbox"/> |
| b. If Yes how often? | _____ / _____ | | _____ / _____ | | _____ / _____ | |
| 16. Are mains protected from freezing? | <input type="checkbox"/> |
| 17. Is a replacement and/or relining program in place? | <input type="checkbox"/> |
| 18. Is 15% or more of water unaccounted for? | <input type="checkbox"/> |
| 19. Is a water conservation program in effect? | <input type="checkbox"/> |
| 20. Are replacement parts available? | <input type="checkbox"/> |
| 21. Are new piping & repairs adequately disinfected? | <input type="checkbox"/> |

22. Describe the general condition of the system.

Section C. Cross Connection Control

- | | Yes | No | Yes | No | Yes | No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 23. Is an ordinance in effect? | <input type="checkbox"/> |
| 24. If Yes, is ordinance adequate? | <input type="checkbox"/> |
| 25. Is an effective inspection program in effect? | <input type="checkbox"/> |
| 26. Is a maintenance and testing program in effect? | <input type="checkbox"/> |

Section D. Communities that Purchase Water

	Community Name	ID#	Population	Consumption (gal)
27. a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

28. Remarks

PART VII. Disinfection

Section A. General Information

	#1	#2	#3
1. Location of facilities	_____	_____	_____
2. Number of units at each location	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Disinfection method	_____	_____	_____
	Yes No	Yes No	Yes No
4. Is capacity adequate?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Are chemicals stored properly?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Is a 30 day supply on hand?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Has there been a problem obtaining chemicals?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Is sufficient stand-by equipment available?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Are spare chlorinator parts available?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10. Is a treated water tap provided?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. If Yes, what is the contact time at the tap?	<input type="text"/> min <input type="text"/> hr	<input type="text"/> min <input type="text"/> hr	<input type="text"/> min <input type="text"/> hr
12. Contact time before first consumer:			
a. Ground water	<input type="text"/> min <input type="text"/> hr	<input type="text"/> min <input type="text"/> hr	<input type="text"/> min <input type="text"/> hr
b. Surface water	<input type="text"/> min <input type="text"/> hr	<input type="text"/> min <input type="text"/> hr	<input type="text"/> min <input type="text"/> hr
13. Type of chlorine residual kit used	<input type="checkbox"/> OTA <input type="checkbox"/> DPD	<input type="checkbox"/> OTA <input type="checkbox"/> DPD	<input type="checkbox"/> OTA <input type="checkbox"/> DPD
14. Describe the general condition of the chlorinators	_____	_____	_____

Section B. Gas Chlorination

15. Facility name	_____	_____	_____
16. Point of application	_____	_____	_____
17. Purpose	<input type="checkbox"/> Pre-treatment <input type="checkbox"/> Post-treatment	<input type="checkbox"/> Pre-treatment <input type="checkbox"/> Post-treatment	<input type="checkbox"/> Pre-treatment <input type="checkbox"/> Post-treatment
18. Is self-contained breathing apparatus available?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
19. Are chlorinators located in a separate room?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
20. Is there an outside entrance with panic hardware?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
21. Is a sight window present?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22. Is the room properly vented?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there adequate forced ventilation?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 24. Is the exhaust fan properly located? | <input type="checkbox"/> |
| 25. Are controls for fan and light outside of room? | <input type="checkbox"/> |
| 26. Are gas leak detectors provided? | <input type="checkbox"/> |
| 27. Are cylinders placed on scales while in use? | <input type="checkbox"/> |
| 28. Is gas piping simple and supported? | <input type="checkbox"/> |
| 29. Are safety chains used for all cylinders? | <input type="checkbox"/> |
| 30. Is chlorinator room adequately heated? | <input type="checkbox"/> |
| 31. Is the proper cylinder repair kit provided? | <input type="checkbox"/> |

Section C. Hypochlorination

32. Facility name _____
33. Point of application _____
34. Purpose Pre-treatment Post-treatment Pre-treatment Post-treatment Pre-treatment Post-treatment
35. Hypochlorite used
- a. Type Sodium Calcium Common bleach Sodium Calcium Common bleach Sodium Calcium Common bleach
- b. Concentration % % %
36. What size crock is used for mixing? gal. gal. gal.
37. What is the final solution strength? % % %
38. Describe the general condition of the chlorinators.

Section D. Other Methods

39. Facility name _____
40. Point of application _____
41. Purpose Pre-treatment Post-treatment Pre-treatment Post-treatment Pre-treatment Post-treatment
42. Describe the overall condition of the equipment.

