United States
Environmental Protection Agency

Preventive Maintenance for Small Public Water Systems Using Ground Water

An Interactive PDF with Suggested Preventive Maintenance Tasks and Logs

Ongoing Logs: Water Quality, Electricity Use, Well Levels, Repairs, Customer Service and Employee Training

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WATER QUALITY

Water Quality Sampling: Locations 1 & 2

	Location 1: _____		Location 2: _____		
Month	Coliform Sample Taken (check box for "Yes")	Other Sample Taken (check box for "Yes")	Coliform Sample Taken (check box for "Yes")	Other Sample Taken (check box for "Yes")	Notes
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

WATER QUALITY

Water Quality Sampling: Locations 3 & 4

	Location 3: _____		Location 4: _____		
Month	Coliform Sample Taken (check box for "Yes")	Other Sample Taken (check box for "Yes")	Coliform Sample Taken (check box for "Yes")	Other Sample Taken (check box for "Yes")	Notes
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

WATER QUALITY

Water Quality Sampling: Locations 5 & 6

	Location 5: _____		Location 6: _____		
Month	Coliform Sample Taken (check box for "Yes")	Other Sample Taken (check box for "Yes")	Coliform Sample Taken (check box for "Yes")	Other Sample Taken (check box for "Yes")	Notes
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

ELECTRICITY USE

Electric Meter Log: Locations 1 & 2

	Location 1: _____		Location 2: _____		
Month (Date)	Electric Meter Reading	Monthly Water Production (if pumping is a major use of energy)	Electric Meter Reading	Monthly Water Production (if pumping is a major use of energy)	Notes
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

ELECTRICITY USE

Electric Meter Log: Locations 3 & 4

	Location 3: _____		Location 4: _____		
Month (Date)	Electric Meter Reading	Monthly Water Production (if pumping is a major use of energy)	Electric Meter Reading	Monthly Water Production (if pumping is a major use of energy)	Notes
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

ELECTRICITY USE

Electric Meter Log: Locations 5 & 6

	Location 5: _____		Location 6: _____		
Month (Date)	Electric Meter Reading	Monthly Water Production (if pumping is a major use of energy)	Electric Meter Reading	Monthly Water Production (if pumping is a major use of energy)	Notes
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

WELL PUMPING LEVELS

Monthly Static (S) and Pumping (P) Levels: Wells 1-3

	Well No. 1		Well No. 2		Well No. 3		
Month	S & P Level (in feet)	Recharge time (min)	S & P Level (in feet)	Recharge time (min)	S & P Level (in feet)	Recharge time (min)	Notes
January	S:		S:		S:		
	P:		P:		P:		
February	S:		S:		S:		
	P:		P:		P:		
March	S:		S:		S:		
	P:		P:		P:		
April	S:		S:		S:		
	P:		P:		P:		
May	S:		S:		S:		
	P:		P:		P:		
June	S:		S:		S:		
	P:		P:		P:		
July	S:		S:		S:		
	P:		P:		P:		
August	S:		S:		S:		
	P:		P:		P:		
September	S:		S:		S:		
	P:		P:		P:		
October	S:		S:		S:		
	P:		P:		P:		
November	S:		S:		S:		
	P:		P:		P:		
December	S:		S:		S:		
	P:		P:		P:		

PUMPING LEVELS

Monthly Static (S) and Pumping (P) Levels: Wells 4-6

	Well No. 4		Well No. 5		Well No. 6		
Month	S & P Level (in feet)	Recharge time (min)	S & P Level (in feet)	Recharge time (min)	S & P Level (in feet)	Recharge time (min)	Notes
January	S:		S:		S:		
	P:		P:		P:		
February	S:		S:		S:		
	P:		P:		P:		
March	S:		S:		S:		
	P:		P:		P:		
April	S:		S:		S:		
	P:		P:		P:		
May	S:		S:		S:		
	P:		P:		P:		
June	S:		S:		S:		
	P:		P:		P:		
July	S:		S:		S:		
	P:		P:		P:		
August	S:		S:		S:		
	P:		P:		P:		
September	S:		S:		S:		
	P:		P:		P:		
October	S:		S:		S:		
	P:		P:		P:		
November	S:		S:		S:		
	P:		P:		P:		
December	S:		S:		S:		
	P:		P:		P:		

