2020 EPA Region 8 WY SANITARY SURVEY FORM
INVENTORY

DATE OF SURVEY: _____	**COUNTY:** _____	**SURVEYOR NAME:** _____
PWS ID: _____	**SYSTEM NAME:** _____	

System representatives (including titles) present at survey: _____

Others present: _____

Comments: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency cell phone: (___) _____

Emergency email address: _____

Title: _____

Street: _____

City: _____ State: _____ County: _____ Zip: _____

SYSTEM OWNER OR MUNICIPAL LEGAL REPRESENTATIVE

Addressee Name: _____

Title: _____

Company (if Corporation, name of Corporation): _____

Street: _____

City: _____ State: _____ Zip: _____

Owner Phone: (___) _____ Fax: (___) _____

Email Address: _____

PRIMARY ADMINISTRATIVE CONTACT
(to receive ALL correspondence from EPA)

Addressee: _____

Title: _____

Street: _____

City: _____ State: _____ County: _____ Zip: _____

Administrative Contact Phone: (___) _____ Fax: (___) _____

Email Address: _____

ADDITIONAL CONTACT
(if any)

Addressee: _____

Title: _____

Street: _____

City: _____ State: _____ County: _____ Zip: _____

Contact Phone: (___) _____ Fax: (___) _____

Email Address: _____

Comments: _____

PUBLIC WORKS DIRECTOR,
CITY ENGINEER and/or WATER PLANT SUPERINTENDENT

Addressee: _____

Title: _____

Street: _____

City: _____ State: _____ County: _____ Zip: _____

Contact Phone: (___) _____ Fax: (___) _____

Email Address: _____

DESIGNATED OPERATOR OF SYSTEM

Name: _____

Certified Operator? @ ☐ Yes ☐ No ☐ TNC System (not required)

Treatment Cert. Level: _____ Distribution Cert. Level: _____

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

Cert. Authority: _____ Cert. Authority: _____

Phone: (___) _____

Email Address: _____

Contract Operator*? ☐ Yes ☐ No

Date contract ends: _____

Comments: _____

Go to: http://deq.wyoming.gov/wqd/operator-certification/
Click on: Check Facility Records then **Click on:** Check Operator Records

ALTERNATE OPERATOR

Name: _____

Certified Operator? ☐ Yes ☐ No ☐ Not required

Treatment Cert. Level: _____ Distribution Cert. Level: _____

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

Cert. Authority: _____ Cert. Authority: _____

Phone: (___) _____

Email Address: _____

Comments: _____

Go to: http://deq.wyoming.gov/wqd/operator-certification/

Click on: Check Facility Records **then Click on:** Check Operator Records

WATER SYSTEM CLASSIFICATION
for operator certification

System Treatment Classification Level: _____

System Distribution Classification Level: _____

Comments: _____

Go to: http://deq.wyoming.gov/wqd/operator-certification/
Click on: Check Facility Records

WATER SYSTEM CLASSIFICATION
from PWS Inventory

☐ C = Community
☐ NTNC = Non-Transient Non-Community
☐ NC = Transient Non-Community

Comments: _____

SYSTEM PHYSICAL ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

PHYSICAL LOCATION

Physical Location and Directions: _____

DEQ DISTRICT ENGINEER

_____, District Engineer

Phone: (307)_____

Email: _____

COUNTY AND/OR CHS SANITARIAN

_____, CHS Specialist

Phone: (307)_____

Email: _____

PERIOD OF OPERATION

☐ Year-round

☐ Part of the year: From _____ to _____

If only open part of the year, does the entire distribution system remain pressurized during the entire off period? ☐ Yes ☐ No

Comments: _____

SERVICE CONNECTIONS

Total Service Connections (Active and Inactive): _____

Service Connections Metered? ☐ Yes ☐ No _____

Number of metered service connections: _____

Comments: _____

OWNER TYPE

☐ 1 Federal Government

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

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

If Yes, enter name of the Federal land here: _____

☐ 3 State Government

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

☐ 5 Mixed Public/Private

☐ 6 Native American Indian Tribes & Reservations _____

☐ 7 Other _____

Comments: _____

POPULATION DIRECTLY SERVED
(do not include populations of consecutive PWSs)
(do not double count populations)

Residential Population (year-round residents): _____ (people)

Non-Residential Non-Transient Population: _____ (people)
(6-12 months/year, e.g. students, employees)

Transient Population (less than 6 months/year): _____ (people per day)
(Average daily number during peak 60 days of operation)
(e.g. customers, visitors)

Does the water system serve at least 25 individuals daily at least 60 days of the year (does not need to be consecutive days)? ☐ Yes ☐ No

Comments (source(s) of population info): _____

SERVICE CATEGORY (check all that apply)

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

Primary Service Category Description: _____

Comments: _____

SOURCES (check all that apply)

☐ SW = Surface Water ☐ SWP = Surface Water Purchased

☐ GW = Groundwater ☐ GWP= Groundwater Purchased

☐ GWUDI = Ground Water Under the Direct Influence of Surface Water

If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No

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

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

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

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

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

Comments: _____

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

_____

The following abbreviations will be used throughout this document: NI = no information, NA = not applicable, NR = not requested, @ = potential significant deficiency.

Update Significant Deficiency Messages

SIGNIFICANT DEFICIENCIES

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

UNCORRECTED SIGNIFICANT DEFICIENCIES FROM PRIOR SANITARY SURVEY

Numbered significant deficiencies and associated numbered photos if applicable

RECOMMENDATIONS

Numbered recommendations and associated numbered photos if applicable

CONSECUTIVE SYSTEMS

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

☐ **NA**

Wholesale System	**Who is responsible for maintenance of this connection?**	**Connection Type**
Name: _____ PWSID: _____ Population:_____ How many master meter connections exist from the wholesale system to the consecutive system? _____	☐ Wholesaler ☐ Consecutive system If the consecutive system is responsible check the condition of the principal master meter and the pit for leaks or flooding and describe any concerns: _____ How often is inspection performed? _____ How often is maintenance performed? _____ Is there standing water in the meter pit/vault? ☐ Yes ☐ No ☐ NA If so, what is the source of the standing water? ☐ Leaks @ ☐ Groundwater ☐ Unknown @ If Groundwater, what evidence exists for groundwater as the source? _____	☐ Permanent ☐ Seasonal, # Days/Yr: _____ ☐ Emergency Only
	Water Source Type ☐ GW ☐ SW ☐ Mixed If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No. Type of residual disinfectant in water supplied: ☐ Chlorine ☐ Chloramines ☐ None Type of corrosion inhibitor applied: ☐ Phosphate-based ☐ Silicate-based ☐ None	
Comments: _____		

Wholesale System	**Who is responsible for maintenance of this connection?**	**Connection Type**
Name: _____ PWSID: _____ Population:_____ How many master meter connections exist from the wholesale system to the consecutive system? _____	☐ Wholesaler ☐ Consecutive system If the consecutive system is responsible check the condition of the principal master meter and the pit for leaks or flooding and describe any concerns: _____ how often is inspection performed? _____ how often is maintenance performed? _____ Is there standing water in the meter pit/vault? ☐ Yes ☐ No ☐ NA If so, what is the source of the standing water? ☐ Leaks @ ☐ Groundwater ☐ Unknown @ If Groundwater, what evidence exists for groundwater as the source? _____	☐ Permanent ☐ Seasonal, # Days/Yr: _____ ☐ Emergency Only
	Water Source Type ☐ GW ☐ SW ☐ Mixed If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No. Type of residual disinfectant in water supplied: ☐ Chlorine ☐ Chloramines ☐ None Type of corrosion inhibitor applied: ☐ Phosphate-based ☐ Silicate-based ☐ None	
Comments: _____		

Wholesale System	**Who is responsible for maintenance of this connection?**	**Connection Type**
Name: _____ PWSID: _____ Population:_____ How many master meter connections exist from the wholesale system to the consecutive system? _____	☐ Wholesaler ☐ Consecutive system If the consecutive system is responsible check the condition of the principal master meter and the pit for leaks or flooding and describe any concerns: _____ how often is inspection performed? _____ how often is maintenance performed? _____ Is there standing water in the meter pit/vault? ☐ Yes ☐ No ☐ NA If so, what is the source of the standing water? ☐ Leaks @ ☐ Groundwater ☐ Unknown @ If Groundwater, what evidence exists for groundwater as the source? _____	☐ Permanent ☐ Seasonal, # Days/Yr: _____ ☐ Emergency Only
	Water Source Type ☐ GW ☐ SW ☐ Mixed If mixed, does GW receive full SW Treatment? ☐ Yes ☐ No. Type of residual disinfectant in water supplied: ☐ Chlorine ☐ Chloramines ☐ None Type of corrosion inhibitor applied: ☐ Phosphate-based ☐ Silicate-based ☐ None	
Comments: _____		

If PWS Purchases Water from a WATER HAULER:

Name of hauler: _____

WY Dept. of Agriculture license number: _____

Name of the water system supplying water to the hauler: _____

Is there a water tight cap on the (water system's) fill port? @ ☐ Yes ☐ No

How does the operator check chlorine residual at the time of delivery? _____

Comments: _____

WHOLESALE SYSTEMS

(i.e. does this PWS supply finished water to another PWS?)

