

# Sanitary Survey - Survey Responses

**PWS Number:**

**Survey ID:**

**Survey Date:**

**Survey Name:**

**User Name:**

Question Number

## **General / SDWIS Site Visit Info**

1 Reason for the visit:

SNSV - Sanitary Survey

2 Date of the survey:

\_\_\_\_\_

3 Status of the survey:

C - Completed

4 Last name of inspector:

\_\_\_\_\_  
\_\_\_\_\_

5 First name of inspector:

\_\_\_\_\_  
\_\_\_\_\_

6 Inspector organization:

\_\_\_\_\_  
\_\_\_\_\_

7 Name of system representative participating in survey:

\_\_\_\_\_  
\_\_\_\_\_

8 Other parties participating:

\_\_\_\_\_  
\_\_\_\_\_

## **General / SS Organization**

### **Pre-Inspection:**

1 Checklist of pre-inspection tasks:

2 Reviewed records relative to the system to be inspected, including current Boil Water Notices and Public Notifications?

Yes  
 No

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- 3 Reviewed previous sanitary survey report, including all deficiencies?  Yes  
 No
- 4 Reviewed previous Level 1 and Level 2 Assessments since the last sanitary survey (if applicable)?  Yes  
 No  
 NA
- 5 Obtained a copy of the RTCR sample siting plan from DEC to be used during the site visit for the RTCR special monitoring evaluation?  Yes  
 No
- 6 Reviewed approved plans/letters on file? (Note CT (concentration X contact time); operational requirements specified in engineering approval letters; separation distance waivers; number of storage tanks; specifications on well construction, grouting, an approved alternative to grouting, and an impervious surface; etc.)  Yes  
 No
- 7 Reviewed the well log(s) on file (if applicable) to field verify that it is for the PWS's current source(s)?  Yes  
 No  
 NA
- 8 Reviewed delineated protection area? (Use DEC mapping tool.)  Yes  
 No
- 9 Verified both the certification level required for the water system and the certification level of the operator(s) online at the DEC Operator Training & Certification Program?  Yes  
 No  
  
<http://dec.alaska.gov/water/opcert/index.htm>
- 10 Obtained data dump to review and provide to the water system for reference?  Yes  
 No
- 11 Obtained a copy of the water haul vehicle questions for each vehicle?  Yes  
 No  
 NA
- 12 Obtained a copy of the chemical storage guidance?  Yes  
 No
- 13 Obtained full sanitary survey question set to record items on site that are not covered by this sanitary survey question set?  Yes  
 No

## **General / SS Organization**

### **Post-Inspection:**

- 1 **Checklist of items needed for a complete survey:**

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- 2 Cover letter  Yes  
 No
  
- 3 Deficiency Report  Yes  
 No
  
- 4 Completed survey questions  Yes  
 No
  
- 5 Photo log (include all system facilities, current deficiencies, outstanding deficiencies and defects that have been resolved, master meter(s), raw water and entry point sample taps)  Yes  
 No
  
- 6 System site plan map (include source location and vicinity map)  Yes  
 No
  
- 7 System schematic(s) (i.e. treatment, distribution, master meter(s), raw water and entry point sample taps, etc.)  Yes  
 No  
 NA
  
- 8 Lat/Long form (only required for all new sources or if the current source is a different source than the one in the last sanitary survey)  Yes  
 No  
 NA
  
- 9 Well log (if applicable). Include a note if either the well log in the file was verified or if the well log is not available.  Yes  
 No  
 NA
  
- 10 Please provide observations, recommendations, and comments on any other issues that are not addressed through the questions, that were identified during this survey (i.e. additional findings). \_\_\_\_\_  
\_\_\_\_\_