43. Describe any special safeguards that should be used with this equipment.

Section E. Remarks

PART VIII. Treatment Plant Maintenance & Safety

Name of Treatment Facility

Section A. Maintenance

	Yes	No		Yes	No
1. Is plant generally neat & clean?	<input type="checkbox"/>	<input type="checkbox"/>	5. Is a preventive maintenance schedule in place for:		
2. Is the interior piping maintained & color coded?	<input type="checkbox"/>	<input type="checkbox"/>	a. Motors	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there condensation problems in the interior of the plant?	<input type="checkbox"/>	<input type="checkbox"/>	b. Mechanical equipment	<input type="checkbox"/>	<input type="checkbox"/>
4. Is masonry work inside and outside of the plant well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	c. Structure	<input type="checkbox"/>	<input type="checkbox"/>
			6. Are equipment & tools needed for routine maintenance provided?	<input type="checkbox"/>	<input type="checkbox"/>
			7. Are commonly needed replacement parts available?	<input type="checkbox"/>	<input type="checkbox"/>
			8. Is a separate maintenance staff provided?	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Safety

9. Are emergency telephone numbers posted next to frequently used phones?	Yes	No	15. Do the chemical storage and feed rooms contain:	Yes	No
10. Are chemical feed rooms properly ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	a. Goggles	<input type="checkbox"/>	<input type="checkbox"/>
11. Are the activated carbon feed and storage rooms separate from the rest of the facility?	<input type="checkbox"/>	<input type="checkbox"/>	b. Aprons	<input type="checkbox"/>	<input type="checkbox"/>
12. Do activated carbon feed and storage rooms contain:			c. Rubber gloves	<input type="checkbox"/>	<input type="checkbox"/>
a. spark proof fixtures	<input type="checkbox"/>	<input type="checkbox"/>	16. Is a first aid kit provided?	<input type="checkbox"/>	<input type="checkbox"/>
b. no smoking signs	<input type="checkbox"/>	<input type="checkbox"/>	17. Are fire extinguishers		
13. Are eye wash stations located in:			a. Provided	<input type="checkbox"/>	<input type="checkbox"/>
a. Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	b. Properly located	<input type="checkbox"/>	<input type="checkbox"/>
b. Chemical storage area	<input type="checkbox"/>	<input type="checkbox"/>	18. Are railings provided around all tanks and basins?	<input type="checkbox"/>	<input type="checkbox"/>
c. Chemical feed area	<input type="checkbox"/>	<input type="checkbox"/>	19. Is emergency lighting adequate to maintain routine facility operation?	<input type="checkbox"/>	<input type="checkbox"/>
d. Any area where chemicals are handled/stored	<input type="checkbox"/>	<input type="checkbox"/>	20. Are overhead hazards present?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are emergency showers located in:			21. Are hard hats available and used?	<input type="checkbox"/>	<input type="checkbox"/>
a. Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	22. Are there any specific safety hazards in the plant?		
b. Chemical storage area	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please describe under Remarks.	<input type="checkbox"/>	<input type="checkbox"/>
c. Chemical feed area	<input type="checkbox"/>	<input type="checkbox"/>			
d. Any area where chemicals are handled/stored	<input type="checkbox"/>	<input type="checkbox"/>			

23. Remarks

.....

PART IX. Emergency Plan

Section A. General Information

1. Is an emergency telephone list containing the following available?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Ambulance | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Doctor | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fire | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Police | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Power company | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local public health/district engineer | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Responsible official | <input type="checkbox"/> | <input type="checkbox"/> |

2. List emergency sources available to the public water system.

3. Are portable auxiliary power sources available? Yes No

Section B. Emergency Plan

4. a. Does a written emergency plan exist?

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

b. If Yes, are job duties assigned to all personnel?

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

6. Is all equipment necessary to handle an emergency at hand or at an emergency equipment stockpile? Yes No

7. Is the emergency plan up to date? Yes No

5. Does the plan effectively handle the following emergencies?

- | | Yes | No |
|----------------------|--------------------------|--------------------------|
| a. Flooding | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Power outages | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hurricanes | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Main breaks | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Vandallism | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Loss of source | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Chemical spills | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other emergencies | <input type="checkbox"/> | <input type="checkbox"/> |

8. Remarks

PART X. Laboratory

1. Laboratory that analyzes monitoring samples for:

	Name	Approved Laboratory	
		Yes	No
a. Microbiology		<input type="checkbox"/>	<input type="checkbox"/>
b. Inorganic chemicals		<input type="checkbox"/>	<input type="checkbox"/>
c. Organic chemicals		<input type="checkbox"/>	<input type="checkbox"/>
d. Radiological		<input type="checkbox"/>	<input type="checkbox"/>

2. Is a copy of Subsection 5-1.23 "Reporting Emergency Changes" posted? Yes No

PART XI. Conclusions and Recommendations

1. State conclusions reached from evaluation; list commendations as well as deficiencies.

Empty box for conclusions and commendations/deficiencies.

2. State specific recommendations based on the deficiencies found.

Empty box for specific recommendations.