☐ **NA**

Consecutive System	**Who is responsible for maintenance of master meter connection(s)?**	**Connection Type**
Name: _____ PWSID: _____ # of master meter connections: _____ Population:_____ Contact and address if no PWSID: _____	☐ Wholesaler ☐ Consecutive system Inspect one representative connection if wholesaler is responsible. If the wholesaler is responsible: how often is inspection performed? _____ how often is maintenance performed? _____ Is there standing water in any meter pit/vault? ☐ Yes ☐ No ☐ NA If so, what is the source of the standing water? ☐ Leaks @ ☐ Groundwater ☐ Unknown @ Comments: _____	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only ☐ Water is hauled (bulk water fill stations are described in Distribution section)
Name: _____ PWSID: _____ # of master meter connections: _____ Population:_____ Contact and address if no PWSID: _____	☐ Wholesaler ☐ Consecutive system Inspect one representative connection if wholesaler is responsible. If the wholesaler is responsible: how often is inspection performed? _____ how often is maintenance performed? _____ Is there standing water in any meter pit/vault? ☐ Yes ☐ No ☐ NA If so, what is the source of the standing water? ☐ Leaks @ ☐ Groundwater ☐ Unknown @ Comments: _____	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only ☐ Water is hauled (bulk water fill stations are described in Distribution section)
Name: _____ PWSID: _____ # of master meter connections: _____ Population:_____ Contact and address if no PWSID: _____	☐ Wholesaler ☐ Consecutive system Inspect one representative connection if wholesaler is responsible. If the wholesaler is responsible: how often is inspection performed? _____ how often is maintenance performed? _____ Is there standing water in any meter pit/vault? ☐ Yes ☐ No ☐ NA If so, what is the source of the standing water? ☐ Leaks @ ☐ Groundwater ☐ Unknown @ Comments: _____	☐ Permanent ☐ Seasonal, # Days/Yr _____ ☐ Emergency Only ☐ Water is hauled (bulk water fill stations are described in Distribution section)
Comments: _____		
How many master meter connections exist off the wholesale system? _____		

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

☐ **NA**

Well Name:	_____	_____	_____
Well owner (if different than system owner):	_____	_____	_____
Facility ID (from PWS inventory, e.g., WL01):	_____	_____	_____
Well Location: (well house, well pit/pitless adapter, driveway/parking lot, combination, etc.)	_____	_____	_____
Does system want this well to be considered inactive? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Adequately protected from vehicle damage? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If well is located in a pit or vault, is the pit or vault completely watertight?	☐ Yes ☐ No ☐ NA _____	☐ Yes ☐ No ☐ NA _____	☐ Yes ☐ No ☐ NA _____
If no, is the pit or vault completed with drainage or a sump pump for permanent or portable use? @ If applicable, indicate type (permanent pump, portable pump, or drainage)	☐ Yes ☐ No ☐ NA Type: _____	☐ Yes ☐ No ☐ NA Type: _____	☐ Yes ☐ No ☐ NA Type: _____
Is the pit located in a building?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
WY DEQ and/or WY SEO permit #:	_____	_____	_____
Are there any approved WY DEQ Chapter 12 variances for this well? If yes, describe what type of variance was approved.	☐ Yes ☐ No _____	☐ Yes ☐ No _____	☐ Yes ☐ No _____
Total Well Depth (ft):	_____	_____	_____
Depth range of shallowest casing perforations (ft):	_____ to _____	_____ to _____	_____ to _____
Actual yield (gpm):	_____	_____	_____
Well log or Statement of Completion on site? **(If yes, please copy or photograph and submit with report)**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Well Construction			
Does SW runoff drain away from the wellhead (including wells in pits or vaults)? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does well casing terminate at least 12" above the concrete floor? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the well casing terminate at least 18" above the natural ground surface? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
What is the actual casing height (inches)?	_____	_____	_____
Any holes or openings observed in the well or its appurtenances? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
If yes, describe.	_____	_____	_____
Does the well have a sanitary seal with tightly bolted cap? @ (May need operator to open well cap to verify; explain why if unable to verify)	☐ Yes ☐ No ☐ Unknown _____	☐ Yes ☐ No ☐ Unknown _____	☐ Yes ☐ No ☐ Unknown _____
Is a gasket visible?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the well cap move?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Explain	_____	_____	_____
Is well vented (vent not required)?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
What is the height from the ground level to the screen of the vent (inches)?	_____	_____	_____
Does the vent terminate at or above the top of the casing or pitless unit? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is vent facing downward? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Vent screened with #24 mesh? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is there a source water sample tap for GWR compliance?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the tap located prior to all treatment processes?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Well Name:	_____	_____	_____
Where is the source water tap located?	_____	_____	_____
If it is a combined tap What wells does the sample tap represent?	☐ NA _____	☐ NA _____	☐ NA _____
Is there an air release/vacuum relief valve (not required)?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Discharge Piping Termination			
- In a downward position? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
- At least 8" above the floor? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
- Screened with #24 mesh? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments:	_____	_____	_____
Well Pumps	☐ NA		
Submersible Pump?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Other type of pump? (if other, describe and indicate location in the comment field below)	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
NSF-60 lubricant used?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Operable and in good condition?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Maintenance program in place?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the external pump subject to flooding? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Spare parts available?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Emergency power available?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments	_____	_____	_____

Are there any sources of pollution near the wells which could possibly impact water quality? @ ☐ Yes ☐ No
Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)

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

How far from the well is the source of pollution located? _____

Mice or other animals and their droppings in immediate area (well house, vault, pit, etc.) @ ☐ Yes ☐ No _____

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

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

How does the system handle sewage?

☐ Centralized Sewage Treatment

☐ Septic Systems with Pumped Vaults

☐ Septic Systems with Leach Fields (mark location on aerial if near well)

Comments: _____

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

Well Name:	_____	_____	_____
Well owner (if different than system owner):	_____	_____	_____
Facility ID (from PWS inventory, e.g., WL01):	_____	_____	_____
Well Location: (well house, well pit, pitless adapter, combination, driveway/ parking lot, other)	_____	_____	_____
Does system want this well to be considered inactive? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Adequately protected from vehicle damage? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If well is located in a pit or vault, is the pit or vault completely watertight?	☐ Yes ☐ No ☐ NA _____	☐ Yes ☐ No ☐ NA _____	☐ Yes ☐ No ☐ NA _____
If no, is the pit or vault completed with drainage or a sump pump for permanent or portable use? @ If applicable, indicate type (permanent pump, portable pump, or drainage)	☐ Yes ☐ No ☐ NA Type: _____	☐ Yes ☐ No ☐ NA Type: _____	☐ Yes ☐ No ☐ NA Type: _____
Is the pit located in a building?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
WY DEQ and/or WY SEO permit #:	_____	_____	_____
Are there any approved WY DEQ Chapter 12 variances for this well? If yes, describe what type of variance was approved.	☐ Yes ☐ No _____	☐ Yes ☐ No _____	☐ Yes ☐ No _____
Total Well Depth (ft):	_____	_____	_____
Depth range of shallowest casing perforations (ft):	_____ to _____	_____ to _____	_____ to _____
Actual yield (gpm):	_____	_____	_____
Well log or Statement of Completion on site? **(If yes, please copy or photograph and submit with report)**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Well Construction			
Does SW runoff drain away from the wellhead (including wells in pits or vaults)? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does well casing terminate at least 12” above the concrete floor? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the well casing terminate at least 18” above the natural ground surface? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
What is the actual casing height (inches)?	_____	_____	_____
Any holes or openings observed in the well or its appurtenances?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
If yes, describe.	_____	_____	_____
Does the well have a sanitary seal with tightly bolted cap? @ (May need operator to open well cap to verify; explain why if unable to verify)	☐ Yes ☐ No ☐ Unknown _____	☐ Yes ☐ No ☐ Unknown _____	☐ Yes ☐ No ☐ Unknown _____
Is a gasket visible?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the well cap move?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Explain	_____	_____	_____
Is well vented (vent not required)?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
What is the height from the ground level to the screen of the vent (inches)?	_____	_____	_____
Does the vent terminate at or above the top of the casing or pitless unit? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is vent facing downward? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Vent screened with #24 mesh? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is there a source water sample tap for GWR compliance?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the tap located prior to all treatment processes?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Well Name:	_____	_____	_____
Where is the source water tap located? If it is a combined tap What wells does the sample tap represent?	_____ ☐ NA _____	_____ ☐ NA _____	_____ ☐ NA _____
Is there an air release/vacuum relief valve (not required)?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Discharge Piping Termination			
- In a downward position? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
- At least 8" above the floor? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
- screened with #24 mesh? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments:	_____	_____	_____
Well Pumps			
Submersible Pump?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Other type of pump? (if other, describe and indicate location in the comment field below)	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
NSF-60 lubricant used?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Operable and in good condition?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Maintenance program in place?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the external pump subject to flooding? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Spare parts available?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Emergency power available?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments	_____	_____	_____