**General / Background Info**

**Name / Location:**

- 1 Name of public water system: \_\_\_\_\_  
\_\_\_\_\_
  
- 2 PWSID: \_\_\_\_\_  
\_\_\_\_\_
  
- 3 Physical address: \_\_\_\_\_  
\_\_\_\_\_

## **General / Background Info**

### **Classification:**

- 1 SDWIS activity status:  Active
- 2 Primary water source:  GW - Groundwater  SW - Surface Water  
 GWP - Groundwater Purchase  
 SWP - Surface Water Purchase  
 GWUDISW- Ground water und
- 3 Transient population: \_\_\_\_\_
- 4 Residential population: \_\_\_\_\_
- 5 Non-transient population (i.e. workers, students, etc.): \_\_\_\_\_
- 6 Number of service connections: \_\_\_\_\_
- 7 How many services are metered? \_\_\_\_\_
- 8 Is water obtained from another PWS? (If yes, list in notes the name of the water system or business and the PWSID, if applicable.)  Yes  
 No
- 9 Does the system sell/provide water to another water system or business? (If yes, list in notes the name of the water system or business and PWSID, if applicable.)  Yes  
 No
- 10 Have there been modifications to the system since the last survey? (Provide dates and describe all modifications, including approvals obtained. Include all changes to the water system from the source through the distribution and additional water haul vehicles.)  Yes  
 No
- 11 Have these modifications been approved by DEC? (List modifications that have not been approved.)  Yes  
 No  
 NA  
 Unknown
- 12 Is the system only open on a seasonal basis? (If yes, list the dates of operation in notes.)  Yes  
 No
- 13 If seasonal system, does the entire distribution system stay pressurized throughout the year? (If no, explain in notes.)  Yes  
 No  
 NA

14 If seasonal system, list off-season point of contact information, including: name(s), address(es), and phone number(s).

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### **General / Background Info**

#### **Owner:**

1 Does the owner and administrative contact (AC) for the system match the data dump? (If not, in notes, provide updated names and phone numbers and e-mails.)  Yes  No

### **General / Background Info**

#### **Operator/Contact Info and Certification:**

1 Does this PWS require a certified operator? (In notes, specify system level for Water Treatment and/or Water Distribution as required by the Operator Certification Program.)  Yes  No

2 Is at least one operator adequately certified for the system classification level?  Yes  No

3 Does this system have a contract operator? If yes, list name and contact information in notes.  Yes  No

4 Name of primary operator:

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5 Primary operator's certification level, phone number and e-mail:

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6 List all backup operators, their certification level, and phone numbers:

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7 Emergency contacts: Day - name(s) and telephone number(s):

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8 Emergency contacts: Night - name(s) and telephone number(s):

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### **General / Background Info**

#### **Previous Survey Info:**

1 Have all deficiencies identified in the previous sanitary survey been corrected? (List, in notes, all those that have not been corrected. Provide photo documentation of all unresolved deficiencies.)  Yes  No  NA

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- 2 Have all defects from Level 1 and Level 2 Assessments conducted since the last sanitary survey, been corrected? (List, in notes, all those that have not been corrected. Provide photo documentation of all unresolved defects.)  Yes  
 No  
 NA

**General / Background Info**

**Current Survey Info:**

- 1 Is operable standby or auxiliary power available? (i.e. well maintained and tested, etc.)  Yes  
 No  
 NA

- 2 What parts of the system does the auxiliary power supply? \_\_\_\_\_  
\_\_\_\_\_

- 3 If the system is under a current Boil Water Notice or other Public Notification requirement, is the notice posted on-site as required? (If system is not under a current BWN or PN, answer NA.)  Yes  
 No  
 NA

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## Management / General

- |   |   |  |
|---|---|--|
| 1 | Does the management keep financial records reflecting the costs of operating and maintaining this system?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |
| 2 | Are the finances and budget satisfactory to cover costs of operating the water system in a safe manner (i.e. water samples, energy costs, operations, maintenance, staff training, etc.)? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |
| 3 | Are routine operations and maintenance records being kept?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |
| 4 | Are routine maintenance schedules established and adhered to for all components of the water system?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |
| 5 | Are complaints logged in and responded to? (Describe any major complaints received since the last sanitary survey. If no complaints have occurred, answer NA.)                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |
| 6 | Does the system have an alternate source of water in the event that the system's primary source of water is contaminated or shut down? (If yes, list the source(s) in the notes field.)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |
| 7 | Is the system secured as appropriate (i.e. locks, lighting, fences, etc.)?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                |

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## Regulations/Monitoring/Data Verification / General