REPAIR LOGS

Safety Equipment Repair Log

Record any maintenance, repair or replacement of safety equipment.				
Date	Equipment (e.g. SCBA, air monitor,etc.)	Location	Maintenance or Repair Completed: (e.g.. calibrated, cleaned, etc.)	Notes or Comments

REPAIR LOGS

Water Main Repairs Log

Date / Time Reported	Location	Main Size	Break Type	Main Pressure	Repaired / Replaced	Date / Time of Repair / Replacement	Notes/Comments

(Continued on next page)

REPAIR LOGS

Water Main Repairs Log

Date / Time Reported	Location	Main Size	Break Type	Main Pressure	Repaired / Replaced	Date / Time of Repair / Replacement	Notes/Comments

(Continued on next page)

REPAIR LOGS

Water Main Repairs Log

Date / Time Reported	Location	Main Size	Break Type	Main Pressure	Repaired / Replaced	Date / Time of Repair / Replacement	Notes/Comments

REPAIR LOGS

Service Line Repairs Log

Date / Time Reported	Location	Service Line Size	Break Type	Line Pressure	Repaired / Replaced	Date / Time of Repair / Replacement	Notes/Comments

(Continued on next page)

REPAIR LOGS

Service Line Repairs Log

Date / Time Reported	Location	Service Line Size	Break Type	Line Pressure	Repaired / Replaced	Date / Time of Repair / Replacement	Notes/Comments

(Continued on next page)

REPAIR LOGS

Service Line Repairs Log

Date / Time Reported	Location	Service Line Size	Break Type	Line Pressure	Repaired / Replaced	Date / Time of Repair / Replacement	Notes/Comments

REPAIR LOGS

Other Equipment Repairs Log

Date / Time	Location	Equipment Type	Equipment ID	Failure Type	Repaired / Replaced	Date / Time of Repair / Replacement	Notes/Comments

VALVE EXERCISING

Mains Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.						
Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

Mains Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.

Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

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When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.						
Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

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Mains Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.						
Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

Mains Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.						
Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

VALVE EXERCISING

Plant/Pumphouse Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.						
Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

Plant/Pumphouse Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.

Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

VALVE EXERCISING

Hydrant Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.

Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

Hydrant Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.						
Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

Hydrant Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.

Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

Hydrant Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.

Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

Hydrant Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.

Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

(Continued on next page)

VALVE EXERCISING

Hydrant Valve Exercising Log

When exercising the valves, be sure to record the time, type of valve, whether valve functions properly and valve position.

Date	Time	Valve Number	Type (gate, plug, etc.)	Location	Position (open full, open partial, or closed, # of turns)	Comments (condition, repairs needed, won't seat, etc.)

CUSTOMER SERVICE

Customer Complaint Log

Date/Time Reported	Questions, Concerns, or Potential Problems	Customer Name and Information	Person Assigned / Action Taken	Complaint Resolved / Researched	Date/Time Resolved

(Continued on next page)

CUSTOMER SERVICE

Customer Complaint Log

Date/Time Reported	Questions, Concerns, or Potential Problems	Customer Name and Information	Person Assigned / Action Taken	Complaint Resolved / Researched	Date/Time Resolved

(Continued on next page)

CUSTOMER SERVICE

Customer Complaint Log

Date/Time Reported	Questions, Concerns, or Potential Problems	Customer Name and Information	Person Assigned / Action Taken	Complaint Resolved / Researched	Date/Time Resolved

(Continued on next page)

CUSTOMER SERVICE

Customer Complaint Log

Date/Time Reported	Questions, Concerns, or Potential Problems	Customer Name and Information	Person Assigned / Action Taken	Complaint Resolved / Researched	Date/Time Resolved

(Continued on next page)

CUSTOMER SERVICE

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Date/Time Reported	Questions, Concerns, or Potential Problems	Customer Name and Information	Person Assigned / Action Taken	Complaint Resolved / Researched	Date/Time Resolved

(Continued on next page)

CUSTOMER SERVICE

Customer Complaint Log

Date/Time Reported	Questions, Concerns, or Potential Problems	Customer Name and Information	Person Assigned / Action Taken	Complaint Resolved / Researched	Date/Time Resolved