Are there any sources of pollution near the wells which could possibly impact water quality? @ ☐ Yes ☐ No
Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)

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

How far from the well is the source of pollution located? _____

Mice or other animals and their droppings in immediate area **(well house, vault, pit, etc.)** @ ☐ Yes ☐ No _____

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

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

How does the system handle sewage?
- ☐ Centralized Sewage Treatment
- ☐ Septic Systems with Pumped Vaults
- ☐ Septic Systems with Leach Fields (mark location on aerial if near well)

Comments: _____

SOURCE DATA
SPRINGS AND ASSOCIATED PUMPS

(if spring is GWUDI and fully treated as SW, these will be recommendations)

☐ **NA**

Spring name: _____

Spring owner if different than system owner: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

Are there any approved WY DEQ Chapter 12 variances for this spring? If yes, describe what type of variance was approved: _____

Description of the intake to the spring collection box (i.e., how the spring water is collected and conveyed into the box): _____

Actual yield (gpm): _____

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

Comments: _____

SPRING COLLECTION BOX	**Yes**	**No**	**NA**
Are the spring collection area and spring box fenced to keep large animals away? @	☐	☐	☐
Does surface water runoff drain away from the collection area? @	☐	☐	☐
Is there deep rooted vegetation around the spring collection area and spring box? @	☐	☐	☐
Describe: _____			
Does the spring collection box have the following features:			
Proper shoe box cover? @	☐	☐	☐
Rubber gasket on the access hatch cover? @	☐	☐	☐
Air vents screened with #24 mesh? @	☐	☐	☐
Is the hatch cover locked? @	☐	☐	☐
Overflow screened with #24 mesh screen? @	☐	☐	☐
Does overflow have a free fall of at least 12 inches? @	☐	☐	☐
Is the spring collection box water tight to prevent inflow of unwanted surface water? @	☐	☐	☐

Comments: _____

SOURCE PUMPS

Location of the pump station: _____

How many pumps at the facility? _____

Type of pump(s): _____

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

Comments: _____

For any other hatches/manholes that are part of the spring collection system or on the transmission line from the spring box to a storage tank or distribution system: (describe the condition of each)

Proper shoe box cover on the access hatch/manhole? @ ☐ Yes ☐ No Description and location: _____

Rubber gasket on the access hatch/manhole cover? @ ☐ Yes ☐ No

Is the hatch cover Locked? @ ☐ Yes ☐ No

Is there a source water sample tap for GWR compliance? ☐ Yes ☐ No ☐ NA

Is the tap located prior to all treatment processes? ☐ Yes ☐ No ☐ NA

Where is the source water tap located? _____

If it is a combined tap ☐ NA

What sources does the sample tap represent? _____

Are there any sources of pollution near the springs which could possibly impact water quality? @ ☐ Yes ☐ No

(Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)

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

How far from the spring is the source of pollution located? _____

Mice or other animals and their droppings in immediate area **(spring house, etc.)** @ ☐ Yes ☐ No _____

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

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

How does the system handle sewage?

☐ Centralized Sewage Treatment

☐ Septic Systems with Pumped Vaults

☐ Septic Systems with Leach Fields (mark location on aerial if near spring)

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN INFILTRATION GALLERIES AND ASSOCIATED PUMPS

☐ **NA**

INFILTRATION GALLERIES

Infiltration gallery name: _____

Infiltration gallery owner if different than system owner: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

Physical description: _____

Depth? _____

Actual yield (gpm): _____

Are there seasonal algal blooms present? ☐ Yes ☐ No

Describe: _____

Is an algaecide ever used to control algae? ☐ Yes ☐ No

If yes, describe: _____

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

SOURCE PUMPS

Location of the pump station: _____

How many pumps at the facility? _____

Type of pump(s): _____

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

Comments: _____

Are there any sources of pollution near the infiltration gallery (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☐ No

If yes, indicate impacted infiltration gallery(ies) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the infiltration gallery is the source of pollution located? _____

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

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

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN STREAMS, AND ASSOCIATED PUMPS

☐ **NA**

STREAMS

Stream name: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

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

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

Are the intake(s) screened?
☐ Yes ☐ No

Frequency of intake inspection: _____

Date of last inspection: _____

Are there seasonal algal blooms present? ☐ Yes ☐ No

Describe: _____

Is an algaecide ever used to control algae? ☐ Yes ☐ No

If yes, describe: _____

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

INTAKE PUMPS

Location of the pump station: _____

How many pumps at the facility? _____

Type of pump(s): _____

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

Comments: _____

Are there any sources of pollution near the stream (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☐ No

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

How far from the stream is the source of pollution located? _____

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

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

Comments: _____

SOURCE DATA FOR INTAKE LOCATED IN RESERVOIRS, LAKES AND PONDS AND ASSOCIATED PUMPS

☐ **NA**

Reservoir or lake name: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

RESERVOIRS

Is the area around the intake(s) restricted? ☐ Yes ☐ No

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

Depth of intake(s): _____

Distance from shore: _____

Are the intake(s) screened? ☐ Yes ☐ No

Frequency of intake inspection: _____

Date of last inspection: _____

Are there seasonal algal blooms present? ☐ Yes ☐ No

Describe: _____

Is an algaecide ever used to control algae? ☐ Yes ☐ No

If yes, describe: _____

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

INTAKE PUMPS

Location of the pump station: _____

How many pumps at the facility? _____

Type of pump(s): _____

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

Comments: _____

Are there any sources of pollution near the reservoir/lake/pond (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☐ No

If yes, indicate impacted reservoir/lake/pond(s) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the reservoir/lake/pond is the source of pollution located? _____

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

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

Comments: _____

SOURCE DATA
EMERGENCY BACKUP SOURCE WATER

Describe any backup source water possibly available during an emergency to the PWS, or indicate none: _____

Is the backup water source physically disconnected from the water system? ☐ Yes ☐ No _____
(if this is a raw water source and is still physically connected to the system, then stop filling out this section and complete the applicable source data section)

Backup source name: _____

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

WY DEQ permit number: _____

WY SEO permit number: _____

Are there seasonal algal blooms present? ☐ Yes ☐ No ☐ NA

Describe: _____

Is an algaecide ever used to control algae? ☐ Yes ☐ No ☐ NA

If yes, describe: _____

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

Are there any sources of pollution near the emergency backup source (e.g., agriculture/industrial activities, cleaning supplies, oil/fuel, etc.) which could impact water quality? @ ☐ Yes ☐ No

If yes, indicate impacted emergency backup source(s) and provide general location and comments (please locate on aerial map and provide photos): _____

How far from the emergency backup source is the source of pollution located? _____

Mice or other animals and their droppings in immediate area **(well house, vault, pit, etc.).** ☐ Yes ☐ No _____