Small Water System Sanitary Survey Ground Water Sources

SECTION A. Identifying Information

					Survey Date					M	D	Y
1. Name of System					Sta. No.							
2. Location (City, Village, Town)					County							
4a. Name of Public Water System												
b. Address	No. & Street	City	State	Zip	Tel. No.	()						
5a. Owner of Water Supply												
b. Address	No. & Street	City	State	Zip	Tel. No.	()						
6. Name of well or infiltration gallery					#1				#2			
7. Is this for regular or auxilliary use?					<input type="checkbox"/> R <input type="checkbox"/> A				<input type="checkbox"/> R <input type="checkbox"/> A			
8. How often is it used?					/				/			
9. Does this source receive any treatment?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION B: Protection

1a. Are Watershed Rules & Regulations in effect?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
b. If yes, when were they last updated?					M D Y				M D Y				
2. What is the distance to the nearest:													
a. Subsurface disposal system?								Ft.				Ft.	
b. Sanitary sewer								Ft.				Ft.	
c. Storm sewer								Ft.				Ft.	
d. Waste lagoon								Ft.				Ft.	
e. Surface water								Ft.				Ft.	
3. Is it subject to 100 year flooding?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Is it subject to chemical spills?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Is the yield constant?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Is the site properly drained?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
7. How much land from the source is owned by the supplier?									Ft.				Ft.
8. How much land from the source is controlled by local ordinances or WR&R?													Ft.
9. How much land from the source is fenced?									Ft.				Ft.
10. Is the source located in a well house?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
11. (DRILLED WELL ONLY) Is the well casing properly sealed and grouted?					<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				

- 12a. Does the well vent face downward? Yes No Yes No
- b. Is it screened? Yes No Yes No
- 13a. Is the well located in a pit? Yes No Yes No
- b. If yes, is the pit floor dry and well drained? Yes No Yes No
14. What is the distance from the floor to the top of the casing? In. In.

SECTION C. Construction

1. What is the type of well? Drilled Dug Driven Drilled Dug Driven
2. What is the diameter of the well? Ft. Ft.
- 3a. Is the source an infiltration gallery? Yes No Yes No
- b. If Yes, what is the diameter of the collection basin? Ft. Ft.
4. Can the water level in the source be measured? Yes No Yes No
5. What is the static water level? Ft. Ft.
6. What is the pumping water level? Ft. Ft.
7. Is a low water shutoff provided? Yes No Yes No
8. Is a discharge pressure gauge provided? Yes No Yes No
9. Is a gate valve provided? Yes No Yes No
10. Is a check valve provided on the discharge piping? Yes No Yes No
- 11a. Is a blow-off provided on the discharge piping? Yes No Yes No
- b. If Yes, is it connected directly to a sanitary sewer? Yes No Yes No
12. Is a raw water sampling cock provided? Yes No Yes No
13. Is a well alarm system provided? Yes No Yes No
- 14a. Is the source metered? Yes No Yes No
- b. Are daily records kept? Yes No Yes No

SECTION D. Well Maintenance

1. When was the well last reconditioned? M Y M Y
2. What chemical was used in the last reconditioning? _____

SECTION E. Well Pump

1. What is the capacity? GPM GPM
2. Does the pump cycle more than 4 times/hour? Yes No Yes No
3. Are air valves provided? Yes No Yes No
4. Is the pump on a routine maintenance schedule? Yes No Yes No
5. What is the general condition of the: a. Pump _____
b. Motor _____
c. Switch gear _____
-

SECTION F. Auxiliary Power

1. Is auxiliary power supply provided on site? Yes No Yes No
2. Is it engaged manually or automatically? M A M A
3. What fuel does the generator use?
 Gasoline Gasoline
 Diesel Diesel
 Propane Propane
4. How often is auxiliary power tested? _____
5. Are the exhaust gases properly vented? Yes No Yes No
-

SECTION G. Disinfection

1. Location of facilities _____
2. Number of units at each location
3. Disinfection method (hypo/gas) _____
4. Is capacity adequate? Yes No Yes No
5. Are chemicals stored properly? Yes No Yes No
6. Is a 30 day supply on hand? Yes No Yes No
7. Has there been a problem obtaining chemicals? Yes No Yes No
8. Is sufficient stand-by equipment available? Yes No Yes No
9. Are spare chlorinator parts available? Yes No Yes No
10. Is a treated water tap provided? Yes No Yes No
11. If Yes, what is the contact time at the tap? Min. Hr. Min. Hr.
12. Contact time before first consumer: Min. Hr. Min. Hr.
13. Type of chlorine residual kit used OTA DPD OTA DPD
14. Point of application _____
15. Type of compound used _____
16. Crock size _____
17. Solution strength _____

18. Describe the general condition of the chlorinators

_____	_____
_____	_____
_____	_____

SECTION H: Hydroneumatic Storage

1. Location

2. Usable volume

gal.

gal.

3. Is a pressure gauge provided?

Yes No

Yes No

4. Pressure range, PSI

-

-

5a. Is an air volume control provided?

Yes No

Yes No

b. If Yes, what type?