(Continued on next page)

CUSTOMER SERVICE

System Telephone Threat Checklist / Log

1) Types of Tampering/Threat (check all that apply):	**2) Call Received By:**
☐ Contamination ☐ Biological ☐ Chemical ☐ Threat to tamper ☐ Bombs, explosives, etc. ☐ Other (explain):	Name: Address: Phone: Date of Call: Time of Call:

3) Location of Tampering (check all that apply):		**4) Contaminant/Source Information:**
☐ Distribution line	☐ Raw water source	Contaminant source and quantity:
☐ Water storage facilities	☐ Treatment chemicals	Date and time of tampering threat:
☐ Treatment plant	☐ Other:	Caller name/alias, address, phone #:

5) Is the Connection Clear?	**6) The caller appears to be: (check all that apply):**	
(Could it have been a wireless or cell phone?)	☐ Male ☐ Female ☐ Impolite ☐ Illiterate	☐ Well spoken ☐ Irrational ☐ Incoherent ☐ Other:

7) Is the Caller's voice (check all that apply):			
☐ Soft	☐ Loud	☐ Clear	☐ Excited
☐ Slurred	☐ Nasal	☐ Crackling	☐ Rapid
☐ Deep	☐ High	☐ Slow	☐ Normal
☐ Old	☐ Angry	☐ Crying	☐ Stuttering
☐ Calm	☐ Laughing	☐ Lisping	☐ Young

8) Are there background noises:

Street noises (what kind?):
Machinery (what type?):
Voices (describe):
Children (describe):
Animals (what kind?):
Computer keyboard/office:
Motors (describe):
Music (what kind?):
Other:

(Continued on next page)

CUSTOMER SERVICE

System Telephone Threat Checklist / Log

1) Types of Tampering/Threat (check all that apply):	**2) Call Received By:**
Contamination Biological Chemical Threat to tamper Bombs, explosives, etc. Other (explain):	Name: Address: Phone: Date of Call: Time of Call:

3) Location of Tampering (check all that apply):		**4) Contaminant/Source Information:**
Distribution line	Raw water source	Contaminant source and quantity:
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Treatment plant	Other:	Caller name/alias, address, phone #:

5) Is the Connection Clear?	**6) The caller appears to be: (check all that apply):**	
(Could it have been a wireless or cell phone?)	Male Female Impolite Illiterate	Well spoken Irrational Incoherent Other:

7) Is the Caller's voice (check all that apply):			
Soft	Loud	Clear	Excited
Slurred	Nasal	Crackling	Rapid
Deep	High	Slow	Normal
Old	Angry	Crying	Stuttering
Calm	Laughing	Lisping	Young

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Computer keyboard/office:

Motors (describe):

Music (what kind?):

Other:

(Continued on next page)

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Motors (describe):

Music (what kind?):

Other:

(Continued on next page)

CUSTOMER SERVICE

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8) Are there background noises:

Street noises (what kind?):

Machinery (what type?):

Voices (describe):

Children (describe):

Animals (what kind?):

Computer keyboard/office:

Motors (describe):

Music (what kind?):

Other:

(Continued on next page)

CUSTOMER SERVICE

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Machinery (what type?):

Voices (describe):

Children (describe):

Animals (what kind?):

Computer keyboard/office:

Motors (describe):

Music (what kind?):

Other:

(Continued on next page)

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Street noises (what kind?):
Machinery (what type?):
Voices (describe):
Children (describe):
Animals (what kind?):
Computer keyboard/office:
Motors (describe):
Music (what kind?):
Other:

TRAINING

Employee Training Log

Date/Time	Employee Name	Training Title	Training Location	Hours Completed

(Continued on next page)

TRAINING

Employee Training Log

Date/Time	Employee Name	Training Title	Training Location	Hours Completed

(Continued on next page)

TRAINING

Employee Training Log

Date/Time	Employee Name	Training Title	Training Location	Hours Completed

(Continued on next page)

TRAINING

Employee Training Log

Date/Time	Employee Name	Training Title	Training Location	Hours Completed

(Continued on next page)

TRAINING

Employee Training Log

Date/Time	Employee Name	Training Title	Training Location	Hours Completed