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

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

Comments: _____

RAW WATER TO TREATMENT PLANT TRANSMISSION LINE

☐ **NA**

Name or designation: _____

SW ☐ GW ☐

Point of origin: _____

Point of termination: _____

Approximate Length: _____

Material: _____

Is there asbestos pipe in the water system between the source and the treatment plant? ☐ Yes ☐ No

If yes, what are the location and estimated linear feet of the asbestos pipe in the transmission line? _____

Are there any service connections off the raw water transmission line? @ ☐ Yes ☐ No _____

(Check yes only if the water system provides treated water to the rest of the distribution system)

What does each connection serve? _____

If used for potable water supply, is there a legal agreement or contract in place? ☐ Yes ☐ No _____

If used for potable water supply, is the water treated at the connection and how? ☐ Yes ☐ No _____

Name or designation: _____

SW ☐ GW ☐

Point of origin: _____

Point of termination: _____

Approximate Length? _____

Material: _____

Is there asbestos pipe in the water system between the source and the treatment plant? ☐ Yes ☐ No

If yes, what are the location and estimated linear feet of the asbestos pipe in the transmission line? _____

Are there any service connections off the raw water transmission line? @ ☐ Yes ☐ No _____

(Check yes only if the water system provides treated water to the rest of the distribution system)

What does each connection serve? _____

If used for potable water supply, is there a legal agreement or contract in place? ☐ Yes ☐ No _____

If used for potable water supply, is the water treated at the connection and how? ☐ Yes ☐ No _____

DISTRIBUTION BOOSTER PUMP STATIONS

☐ **NA**

Total number of booster stations in the distribution system: __

Are there any new booster stations since the previous survey?	☐ Yes	☐ No
Are there any booster stations the system has had problems with since the previous survey?	☐ Yes	☐ No
Are there any booster stations where chlorine is added?	☐ Yes	☐ No

Note to surveyor: If there are new or problem booster stations, or if there are booster stations where chlorine is added, inspect each of them, complete the necessary sections below, and take photos of each station inspected. For booster stations where chlorine is added, add the booster station as a treatment process under the “Water Treatment Data” section, in addition to filling out the booster pump station section below.

If there are no new or problem booster stations, inspect one booster station as a representative of the entire system, complete one section below, and take photos of the one station inspected.

Name/location of the pump station: _____

How many pumps at the facility? _____

Type of pumps: _____

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

Name/location of the pump station: _____

How many pumps at the facility? _____

Type of pumps: _____

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

Name/location of the pump station: _____

How many pumps at the facility? _____

Type of pumps: _____

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

HYDROPNEUMATIC TANKS

☐ **NA**

Type of Tanks ☐ Captive Air Bladder Tank ☐ Pressure Tank that uses an air compressor Number of tanks: _____ Location, Description: _____ Dates put into service: _____ Is there an operable pressure gauge? ☐ Yes ☐ No Is there evidence of severe rust? @ ☐ Yes ☐ No Is there evidence of water leaks? @ ☐ Yes ☐ No Is there evidence of air leaks? @ ☐ Yes ☐ No Is there evidence of flooding (if in a vault)? @ ☐ NA ☐ Yes ☐ No Is there a pressure relief valve? ☐ Yes ☐ No Can tank(s) be by-passed for repair? ☐ Yes ☐ No For any tank that uses an air compressor, is the tank age older than the life expectancy? @ ☐ Yes ☐ No (Manufacturer and model number) _____ Comments: _____	

GRAVITY TANKS

☐ NA

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:			
Tank ID (from PWS inventory, e.g., ST01):			
Tank owner (if different than system owner):			
Location (indoor or outdoor):			
Date put into service			
Tank Type — Below ground (buried or partially buried); Ground level; Elevated (pedestal or standpipe)	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Tank is constructed of: — Concrete; Steel; Fiberglass; Other	☐ ☐ ☐ ____	☐ ☐ ☐ ____	☐ ☐ ☐ ____
What type of water is stored (GW systems only)?	☐ Treated ☐ Raw	☐ Treated ☐ Raw	☐ Treated ☐ Raw
Storage volume (gallons)?			
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what type of variance was approved.	☐ Yes ☐ No ____	☐ Yes ☐ No ____	☐ Yes ☐ No ____
Is the site subject to flooding? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Can the tank be isolated from the system?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the water level indicator accurate?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the tank appear structurally sound? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the foundation appear structurally sound? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Are there any unprotected openings in the tank (breaches, leaks, etc)? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Inspection and cleaning history			
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
When and how was the tank last cleaned and inspected?			
Who performed the cleaning and inspection?			
How was the tank disinfected after cleaning? (NA if diver used)			
Surveyor able to view report and confirm date?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, note major concerns and/or recommendations:			
If Carcasses or other debris found in the tank:			
Was EPA notified immediately?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the entry point for the carcass or debris eliminated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe:			
Overflow			
Does the tank have an overflow separate from the vent? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the overflow accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen of any size inside (EPA recommends non-corrodible #24 mesh screen)? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the discharge visible?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about overflow:			

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
Drain Line			
Combined overflow and drain pipe? (If yes, skip drain questions)	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the drain accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is there #24 mesh screen on the drain pipe?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does water accumulate in the drain discharge area?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about drain:	_____	_____	_____
Air Vent			
Does the tank have a vent separate from the overflow? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the vent accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
If not #24 mesh screen, what size mesh is the screen?	_____	_____	_____
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the screen on the inside of the vent pipe to discourage vandalism?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Downturned vent: Is the vent at least 24“ above the roof? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For non-downturned vents: Is the screen at least 8” above the roof surface? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Below Ground Tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the screen on the inside of the vent pipe to discourage vandalism?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the air vent terminate downward? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the air vent at least 24” above the roof or ground surface (whichever is higher)? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about air vent:	_____	_____	_____
Access Hatch			
Is the hatch accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For below ground tanks where the roof is completely buried, is the hatch raised at least 24” above ground level? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For partially buried tanks where a roof is visible, is the hatch raised at least 24” above the roof? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For above ground tanks (ground level or elevated) is the hatch raised at least 4“ above the roof? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
What is the height of the access hatch above the roof or ground surface?	_____ in	_____ in	_____ in
Does the hatch have a shoe box cover? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the hatch cover tight and sealed with a rubber gasket? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the hatch cover locked? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about access hatch:	_____	_____	_____
Comments:	_____	_____	_____

GRAVITY TANKS

☐ NA

Complete for all tanks at ground water systems and consecutive systems Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:			
Tank ID (from PWS inventory, e.g., ST01):			
Tank owner (if different than system owner):			
Location (indoor or outdoor):			
Date put into service			
Tank Type — Below ground (buried or partially buried); Ground level; Elevated (pedestal or standpipe)	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Tank is constructed of: — Concrete; Steel; Fiberglass; Other	☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ _____	☐ ☐ ☐ ☐ _____
What type of water is stored (GW systems only)?	☐ Treated ☐ Raw	☐ Treated ☐ Raw	☐ Treated ☐ Raw
Storage Volume (gallons)?			
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what type of variance was approved.	☐ Yes ☐ No _____	☐ Yes ☐ No _____	☐ Yes ☐ No _____
Is the site subject to flooding? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Can the tank be isolated from the system?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the water level indicator accurate?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the tank appear structurally sound? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the foundation appear structurally sound? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Are there any unprotected openings in the tank (breaches, leaks, etc)? @	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Inspection and cleaning history			
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
When and how was the tank last cleaned and inspected?			
Who performed the cleaning and inspection?			
How was the tank disinfected after cleaning? (NA if diver used)			
Surveyor able to view report and confirm date?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes note major concerns and/or recommendations:			
If Carcasses or other debris found in the tank:			
Was EPA notified immediately?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the entry point for the carcass or debris eliminated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe:			
Overflow			
Does the tank have an overflow separate from the vent? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the overflow accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen of any size inside (EPA recommends a #24 mesh screen)? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the discharge visible?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about overflow:			