6. Is a sight glass provided?

Yes No

Yes No

7. Is there a separate inlet and outlet?

Yes No

Yes No

Remarks

SECTION I. Distribution System

1. Are blowoffs provided where necessary?

Yes No

Yes No

2. Are mains adequately protected from freezing?

Yes No

Yes No

3. Any unprotected cross connections?

Yes No

Yes No

4. Are new piping/repairs adequately disinfected?

Yes No

Yes No

5. Production/consumption measured?

_____ Prod. _____ Consum.

_____ Prod. _____ Consum.

6. Number of emergency sources

7. Describe the general condition of the system.

Small Water System Sanitary Survey

Attachments, Emergency Plan, Safety, Conclusion and Recommendations

1. Name of system _____ Location (C,V,T) _____

2. Date evaluation completed:

--	--	--

M D Y

3. Summary of existing emergency plan _____

4. List specific safety problems _____

5. Copy of subsection 5-1.23 "Reporting Emergency Changes" posted _____

6. List specific sanitary code violations found _____

7. List other deficiencies found _____

8. State specific conclusions/recommendations based on deficiencies from previous pages _____

9. Other comments _____

**Sanitary Survey
Springs, Surface Sources
Additional Treatments**

PART I. Identifying Information

SURVEY DATE

1. Name of System	Station No.	<input type="text"/>
2. Location <small>City, Village, Town</small>	County	3. Program Code <input type="text"/> <input type="text"/> <input type="text"/>

PART II. General Information

Section A. Inventory Data – Springs

	#1	#2	#3
1. Name or number of spring	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Is this for regular or auxillary use?	<input type="checkbox"/> R <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> A
3. How often is it used?	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Does this source receive any treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is spring considered a surface (S) or ground (G) source?	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G	<input type="checkbox"/> S <input type="checkbox"/> G

Section B. Protection

	Yes	No	Yes	No	Yes	No
1 a. Are Watershed Rules & Regulations in effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, when were they last updated?	Mo Day Yr <input type="text"/> <input type="text"/> <input type="text"/>		Mo Day Yr <input type="text"/> <input type="text"/> <input type="text"/>		Mo Day Yr <input type="text"/> <input type="text"/> <input type="text"/>	
2. What is the distance to the nearest:						
a. Subsurface disposal system	<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.	
b. Sanitary sewer	<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.	
c. Storm sewer	<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.	
d. Waste lagoon	<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.	
e. Surface water	<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> ft.	
3. Is it subject to 100 year flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is it subject to chemical spills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the yield constant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the site properly drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How much land from the source is owned by the supplier?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	
8. How much land from the source is controlled by local ordinances or WR&R?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	
9. How much land from the source is fenced?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ft.	
10. Is the land posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Construction

	#1		#2		#3	
	Yes	No	Yes	No	Yes	No
1. Is there a proper cover?	<input type="checkbox"/>					
2. Is there proper ventilation?	<input type="checkbox"/>					
3. Is there evidence of animals?	<input type="checkbox"/>					
4. Is an overflow provided?	<input type="checkbox"/>					
5. Is there surface water intrusion?	<input type="checkbox"/>					
6. Is the source metered?	<input type="checkbox"/>					
7. When was the spring last cleaned?	Mo	Day	Yr	Mo	Day	Yr
8. How often is it cleaned?	/ /		/ /		/ /	
9. Condition of spring basin(s)						

Section D. Basin Pump

1. What is the capacity?	<input type="text"/>	gpm	<input type="text"/>	gpm	<input type="text"/>	gpm		
2. Does the pump cycle more than 4 times /hour?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Are air relief valves provided?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Are pressure gauges installed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Is the pump on a routine maintenance schedule?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. What is the general condition of the:								
a. Pump	_____							
b. Motor	_____							
c. Switch gear	_____							

Section E. Auxiliary Power

1. Is auxiliary power supply provided on site?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Is it engaged manually or automatically?	<input type="checkbox"/>	M	<input type="checkbox"/>	A	<input type="checkbox"/>	M	<input type="checkbox"/>	A
3. What fuel does the generator use?	<input type="checkbox"/>	Gasoline	☐	Gasoline	☐	Gasoline	☐	Gasoline
	<input type="checkbox"/>	Diesel	☐	Diesel	☐	Diesel	☐	Diesel
	<input type="checkbox"/>	Propane						
4. What is the capacity?	<input type="text"/>	gpm	<input type="text"/>	gpm	<input type="text"/>	gpm		
5. How often is auxiliary power tested?								
6. Are the exhaust gases properly vented?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Remarks

PART III. General Information

Section A. Inventory Data – Surface Sources

	#1	#2	#3
1. Name of the surface source	_____	_____	_____
2. Is this for regular or auxillary use?	<input type="checkbox"/> R <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> A
3. How often is it used?	____/____	____/____	____/____
4. Does this source receive any treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section B. Protection