Complete for all tanks at ground water systems and consecutive systems Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	_____	_____	_____
Drain Line			
Combined overflow and drain pipe? (If yes, skip drain questions)	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the drain accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is there #24 mesh screen on the drain pipe?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does water accumulate in the drain discharge area?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about drain:	_____	_____	_____
Air Vent			
Does the tank have a vent separate from the overflow? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the vent accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
If not #24 mesh screen, what size mesh is the screen?	_____	_____	_____
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the screen on the inside of the vent pipe to discourage vandalism?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Downturned vent: Is the vent at least 24“ above the roof? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For non-downturned ventsis the screen at least 8” above the roof surface? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Below Ground Tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the screen on the inside of the vent pipe to discourage vandalism?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Does the air vent terminate downward@	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the air vent at least 24” above the roof or ground surface (whichever is higher)? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about air vent:	_____	_____	_____
Access Hatch			
Is the hatch accessible for inspection? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For below ground tanks where the roof is completely buried, is the hatch raised at least 24” above ground level? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For partially buried tanks where a roof is visible, is the hatch raised at least 24” above the roof? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
For above ground tanks (ground level or elevated) is the hatch raised at least 4“ above the roof? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
What is the height of the access hatch above the roof or ground surface?	_____ in	_____ in	_____ in
Does the hatch have a shoe box cover? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the hatch cover tight and sealed with a rubber gasket? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is the hatch cover locked? @	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Comments about access hatch:	_____	_____	_____
Comments:	_____	_____	_____

WATER TREATMENT DATA

GROUNDWATER and CONSECUTIVE SYSTEMS THAT HAVE AVAILABLE TREATMENT

☐ **NA**

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

Plant Output (gal/day)

Design: _____

Maximum: _____

Any changes to treatment since the last sanitary survey? ☐ Yes ☐ No

Describe: _____

	Step 1	**Step 2**	**Step 3**	**Step 4**
Process	☐ Chemical _____ Manufacturer _____ Product Name _____ (photograph the product label) Yes No NSF 60 Certified? ☐ ☐ ☐ UV ☐ Filtration ☐ Ion exchange ☐ Softener ☐ Other: _____ Dosage: _____	☐ Chemical _____ Manufacturer _____ Product Name _____ (photograph the product label) Yes No NSF 60 Certified? ☐ ☐ ☐ UV ☐ Filtration ☐ Ion exchange ☐ Softener ☐ Other: _____ Dosage: _____	☐ Chemical _____ Manufacturer _____ Product Name _____ (photograph the product label) Yes No NSF 60 Certified? ☐ ☐ ☐ UV ☐ Filtration ☐ Ion exchange ☐ Softener ☐ Other: _____ Dosage: _____	☐ Chemical _____ Manufacturer _____ Product Name _____ (photograph the product label) Yes No NSF 60 Certified? ☐ ☐ ☐ UV ☐ Filtration ☐ Ion exchange ☐ Softener ☐ Other: _____ Dosage: _____
NSF 60 certification and max. allowable dose info. can be found at: http://info.nsf.org/Certified/PwsChemicals/				
Objective:	☐ Disinfection ☐ Particulate removal ☐ Hardness removal ☐ Taste & odor removal ☐ Metals removal ☐ Other: _____	☐ Disinfection ☐ Particulate removal ☐ Hardness removal ☐ Taste & odor removal ☐ Metals removal ☐ Other: _____	☐ Disinfection ☐ Particulate removal ☐ Hardness removal ☐ Taste & odor removal ☐ Metals removal ☐ Other: _____	☐ Disinfection ☐ Particulate removal ☐ Hardness removal ☐ Taste & odor removal ☐ Metals removal ☐ Other: _____
Is this process required by EPA?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Location of process?	☐ At Well ☐ At Treatment Plant ☐ Other: _____	☐ At Well ☐ At Treatment Plant ☐ Other: _____	☐ At Well ☐ At Treatment Plant ☐ Other: _____	☐ At Well ☐ At Treatment Plant ☐ Other: _____
Is this process adequate to meet the objective?	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____
Frequency of use:	☐ Permanent ☐ Seasonal ☐ Emergency ☐ Other: _____	☐ Permanent ☐ Seasonal ☐ Emergency ☐ Other: _____	☐ Permanent ☐ Seasonal ☐ Emergency ☐ Other: _____	☐ Permanent ☐ Seasonal ☐ Emergency ☐ Other: _____
Redundant Equipment?	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____
Backup power?	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____	☐ Yes ☐ No Explain: _____

Groundwater and Consecutive Systems
UV Disinfection

Yes	No	
☐	☐	Is there a flow meter to monitor/alarm or a flow restrictor valve so the max flow rate is not exceeded? Describe how the system ensures the flow does not exceed max flow rate: _____
☐	☐	Is there an intensity sensor and alarm (visible/audible) to indicate low intensity?
☐	☐	Is there a UV lamp status alarm (visible/audible) to indicate lamps off?
☐	☐	Is there a UV lamp age counter/alarm?
☐	☐	Is there an automatic shut-off fail-safe solenoid valve so that water does not flow through the unit without adequate treatment?
☐	☐	Are there spare bulbs on hand?

How often are the unit cleaned and the bulbs changed? _____

Point of use Treatment

For PWSs with required Point of Use (POU) treatment, ask the operator –

Yes	No	NA	
☐	☐	☐	Is the system adhering to the O&M Plan approved by EPA and conducting maintenance per the manufacturer's recommendations?
			(i.e. Is the operator replacing POU filters in accordance with the maintenance plan or manufacturer recommendations).
☐	☐	☐	Is the system following its EPA-approved POU sampling plan?

If No, explain any difficulties: _____

Comments: _____

WATER TREATMENT DATA
SURFACE WATER / GWUDISW SYSTEMS

☐ **NA**

General Information

For each treatment plant indicated on the overall PWS schematic, update the separate treatment plant schematic. Show all treatment processes, recycle streams, turbidimeter locations, raw water and finished water sampling points, and disinfectant residual sampling points.

In this section, the ¥ symbol indicates a potential violation to be determined by the EPA Rule Manager

Plant Location and Information

Plant / Office Location and Directions: _____

Date plant put online: _____

Modifications since the last survey? (if yes, describe): _____

Describe water sources treated by this plant: _____

Is treatment impacted by algae (describe)? _____

Plant Output (gal / day)

Design: _____

Summer Average: _____

Winter Average: _____

Maximum: _____

Provide a brief description of the plant's treatment processes: _____

Indicate all points in the treatment process where flow is determined and describe how (i.e. flowmeters, flow restrictors, valves, etc): _____

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

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

Pre-Filtration Processes

Pre-Sed Basin: ☐ Yes ☐ No

Describe Type and indicate volume: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Rapid Mix: ☐ Yes ☐ No

Describe Type: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Flocculation: ☐ Yes ☐ No

Describe Type: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Sedimentation: ☐ Yes ☐ No

Describe Type: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Other: ☐ Yes ☐ No

Describe: _____

Chemicals added: ☐ Yes ☐ No (If yes, input chemical information in table below)

Chemical Information (ask system to provide information from chemical supplier / manufacturer):

Manufacturer	Product Name	Location Chemical Added	Max Dose Used (past 12 months):	NSF 60 Certified?	NSF 60 Max Allowable Dose
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____
_____	_____	_____	_____	☐ Yes ☐ No	_____

NSF 60 certification and max. allowable dose info. can be found at: http://info.nsf.org/Certified/PwsChemicals/

Does the system use a chemical containing epichlorohydrin or polyacrylamide that is dosed in excess of the NSF 60 Max Allowable Dose? ¥
☐ Yes ☐ No

Filtration Processes

General

Indicate all types of filtration used:

☐ Conventional ☐ Bags / Cartridges ☐ Slow Sand
☐ Direct ☐ Membranes ☐ Diatomaceous Earth

Which is the final filtration barrier?: _____

Type and model # of combined filter effluent (CFE) turbidimeter: _____

Location of CFE turbidimeter: _____

Frequency of all turbidimeter calibration(s): _____

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

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

Yes	No	
☐	☐	Does the location of the CFE turbidimeter comply with EPA policy SWTR #5? @
☐	☐	Are turbidimeters calibrated at least once every quarter? @
☐	☐	Does the system use a primary standard to perform the calibration? @
☐	☐	Are CFE turbidity records available for the last 5 years? ¥
☐	☐	Can CFE turbidities be recorded up to 5 NTU? @ How high can they be recorded: _____
☐	☐	Can turbidities associated with off-periods (backwash, FTW) be identified so they are not counted for compliance? (if applicable) @

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

Conventional and Direct Filtration

Filter Information

# of filters: _____

Type of filters:

☐ open to atmosphere ☐ enclosed (pressure)

Manufacturer name & model (if applicable): _____

Depth of each media (in):

Sand: _____ Anthracite: _____ Garnet: _____

Total at least 24"? @ Yes ☐ No ☐

Has operator observed loss of media? _____

Has the operator inspected the media for mudball formation? _____

Average length of filter run (hours): _____

Maximum filter loading rate (gpm/ft^2): _____

Is the filtration rate less than 2 gpm/sf (mono-media), 4 gpm/sf (dual media) or 6 gpm/sf (deep bed)? @

☐ Yes ☐ No

Backwash Information

What determines when backwash occurs? _____

Backwash rate (gpm/ft^2): _____

What is used for a backwash?