	Yes	No	Yes	No	Yes	No
1 a. Are Watershed Rules & Regulations in effect?	<input type="checkbox"/>					
b. If yes, when were they last updated?	Mo Day Yr		Mo Day Yr		Mo Day Yr	
2. Is there a local ordinance/law limiting use?	<input type="checkbox"/>					
3. Is there a solid waste disposal site on the watershed?	<input type="checkbox"/>					
4. Is there a scavenger disposal site on the watershed?	<input type="checkbox"/>					
5. Is there a water pollution control plant on the watershed?	<input type="checkbox"/>					
6. Is the watershed posted?	<input type="checkbox"/>					
7. Percent of agricultural use of watershed	_____%		_____%		_____%	
9. Percent residential development in watershed	_____%		_____%		_____%	
9. Percent of watershed owned by public water system	_____%		_____%		_____%	
10. Are the following permitted?	Yes	No	Yes	No	Yes	No
a. Fishing	<input type="checkbox"/>					
b. Boating	<input type="checkbox"/>					
c. Swimming	<input type="checkbox"/>					
d. Hiking	<input type="checkbox"/>					
e. Other _____	<input type="checkbox"/>					
11. Radius of restricted use from intake	____ ft.		____ ft.		____ ft.	
12. Other sources of pollution	_____					

Section C. Source Water Quality Control

	#1		#2		#3	
	Yes	No	Yes	No	Yes	No
1. Is the source subject to turnover?	<input type="checkbox"/>					
2. Is the hypolimnion blown off?	<input type="checkbox"/>					
3. Is there algae control? If yes, frequency of control	<input type="checkbox"/>					
4. Has DEC permit been issued?	<input type="checkbox"/>					
5. Is there weed control? If yes, frequency of control	<input type="checkbox"/>					
6. Has DEC permit been issued?	<input type="checkbox"/>					
7. Are there significant silted areas?	<input type="checkbox"/>					
8. Is there overgrown vegetation on the shoreline?	<input type="checkbox"/>					

Section D. Construction

1. Type: Reservoir (R), Impoundment (I), Stream (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Average daily withdrawal – Mgd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maximum daily withdrawal – Mgd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Safe Yield – Mgd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Watershed area – sq. mi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Volume of usable raw water storage – mg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Number of intake levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Frequency of cleaning intakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is reservoir drain exercised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Type of dam	_____			
11. Are there leaks in the dam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the concrete spalling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are trees growing on the dam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the dam face eroding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are ramps/walkways safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall condition	_____			

Section E. Pumps

	#1		#2		#3	
1. What is the capacity?	| | | | gpm		| | | | gpm		| | | | gpm	
	Yes	No	Yes	No	Yes	No
2. Does the pump cycle more than 4 times /hour?	<input type="checkbox"/>					
3. Are air relief valves provided?	<input type="checkbox"/>					
4. Are pressure gauges installed?	<input type="checkbox"/>					
5. Is the pump on a routine maintenance schedule?	<input type="checkbox"/>					
6. What is the general condition of the:						
a. Pump	.....		.....		.....
b. Motor	.....		.....		.....
c. Switch gear	.....		.....		.....

Section F. Auxillary Power

1. Is auxiliary power supply provided on site?	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it engaged manually or automatically?	M	A	M	A	M	A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What fuel does the generator use?	<input type="checkbox"/> Gasoline		<input type="checkbox"/> Gasoline		<input type="checkbox"/> Gasoline	
	<input type="checkbox"/> Diesel		<input type="checkbox"/> Diesel		<input type="checkbox"/> Diesel	
	<input type="checkbox"/> Propane		<input type="checkbox"/> Propane		<input type="checkbox"/> Propane	
4. What is the capacity?	| | | | gpm		| | | | gpm		| | | | gpm	
5. How often is auxiliary power tested?	| / |		| / |		| / |	
6. Are the exhaust gases properly vented?	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

PART IV. General Information

Section A. Treatment – Chemical Feed

	Feeder 1	Feeder 2	Feeder 3	Feeder 4
1. Treatment objective	_____	_____	_____	_____
2. Chemical used	_____	_____	_____	_____
3. Feeder type	_____	_____	_____	_____
4. Dosage in ppm	_____	_____	_____	_____
5. Where is chemical fed to system?	_____	_____	_____	_____
6. Is adequate chemical storage available?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is there a 30 day minimum inventory?	<input type="checkbox"/> <input type="checkbox"/>			
8. Are feed lines color coded?	<input type="checkbox"/> <input type="checkbox"/>			
9. Do feed lines clog?	<input type="checkbox"/> <input type="checkbox"/>			
10. Is there adequate dust control?	<input type="checkbox"/> <input type="checkbox"/>			
11. Frequency of feeder calibration	_____	_____	_____	_____
12. Overall condition of feeder	_____	_____	_____	_____

Section B. Aerators

1. Type of aerator	_____
2. Treatment objective	_____
3. Overall condition	_____
4. Any operational problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C. Rapid Mix

1. Type of rapid mix units	_____
2. Number of units available	□□□□
3. What chemicals are used?	_____
4. Is there proper mixing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Can the energy gradient be varied?	<input type="checkbox"/> <input type="checkbox"/>
6. Overall condition of rapid mix units	_____

Section D. Flocculation

1. Type of flocculation units

2. Number of flocculation basins provided

3. How is energy gradient varied?

Speed Paddles

4. Is the floc size maintained to the clarification basin?

Yes No

5. Is there adequate detention time?

Time in minutes

6. Is there proper flow through velocity?

Yes No

Velocity in feet per second (FPS)