☐ Air scour ☐ finished water ☐ raw water @

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

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

IFE Questions

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

Yes	No	
☐	☐	Does each filter have an individual effluent (IFE) turbidimeter? ¥ Types and model #s: _____
☐	☐	Are there alarms on each filter? Alarm set point (NTU): _____
☐	☐	Are IFE turbidities measured continuously, and recorded at least every 15 Minutes? ¥
☐	☐	Is IFE turbidity recorder (SCADA or charts) calibrated to record turbidities ≥ 2 NTU? @
☐	☐	Are IFE records kept for the last 3 years (as applicable)? ¥
☐	☐	Did any single filter IFE exceed 1.0 NTU in 2 consecutive 15 minute readings during the last 12 months? If yes, Indicate dates of all occurrences and copy those records. _____
☐	☐	a. If so, did they report to EPA and do a filter profile, if required? ¥
☐	☐	b. If this occurred 3 months in a row, did they conduct a filter self-assessment? ¥
☐	☐	Did any single filter IFE exceed 2.0 NTU in 2 consecutive 15 minute readings in the last 12 months? Indicate dates of all occurrences and copy those records. _____
☐	☐	a. If this occurred 2 months in a row for the same filter, did they report to EPA and have a CPE performed? ¥
☐	☐	For systems serving ≥ 10,000, did the IFE of any filter exceed 0.5 NTU in 2 consecutive 15 minute readings after being online 4 hours (following backwash or other reason offline) in the last 12 months? Indicate dates of all occurrences and copy those records.
☐	☐	a. If so, did they report to EPA and do a filter profile, if required? ¥

CFE Questions

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

Yes	No	
☐	☐	Based on these records, has the system consistently met the CFE turbidity requirements for this type of filtration during the last 12 months? ¥ (0.3 NTU 95% of each month, 1 NTU max) If no, indicate date of all occurrences and copy those records: _____

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

Conventional and Direct (only if filter backwash, thickener supernatant, or sludge dewatering liquid is recycled)

Describe where recycle enters treatment process: _____

Yes	No	
☐	☐	Is recycle location before the TOC monitoring point?
☐	☐	Are records of recycle practices kept in an acceptable format for each year that includes all of the required elements (e.g., avg and max times/flows of backwashes; recycle treatment/equalization [chemical addition; hydraulic loading rates])? ¥

Membranes

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

Membrane type: ☐ microfiltration ☐ ultrafiltration ☐ nanofiltration ☐ RO

Manufacturer: _____ Model #: _____ Absolute pore size: _____

Each skid capacity (gpm): _____

Yes	No	
☐	☐	Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (0.3 NTU 95% of each month, 1 NTU max) ¥
☐	☐	Are direct integrity tests (DIT) performed at least daily (specify ☐ pressure or ☐ vacuum applied)? ¥ If yes, how often? ¥ _____
☐	☐	For continuous indirect integrity testing, does each unit/skid have its own online turbidimeter? ¥
☐	☐	a. Is filtrate turbidity monitored continuously and recorded at least once every15 minutes? ¥
☐	☐	b. Is it set with a trigger level of 0.15 NTU for > 15 minutes (a DIT should be initiated when filtrate turbidity exceeds this level)? ¥
☐	☐	Do operators know how to check and repair membranes when a DIT fails? @

How/when are membranes cleaned? _____

Are spare membrane cassettes available? ☐ Yes ☐ No

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

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

Bags / Cartridges

Number of parallel filter trains: _____ Each train capacity (gpm): _____

Pre Filter (if applicable)

Housing: Manufacturer: _____ Model: _____

Bag / Cartridge Filter: Manufacturer: _____ Model: _____ # per housing: _____

Final Filter

Housing: Manufacturer: _____ Model: _____

Bag / Cartridge Filter: Manufacturer: _____ Model: _____ # per housing: _____

Manufacturer's recommended maximum flow rate (gpm): _____

Pore size rating (microns - indicate absolute or nominal): _____

Replacement frequency of all filters: _____

Yes	No	
☐	☐	Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1 NTU 95% of each month, 5 NTU max) ¥
☐	☐	Are there working pressure gauges before and after filters? @
☐	☐	Does the PWS keep daily records of monitoring the pressure drop across the filters, and know when to change out filters? @
☐	☐	Has the final filter or pre/final filter combination been demonstrated to remove at least 99.9% of *Cryptosporidium* or equivalent size particles or have a 1 or 2 micron absolute pore size rating? (leave blank if unknown) @
☐	☐	Does the flow rate through the final filter exceed the manufacturer's maximum recommended flow rate? @

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

Diatomaceous Earth Filters

Number of filters: _____ ☐ Pressure System ☐ Vacuum System

Filter manufacturer/model # (if applicable): _____

Each filter capacity (gpm): _____

Describe pre-coat and body feed systems: _____

Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1 NTU 95% of each month, 5 NTU max) ¥
☐ Yes ☐ No

Describe precoat and body feed systems: _____

Maximum filter loading rate (gpm/ft^2): _____

Is the filtration rate less than 1.5 gpm/sf? @ ☐ Yes ☐ No

Maximum head loss allowed: _____

What determines when backwash occurs? ☐ time ☐ turbidity ☐ automatic ☐ head loss

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

Slow Sand Filtration

Number of filters: _____ Each Filter capacity (gpm): _____

What is rate of filtration (gpm/ft)? _____

Is the filtration rate less than 0.1 gpm/sf? @ ☐ Yes ☐ No

Yes	No	
☐	☐	Has the PWS consistently been meeting the CFE turbidity requirements for this type of filtration? (1 NTU 95% of each month, 5 NTU max) ¥
☐	☐	Is turbidity of raw water to filters always <10 NTU? @
☐	☐	Is water depth over sand at least 3 feet during operation? @
☐	☐	Can plant meet design capacity with one unit out of service?
☐	☐	Do they ripen after scraping (filter to waste) and how long?
☐	☐	Is head loss across filters monitored and used for process control? @ If yes, how is the head loss monitored? _____

How often is each unit scraped? _____

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

Disinfection Processes

General

Describe all inactivation processes, **both pre-filtration and post-filtration:** _____

UV Disinfection

Point of application: _____ UV manufacturer/model #: _____

Validated maximum flow (gpm): _____ Validated UV dosage (mJ/cm^2): _____

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

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

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

Source: 40 CFR 141.720(d)

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

Yes	No	
☐	☐	Does PWS keep records of UV reports sent monthly to EPA? ¥
☐	☐	Does public water system's Emergency Response Plan address breakage of UV lamps? (Mercury hazard: OSHA guidelines 1910 Subparts H, I, Z, Response to breakage, Cleanup and disposal)

UV Disinfection – less than 40 gpm

Yes	No	
☐	☐	Is there a flow meter to monitor/alarm or a flow restrictor valve so the max flow rate is not exceeded? @ Describe how the system ensures the flow does not exceed max flow rate: _____
☐	☐	Is there an intensity sensor and alarm (visible/audible) to indicate low intensity? @
☐	☐	Is there a UV lamp status alarm (visible/audible) to indicate lamps off? @
☐	☐	Is there a UV lamp age counter/alarm? @
☐	☐	Is there an automatic shut-off fail-safe solenoid valve so that water does not flow through the unit without adequate treatment? @
☐	☐	Does this UV unit have an NSF Standard 55A Certification or has it been validated according to the requirements of the 2006 UV Disinfection Guidance Manual? ¥ (leave blank if unknown)
☐	☐	Are there spare bulbs on hand?

How often is the unit cleaned and the bulbs changed? _____

UV Disinfection – greater than 40 gpm

How is unit monitored? ☐ Intensity Setpoint Method ☐ Calculated Dose Method

Yes	No	
☐	☐	Is the calibration of the UV intensity sensors checked at least monthly using a reference sensor? @ How frequently are calibration checks performed? _____
☐	☐	Is the calibration of the UV transmittance analyzer checked at least weekly with a benchtop analyzer (Calculated Dose Method only)? @ How frequently are calibration checks performed? _____
☐	☐	Is there a calibrated flowmeter to ensure max flow rate is not exceeded? @
☐	☐	Are daily operational records kept of flow rates/production, run time, lamp status, UV intensity, UVT and UV dosage? ¥ (These should be monitored continuously and recorded at least once/4 hours. Small systems (less than 500 population) are allowed to record one time each day.)
☐	☐	Does the operator know how to identify an off-specification event and report it to the EPA? @
☐	☐	Does the system alarm when an off-specification event occurs? @
☐	☐	Are there spare bulbs on hand?

Chemical Disinfection

Chlorine and Chloramines

Type: _____ Dosage: _____ (lb / day or mg/L) NSF 60 Certified? ☐ Yes ☐ No

Point of application: _____

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

Is this before the 1st user of the water? ¥ ☐ Yes ☐ No

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

What type of measurement is taken? ☐ free ☐ total (systems that use chloramination must measure total)

Chlorine residual at POE (mg/L): PWS measurement: _____ Surveyor measurement: _____ Time of analysis: _____

Are the two measurements within 0.1 mg/L or 15% of one another (whichever is larger)? @ ☐ Yes ☐ No

Yes	**No**	
☐	☐	Is there redundant disinfection equipment?
☐	☐	Is there emergency power for the disinfection equipment?
☐	☐	If measuring residual continuously, is the PWS conducting weekly verifications with a grab sample measurement? @

Ozone

Number of Ozone generators: _____ Percent ozone being generated (%): _____

Where is the ozone applied? _____ Where is residual measured? _____

Ozone residual (%): _____ Ozone residual (mg/L): _____

Describe the purpose of the ozone addition: _____

Are all applicable residual monitors operational? _____

Are excess ozone destructors operational? _____

Is there a preventive maintenance program for the generators? _____

Is a SCBA or supplied-air respirator available for the operators when working with ozone? _____

Are operators exposed to ozone levels above 0.1 mg/L? _____

Does the system monitor bromate concentration at point of entry? ¥ ☐ Yes ☐ No

Chlorine Dioxide

Number of Chlorine Dioxide generators: _____

Where is the Chlorine Dioxide applied? _____ Where is Chlorine Dioxide residual measured? _____

Chlorine Dioxide residual (mg/L): _____

Describe the purpose of the Chlorine Dioxide addition: _____

Are all applicable residual monitors operational? _____

Is there a preventive maintenance program for the generators? _____

Are operators exposed to Chlorine Dioxide levels above 0.1 ppm? _____

Yes	No	
☐	☐	Does the system monitor chlorine dioxide daily at point of entry? ¥
☐	☐	Does the system monitor chlorite at point of entry daily and monthly in the distribution system? ¥

Chemical Disinfection – Inactivation Calculations

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

Identify location of 1st user: _____

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

* Use data from system's ongoing CT calculations if available. Values should correlate to the system's lowest calculated inactivation levels during the specified season in the previous year.

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

Yes	No	
☐	☐	Does the system have a disinfection profile on site that contains a year of weekly log inactivation calculations (<10,000 pop.) or a year of daily log inactivation calculations (>10,000 pop)? @
☐	☐	Did the PWS make a significant change (new disinfectant; new location; etc.) to disinfection practices after 7/1/03 or 1/1/04?
☐	☐	If yes, was EPA consulted? Describe the change and date made: ¥ _____

When was the profile conducted? _____ to _____

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

Overall Inactivation / Removal Calculations

Viruses / Giardia

Viruses	***Giardia***
_____ Logs Removal (filtration)	_____ Logs Removal (filtration)
_____ Logs chemical inactivation (lowest value from Summer / Winter calculations)	_____ Logs chemical inactivation (lowest value from Summer / Winter calculations)
_____ Logs UV inactivation	_____ Logs UV inactivation
_____ Logs other removal or inactivation	_____ Logs other removal or inactivation
_____ Total logs inactivation / removal	_____ Total logs inactivation / removal
≥ 4 logs? @ ☐ Yes ☐ No	≥ 3 logs? @ ☐ Yes ☐ No

Cryptosporidium

Committed to install maximum treatment? ☐ Yes ☐ No

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

System Classification: ☐ Filtered ☐ Unfiltered

*If system completed sampling and was classified as a Bin #1 system, the section below does not need to be completed. For all other systems, please complete the section below.

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

Date treatment required by: _____ Toolbox Components Utilized: _____

_____ Logs Removal (filtration)

_____ Logs chemical inactivation

_____ Logs UV inactivation

_____ Logs other Toolbox Components

_____ Total logs inactivation / removal

≥ required logs? ¥ ☐ Yes ☐ No

WATER TREATMENT DATA (FOR ALL SYSTEMS)
CORROSION CONTROL

Does this PWS add chemicals for corrosion control? ☐ Yes ☐ No

Comments: _____

Chemical added:	NSF 60 Certified?	Dosage at Treatment Plant	Added Continuously or Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally
_____	☐ Yes ☐ No	_____	☐ Continuously ☐ Seasonally

Do you monitor corrosion control treatment chemical concentrations, pH or any other water quality parameters at the entry point to the distribution system or at customer taps to evaluate the process? ☐ Yes ☐ No

Comments: _____

DISTRIBUTION DATA

Please provide a brief description of the distribution system, including source to use piping: _____

Is there asbestos pipe in the distribution system? ☐ Yes ☐ No
If yes, what are the location and estimated linear feet of the asbestos pipe in the distribution system? _____

Have lines broken due to freezing? ☐ Yes ☐ No _____
Have lines broken due to traffic load? ☐ Yes ☐ No _____

Are lines properly disinfected after repairs are made? ☐ Yes ☐ No _____

Is there at least 35 psi pressure in the distribution system at peak normal flow? ☐ Yes ☐ No _____

Is there at least 20 psi at all points in the system at all times? @ ☐ Yes ☐ No _____

For systems that provide water storage:

Total number of days of storage (Summer)? _____

Total number of days of storage (Winter)? _____

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

Comments: _____

Are there any bulk water supply/fill stations attached to this system? ☐ Yes ☐ No _____

(note to surveyor: if yes, check each facility, note its condition and provide photos)

Station name (if applicable)	Location	Appropriate Air Gap or RPZ?
_____	_____	☐ Air Gap ☐ RPZ ☐ Neither @
_____	_____	☐ Air Gap ☐ RPZ ☐ Neither @
_____	_____	☐ Air Gap ☐ RPZ ☐ Neither @

Comments: _____

Are there any air relief valves in vaults/pits located in the distribution system? ☐ Yes ☐ No _____

Note to surveyor: If yes, inspect one representative ARV, note its condition and provide photos

Are they regularly inspected and maintained? ☐ Yes ☐ No _____

Do any have leaks and/or standing water that covers the discharge point? @ ☐ Yes ☐ No _____

Location, length, number, and flushing frequency for dead ends in the system: _____

Are distribution system ("as-built") drawings maintained (e.g., revised to show replacement or repair?) ☐ Yes ☐ No _____

For systems that add a chemical disinfectant or receive disinfected water from a wholesaler: **NA** ☐

Yes **No**

☐ ☐ Is test equipment available for measuring the chlorine residual in the distribution system? Describe equipment: _____

☐ ☐ Are reagents up to date? _____

☐ ☐ Does the operator know how to properly measure chlorine residual? _____

Measured chlorine residual distribution system location: _____ Time of analysis: _____

Indicate residual value measured at this distribution system location: By Surveyor: _____(mg/L) By PWS: _____(mg/L)

Indicate if free or total chlorine was measured: _____

It is recommended that a minimum residual of 0.5 mg/L total chlorine or 0.2 mg/L free chlorine be maintained.