7. Frequency of equipment maintenance

/

8. Overall condition of basins/equipment

Section E. Clarification

1. Type of clarifiers

2. Number of basins provided

3. What is the detention time?

4. Is there short-circuiting?

Yes No

5. Is effluent weir flow level and uniform?

6. Is there excessive flocculation carryover to filters?

7. Type of cleaning method

Frequency of cleaning

/

8. If tubes are used, do they self-clean?

Yes No

9. Installation angle of tubes

7.5° 60°

10. Method of cleaning top tubes

11. General condition of clarification units

Section F. Filtration

F1. Filters	Filter #1	Filter #2	Filter #3
1. Type of filter			
2. Number of filters	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Operating rate, gpm/sq. ft.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Approved design rate			
5. Are filter runs too short?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Head loss/filter rate after backwash (gpm/sq. ft.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Head loss/filter rate at backwash time (gpm/sq. ft.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Are the following installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
backwash flow rate gauges	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
head loss gauges	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
flow rate gauges	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Condition of wash troughs			
10. Is the backwash rate adequate?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. Is there adequate bed expansion during backwash?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. Is there a surface (air) wash provided?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13. Is backflow protection provided for the surface wash water?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

F2. Media	Filter #1	Filter #2	Filter #3
1. What type of media is used?			
2. What is the depth of the media?	<input type="text"/> in.	<input type="text"/> in.	<input type="text"/> in.
3. Are dead spots present?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are cracks in the media evident?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Is there evidence of uneven media layering?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Are mud balls present?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Date media last analyzed	Mo Day Yr <input type="text"/>	Mo Day Yr <input type="text"/>	Mo Day Yr <input type="text"/>
8. Uniformity coefficient	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. What is the effective size?	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. What is the particle shape of the media?			
11. Is additional media stored on the site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

F2. Diatomaceous Earth Filters

	Filter #1		Filter #2		Filter #3	
	P	V	P	V	P	V
1. Is it pressure or vacuum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What is the precoat rate?	<input type="text"/>		<input type="text"/>		<input type="text"/>	
3. Does the precoat have adequate thickness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is the precoat water potable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What is the body feed rate?	<input type="text"/>		<input type="text"/>		<input type="text"/>	
6. Is the body feed rate adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. What type of backwash is provided?	<input type="text"/>					

Section G. Backwash Waste

1. Describe type of treatment process _____

	Yes	No	Yes	No	Yes	No
2. Does the treatment process have DEC approval?	<input type="checkbox"/>					
3. Is the wash water recycled?	<input type="checkbox"/>					

If yes, where? _____

Condition of disposal facility _____

Section H. Clarification Sludge

1. Describe type of treatment process _____

	Yes	No	Yes	No	Yes	No
2. Is alum reclaimed?	<input type="checkbox"/>					

3. How is the sludge ultimately disposed of? _____

	Yes	No	Yes	No	Yes	No
4. Is the supernatant recycled?	<input type="checkbox"/>					
5. Does the treatment process have DEC approval?	<input type="checkbox"/>					

Condition of disposal facility _____

LOCAL HEALTH DEPARTMENT - PUBLIC WATER SUPPLIES
WATER SUPPLY DATA VALIDATION / SANITARY SURVEY

System Name: DEMO SYSTEM
ACTIVE COMMUNITY SYSTEM

PWS ID: 99399999

Program Code: 100 Primary Service Area Type Code: Ownership: V (CITY OR VILLAGE)

System Locality: ANYWHERE(T) Gazatteer Code: 1111 System Zip: 12121-2121

Service Connections: 500 Retail Population: 10000 SNC: NO

System Production Capacity: 0 (gallons/day)

Average Daily Consumption: 0 (gallons)

Distribution Storage Cap.: 0 (gallons) Type:

System Begin Date: 95/03 (yy/mm) System Deactivation Date: / (yy/mm)

For Seasonal Supplies: Begin Date: / (mm/dd) End Date: / (mm/dd)

Percent Metered: Residential: (%) Commercial: (%) Industrial: (%)

Date of Last Visit: 03/28/95 Staff: JONES

Last Sanitary Survey: 03/28/95 Staff: JONES

Data Validation or Inspection Date (this form): ___ / ___ / ___ by: _____

NOTES / COMMENTS

Source/Treatment Information for: DEMO SYSTEM
PWS ID: 99399999

SOURCE TYPE	ID	AVAIL.	CODE	NAME	PRODUCTION CAPACITY (gpd)	NEXT ID	ENTRY POINT
SOURCE	001	PERM	G	WELL 1	99999999	000	Y

Treatment Objective: D Process: 423 Status: Active Required? Yes

Address Information for: DEMO SYSTEM
PWS. ID: 9939999

< A=EHS OWNER, O=OWNER, B=EHS OPER, R=CHIEF OPER, E=EMPLOYEE, Z=EMERGENCY >

TYPE	LAST NAME	FIRST NAME	MI	ADDRESS
0	PUBLIC	JOHN	Q	CITY HALL 1 CITY HALL PLAZA ANYWHERE NY 121212121
	Title: MAYOR			
	phone: (555) 555-5555	type: WORK		
R	WRENCH	JOHN	Q	DEMO TREATMENT PLANT 2 DEMO WAY ANYWHERE NY 121212121
	Title: SUPERVISOR			
	phone: (555) 555-5555	type: WORK		
	T Certification ID: 999999			
	D Certification ID: 999999			

Date Printed 03/29/95

Page 4

System Comments for: DEMO SYSTEM
PWS ID: 99399999

This is a sample of system comments. Two to three pages are available.