CROSS CONNECTION CONTROL

Yes	No	NA	
☐	☐	☐	**Does each severe hazard connection** have the appropriate reduced pressure backflow assembly installed at the meter/service connection and approved air gap (twice the size of the supply pipe diameter but always greater than one inch)? Describe each severe hazard connection and its location. @ _____ Note: Severe hazard connections include radioactive materials processors, nuclear reactors, and sewage treatment plants/pump stations.
☐	☐	☐	**Does each high hazard connection** in the treatment plant or distribution system have the appropriate air gap or reduced pressure backflow assembly installed? Describe each high hazard connection and its location. @ _____ Note: High hazard connections include hospitals, medical/dental facilities, laboratories, mortuaries, large taxidermies, chemical suppliers/processing facilities, petroleum plants, food processing facilities, wastewater treatment plants, and docks, car washes, dry cleaners, direct connections to raw or non-potable water, and any service connection with an unapproved auxiliary supply.
☐	☐	☐	Do **trailers or mobile homes connected directly to the PWS** via a yard hydrant have a residential dual check valve at each connection? _____
☐	☐	☐	Are any **frost-free hydrants** that drain into the soil directly connected to this PWS? _____
☐	☐	☐	Are there any leaking system components in the water system observed by the surveyor that are not previously noted? @ Explain where and what was leaking: _____
☐	☐	☐	**At Community PWS**, do all low hazard connections have the appropriate dual check valve assemblies installed at the meter or service connection? _____ Note: Low hazard connections include mobile home parks, farms/dairies, ranches, and shopping centers.
			For Non-community Systems, do the following connections have the indicated type of backflow prevention assemblies?
☐	☐	☐	- Stock tanks – approved air gap or atmospheric vacuum breaker at the tank? @ _____
☐	☐	☐	- Threaded yard hydrants – pressure vacuum breaker, atmospheric vacuum breaker or double check valve assembly? _____
			Does the water supplier have a record keeping program and management procedures to ensure:
☐	☐	☐	- The installation and certification by test or inspection (as applicable) of all backflow preventers (BFPs) at new service connections _____
☐	☐	☐	- The annual certification by a certified tester of all high-hazard BFPs at service connections. _____

SAFETY

Personnel Safety

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

Chlorine Gas Safety **NA** ☐

☐	☐	☐	Are there chlorine warnings posted on the outside of chlorine room doors? _____
☐	☐	☐	- Do the doors open outward? _____
☐	☐	☐	- Do they open to the exterior of the building? _____
☐	☐	☐	- Are chlorine room doors equipped with crash bars? _____
☐	☐	☐	- Are chlorine room doors equipped with viewports? _____
☐	☐	☐	Is there a leak detector in the chlorine room with an audible alarm? _____
☐	☐	☐	Are chlorine feed and storage areas isolated from other facilities? _____
☐	☐	☐	Are chlorine areas adequately ventilated? _____
☐	☐	☐	Are all chlorine cylinders adequately restrained? _____
☐	☐	☐	Are self-contained breathing apparatus (SCBA) available for use in chlorine emergencies? _____
☐	☐	☐	- Are they in good working condition? _____
☐	☐	☐	- Are water system personnel adequately trained in the use and maintenance of the SCBA? _____
			- Where are the SCBA stored? _____
☐	☐	☐	Are chlorine leak kits available? _____
☐	☐	☐	Are all personnel trained in their proper use? _____

Chemical Safety **NA** ☐

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

MANAGEMENT DATA

Yes	No	NA	
☐	☐	☐	Are there rules governing new hookups to protect the integrity of this water system? _____
☐	☐	☐	Are DEQ construction standards followed? _____
☐	☐	☐	Is the treatment plant being properly operated to prevent inadequately treated water from being sent to the distribution system? @ _____
☐	☐	☐	Does the system have arrangements in place to assure prompt supply and repair service? _____
☐	☐	☐	Does the system have a current operations and maintenance manual which describes all procedures, equipment, sampling schedules and inspection data? _____
☐	☐	☐	Is there a schedule for routine preventative maintenance for all facilities and equipment? _____
☐	☐	☐	Does the system (treatment plant, finished water storage) have security measures in place (fencing, locks, lighting, alarms, etc.)? _____
☐	☐		Does the system have an emergency response plan (ERP) – system does not need to show the surveyor the ERP --that includes: @ _____
☐	☐		- Emergency contact phone numbers? _____
☐	☐		- Procedures to respond to a pressure loss/water outage? _____
☐	☐		- Procedures to respond to a water contamination incident? _____
☐	☐		- Is the ERP accessible to the operator on-site? _____
☐	☐		Is the system part of the state's WARN network? _____
☐	☐		Have you evaluated possible impacts to your system from extreme weather events? If yes, what was the outcome? _____
☐	☐		Are you interested in training on extreme weather events? _____
☐	☐		Have you evaluated your facilities to see if they are in the 100 and 500 year flood plains? _____ If yes, what was the outcome? _____
What percentage of the utility's power comes from your own renewable energy sources? _____ % wind: _____ % solar: _____ % hydro: _____			

MONITORING AND RECORDS

Revised Total Coliform Rule (RTCR) monitoring (all systems)

Yes	No	
☐	☐	Does the operator know how to collect samples for total coliform analysis? (Review operator sampling procedure at time of survey to confirm) _____
☐	☐	Does the operator know what to do in the event of a total coliform "unsafe" result? _____ They will need to take 3 repeat samples under the RTCR utilizing the regular lab form: For an explanation go to the EPA Region 8 Drinking Water Online website (http://www.epa.gov/region8-waterops) - "click" on **Revised Total Coliform Rule (RTCR)** (under Regulations and Compliance) - "click" on **Tech Tip: TC+ Follow Up** (in green box) - Follow the 5 steps described in the Tech Tip for follow up sampling after a TC+ sample
☐	☐	Are extra bottles available in case of need for repeat coliform sampling? _____
☐	☐	Does the system have an RTCR sampling plan on file and available for the surveyor's review? _____
☐	☐	Ask the operator - Is the system following their RTCR sampling plan? If No, explain any difficulties _____

If subject to the Ground Water Rule (GWR), does the operator know: **NA** ☐

Yes	No	NA	
☐	☐	☐	Within 24 hours of being notified of a *routine coliform* positive sample result, they must collect one triggered source water sample for *every* routine coliform positive sample at each active ground water source (e.g., three routine coliform positive samples requires the operator to collect three source water samples from *each* ground water source)? _____
			They will need to submit:
☐	☐	☐	- Source water sample results utilizing the triggered Ground Water Source Sampling Form located on the Drinking Water Online site (http://www.epa.gov/region8-waterops)? _____
☐	☐	☐	Where to sample if they are required to sample all of their active ground water sources? _____
☐	☐	☐	Are extra bottles available in case of the need for GWR source sampling? _____

For Community and NTNC systems (including consecutives): **NA** ☐

Yes	No	NA	
☐	☐	☐	Is there a Disinfection Byproducts Rule Monitoring Plan on-site available for the surveyor's review? _____
☐	☐	☐	- Does the plan layout represent the current distribution system? _____
☐	☐	☐	In the last 5 years, has the distribution system been expanded to new service areas? - If Yes, please describe the expansion. _____
☐	☐	☐	Does the system have a Lead & Copper Tap Sample Site Plan on site and available for the surveyor's review? _____
☐	☐	☐	- Is it up to date? _____
☐	☐	☐	- Ask the operator - Is the system following their LCR Tap Sample Site Plan? If No, explain any difficulties _____

For All Systems:

Yes	No	NA	
☐	☐	☐	Does the operator know the location of each sample tap that represents the entry point(s) to the distribution system? (sample location for Nitrates, RADs, IOCs, SOCs and VOCs) _____ Include, in your photo document, a photo of each sample tap used by the operator to collect samples at the entry point(s) to the distribution system. Show in the photo or in the photo comments where the sample tap is located relative to other water system facilities that are identified on the system schematic.
☐	☐	☐	Does the operator know how to properly label samples taken from the entry point(s)? _____ Document the sample point code and sample point description for each entry point. The sample point code(s) and sample point description(s) are indicated on the system schematic with a star. This information is how compliance samples should be labeled and the lab's chain of custody completed. (e.g., Sample Point Code and Sample Point Description, such as SP01/Treatment Plant Sampling Point). _____
☐	☐	☐	Has the PWS completed the monitoring that is specified in the EPA-provided monitoring schedule so far for this calendar year? _____
☐	☐	☐	Are copies of all monitoring results filed and readily accessible? _____
☐	☐	☐	Is the operator familiar with the Drinking Water Online (http://www.epa.gov/region8-waterops) and Drinking Water Watch (https://sdwisr8.epa.gov/Region8DWW/JSP/loginForm.jsp) websites created for their benefit? _____