LOCAL HEALTH DEPARTMENT
PUBLIC WATER SUPPLY INSPECTION/SANITARY SURVEY

03/29/95

DEMO SYSTEM PWS ID: 9939999
INSPECTION/SURVEY DATE: 03/28/95 STAFF: JONES

<u>CODE REQUIREMENT</u>	<u>COMPLIANCE</u>
1) WATER SOURCE PROTECTION (5-1.12,14) This is a sample of comments section for each question.	>> 1 <<
2) NEW CONSTRUCTION/MODIFICATIONS/REPAIRS (5-1.20...22)	>> 1 <<
3) EMERGENCY PLANS & RESPONSE (5-1.23,25,26,33)	>> 1 <<
4) TREATMENT MAINTAINED (DISINFECTION) (5-1.30)	>> 1 <<
5) TREATMENT MAINTAINED (OTHER TREATMENT) (5-1.30)	>> 1 <<
6) ADEQUATE SYSTEM PRESSURE (5-1.27)	>> 1 <<
7) CROSS CONNECTION CONTROL (5-1.31)	>> 1 <<
8) WATER PLANT OPERATOR CERTIFICATION (5-4)	>> 1 <<
9) OPERATION REPORTS (5-1.72)	>> 1 <<
10) PUBLIC NOTIFICATION (5-1.50...52)	>> 1 <<
11) WATER QUALITY COMPLIANCE (5-1.50...52)	>> 1 <<

COMPLIANCE KEY: 1-Compliance, 2-Code Violation, 3-Unknown,
4-Not Applicable, 5-Disinfection Waiver

Disinf. Waiver Effective: / / Expires: / / Reviewed: / /
Reduced Microbiological Monitoring Date: / /
Cross Connection Devices: Installed: 4 Tested: 4

EPA REGION IV

- **Onsite Inspection Report Form**

EPA Region IV On-Site Inspection Report Form

ON SITE INSPECTION REPORT

(Part I: To be completed by State, Indian Land, and/or PWS)

Date:

Name of PWS:

Phone:

Mailing address:

County:

PWS ID#:

Physical location and directions:

Name, address, and phone no. of Owner or Person Legally Responsible:

Name(s) of Operators:

Certification/type(s):

Last Sanitary Survey completed:

PWS source(s):

PWS TYPE

- Community
 Non-Community
 Transient Non-Community
 Non-Transient Non-Community

SERVICE DATA

Service Area:

- Residential School
 Industrial Other: _____

Population (Year round): _____

Summer: _____ Winter: _____

Connections: _____

Factoring method or actual calculation: _____

Water (gal/day)

in house use: _____

consumer use: _____

raw water pumped: _____

water lost: _____

Purchased from: _____

Sold to: _____

In past 5 years have there been any?

Interruptions in service

Reports of waterborne disease

Complaints about water quality

RESERVOIRS, LAKES, AND STREAMS

Name(s): _____

Lat: _____ Long: _____

Area: _____ Volume: _____

Rate of flow (gal): _____

Frequency of intake inspection: _____

Date of last inspection _____

STORAGE TANK(S)

Number and type of material:

ground level: _____

underground: _____

tower: _____

Volume (gal):

gravity _____ pressure _____

Total days supply (all sources) _____

WATER TREATMENT DATA

Daily output (gal/day):

design _____ average _____

maximum _____

WELL INFORMATION

Well Number	1	2	3
Latitude			
Longitude			
Well housed			
Date drilled			
Total depth (ft)			
Rate of flow			
Pump set at			
Type of pump			

COMMENTS:

DISTRIBUTION DATA

System Number	1	2	3
Type			
Origin			
Material			
Interior Diameter			
Length			

COMMENTS:

Note: If more than three wells or three distribution systems exist please use as many copies of this page as are necessary.

MONITORING AND RECORDS

VIOLATIONS			
Type of violation	Month and year		Federal or State
M/R:			
MCL:			
Public Notice (M/R)			
Public Notice (MCL)			

HIGH SERVICE PUMPS

Pump number	1	2	3
Type			
Make			
Model			
Capacity			
Date installed			
Last Maintenance			

COMMENTS:

Note: If more than three pumps exist please use as many copies of this page as are necessary.

ON SITE INSPECTION REPORT

(Part II: To be completed during on site visit)

Name of PWS: _____
PWS Source: _____

PWS ID #: _____

SPRINGS AND INFILTRATION GALLERIES

How is access to water source controlled?

- Ownership
- Ordinances
- Fencing
- Uncontrolled

Sources of potential pollution:

Watershed survey? Yes No
Date _____ Agency _____

Describe supply intake: _____

Describe seasonal or other conditions which change water quality:

Overall service rating:
Satisfactory
Unsatisfactory
Not Applicable

Comments: _____

RESERVOIRS, LAKES, AND STREAMS

Sources of potential pollution:

Watershed survey? Yes No
Date _____ Agency _____

Surface treatment of contained water? Yes No

Area around intake restricted?
 Yes No Radius (ft) _____

Multiple intakes at different levels?
 Yes No

Intakes screened? Yes No

Frequency of intake inspection:

Describe seasonal or other conditions which change water quality:

Raw water measurement for:
Turbidity _____ PH _____
Temp _____ TC _____
Giardia cyst _____

Overall service rating:
Satisfactory
Unsatisfactory
Not Applicable

Comments: _____

MONITORING AND RECORDS

Number of bacteria samples taken per month: _____

Is sampling procedure adequate? Yes No NA

Are copies of monitoring results, system records, and plans: retained on premises? Yes No available to surveyor? Yes No

Samples taken during survey? Yes No
type _____
results _____

Laboratory certified by state for:
Bacti/Turb? Yes No NA
Chem/Rad? Yes No NA

Overall service rating:
Satisfactory
Unsatisfactory
Not Applicable

Comments: _____

WATER TREATMENT DATA

Plant schematic readily available and up to date? Yes No

Types of treatment:
 Aeration Coagulation
 Flocculation Sedimentation
 Filtration Disinfection
 Fluoridation
 Corrosion Control Inhibitors
 Other _____

Mixing, coagulation, flocculation and sedimentation:

Are chemical dosages based on laboratory data? Yes No

If not then what? _____

Chemicals used _____

Filtration:
Type _____ Media _____

Backwash determining factor(s):
 Turbidity Time
 Automatic setting Headloss
 Other _____

Average time between backwash: _____

Violation of finished water turbidity in past year? Yes No

Standby equipment? Yes No
In good working order? Yes No

Spare parts available? Yes No

Missing or altered data? Yes No
If "yes" explain: _____

Possible falsification of system files? Yes No
(if "yes" explain): _____

Disinfection: liquid gas
Method in use:
 Chlorine gas/liquid Ozone
 Na hypochlorite Iodine
 Ca hypochlorite UV
 Chloramines Ammonia
 Other: _____

Dosage _____

Point of application _____

Contact time between injection and first point of use? _____

Residual monitored? Yes No
TTHMs evaluated? Yes No NA

Overall service rating:
Satisfactory
Unsatisfactory
Not Applicable

Comments: _____

STORAGE TANKS

Type of tank(s): _____
Date tank(s) last cleaned _____
Site subject to flooding?
 Yes No

Unit structurally sound and properly maintained? Yes No

Are overflow lines, air vents, drainage lines, and clean-out pipes:
 turned downward covered/screened
 terminated three NA diameters above ground

Can tank(s) be isolated from system? Yes No
Is storage: covered enclosed

If repaired was tank disinfected?
 Yes No
Are there any cisterns on site?
 Yes No
Do any tanks store untreated water?
 Yes No

Overall service rating:
Satisfactory
Unsatisfactory
Not Applicable

Comments: _____

DISTRIBUTION DATA

Cross connection control program?
 Yes No
Adequate maintenance program?
 Yes No
Plans of system available & current?
 Yes No
Adequate pressure throughout the distribution system (min 20 psi)?
 Yes No
Interconnection with other system?
 Yes No

Describe: _____

Overall service rating:
Satisfactory
Unsatisfactory
Not Applicable

Comments: _____

SAFETY

Chemicals and supplies stored properly? Yes No

Adequate ventilation in necessary areas? Yes No

Adequate safety equipment provided and required? Yes No

Breathing apparatus Yes No

Chlorine doors posted with warnings? Yes No

Chlorine doors open outward to outside? Yes No

Fan in chlorine room with vent to outside? Yes No

Leak detector in chlorine room? Yes No

Chlorine feed and storage isolated from other facilities? Yes No

Chlorine cylinders adequately restrained? Yes No

Chlorine leak kits available? Yes No

Emergency plan for all areas? Yes No

Employees familiar with emergency plan? Yes No

Backup power? Yes No

Contingency/Emergency Operating Plan? Yes No

Staff completed safety training? Yes No

Overall service rating:
Satisfactory
Unsatisfactory
Not Applicable

Comments: _____

SECURITY

(Please place "X" in appropriate boxes)			
	Patrolled	Fenced	Locked
Wells			
Springs and infiltration galleries			
Stream intakes			
Reservoirs and lakes			
Pump houses			
Treatment facilities			
Storage tanks			
Manholes and vaults			
Chemical storage shed			

Access to all facilities restricted to authorized personnel? Yes No

Overall service rating:

- Satisfactory
- Unsatisfactory
- Not Applicable

Comments: _____

COMPREHENSIVE OVERALL RATING FOR ENTIRE FACILITY

- Satisfactory
- Unsatisfactory
- Not Applicable