- 1 Are all components and chemicals used in contact with the water certified to ANSI/NSF standards for drinking water; include treatment chemicals, filters/housings, etc.? (List any that are not ANSI/NSF certified, in notes.)  Yes  
 No  
 Unknown
- 2 Does the system have a DEC-approved total coliform sample siting plan available for review? (If no, use the sample siting plan obtained from the DW Program to answer the following questions.)  Yes  
 No
- 3 Does the sample siting plan accurately represent the entire distribution system's current configuration? (Include addition or removal of distribution lines, pressure zones, system loops, or sample locations, etc. If no, explain in notes.)  Yes  
 No
- 4 For a seasonal system on quarterly monitoring, do the time periods listed on the sample siting plan match the actual periods of highest demand? (Explain in notes.)  Yes  
 No  
 NA
- 5 Does the system have a supply of extra total coliform sample bottles available? (Minimum of 4 bottles for systems with a groundwater source and 3 for systems with surface water or GWUDISW sources.)  Yes  
 No
- 6 **Does the water system maintain the following records? (Please review these records.)**
- 7 Bacteriological/Microbiological Analysis - 5 years retention.  Yes  
 No
- 8 Chemical Analysis - 10 years retention. Lead and Copper (all analyses, reports, surveys, letters, evaluations, schedules, determinations, etc.) - 12 years retention.  Yes  
 No
- 9 Turbidity Data (monthly operator reports) - 5 years retention. Turbidity values exceeding 5 NTU - 10 years retention. Conventional or direct systems: continuous, individual (3 or more filters) or combined filter effluent readings - 3 years retention.  Yes  
 No  
 NA
- 10 Disinfection Residual Data (monthly operator reports) - 5 years retention. Groundwater systems, if applicable, DEC-specified minimum disinfection residual - 10 years retention.  Yes  
 No  
 NA
- 11 Records of actions taken to correct violations - 3 years retention.  Yes  
 No  
 NA



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- 12 Groundwater systems: documentation of corrective actions following a source water fecal positive sample result - 10 years retention.  Yes  
 No  
 NA
- 13 Reports, summaries, communications, and corrective action documentation related to sanitary surveys - 10 years retention.  Yes  
 No
- 14 Reports, summaries, or communications related to Public Notifications, including CCRs as applicable - 3 years retention.  Yes  
 No  
 NA
- 15 Variances and/or exemptions - 5 years retention after the expiration date.  Yes  
 No  
 NA
- 16 Monitoring Plans (as applicable): Microbiological and Turbidity - 5 years retention. Chemical, IDSE, System Specific Study Plan, Stage 2 DBP, etc. - 10 years retention.  Yes  
 No  
 NA
- 17 Disinfection Profile and Benchmark - 10 years retention.  Yes  
 No  
 NA
- 18 Records of both DEC-specified requirements for membranes and failures in membrane integrity/operations - 5 years retention.  Yes  
 No  
 NA

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## Sources / General

### General:

- 1 Are there any abandoned wells that are not properly decommissioned, open holes, or excavations in the 200 ft protection area? (If yes, describe in notes and note the location(s) on the system site plan map.)  
 Yes  
 No  
 Unknown
- 2 If there are any unused wells in the area, are they maintained in a safe and sanitary condition? (If no, describe and note the location(s) on the system site plan map.)  
 Yes  
 No  
 Unknown

## Sources / Groundwater

### Wells / General:

- 1 What is the name of this well? (List local and DEC name/number.)  
\_\_\_\_\_  
\_\_\_\_\_
- 2 Does the system have a well log? Survey Inspector: A COPY MUST BE SUBMITTED TO DEC IF A VERIFIED COPY IS NOT ALREADY IN THE DEC PWS FILE. List the DNR WELTS log ID in notes if available.  
 Yes  
 No
- 3 List latitude and longitude reading in decimal degrees. (Must be in WGS 84 datum. Example +56.234230, -136.23423.) Note proximity of reading to the source, for example, "at the wellhead" or "5 feet east of the wellhead".  
\_\_\_\_\_  
\_\_\_\_\_
- 4 List the available Lat/Long accuracy (in meters) displayed on the device (Example, Accuracy = 13 meters).  
\_\_\_\_\_  
\_\_\_\_\_
- 5 How often is the well inspected by the operator or owner?  
\_\_\_\_\_  
\_\_\_\_\_
- 6 Is the sanitary seal or well cap properly installed to seal the casing? (The seal should create a protective cover from the elements and protect against entry of vermin or contaminants into the well. Venting should be maintained where applicable.)  
 Yes  
 No
- 7 Is the well casing intact (i.e. unsealed hole or break, corrosion, visible damage, etc.)? Describe the condition in notes.  
 Yes  
 No
- 8 Does casing extend at least 12 inches above the floor or ground? (List height in notes.)  
 Yes  
 No

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- 9 If vented, is well vent screened with the return bend facing downward? (If no, describe in notes.)  Yes  
 No  
 NA
- 10 Is the well in a pit?  Yes  
 No
- 11 Is there documented 10 feet of continuous well grout within the first 20 feet below ground surface or has the department approved an alternative to grouting? (Note any documentation found regarding grout, an approved alternative to grouting, and approval to construct or operate the well. Include applicable dates for each of these documents found in the file and a copy of any obtained during the survey that are not in the file.)  Yes  
 No
- 12 If a visible or documented impervious surface (i.e. concrete pad, bentonite layer, or other approved seal) exists around the well casing, does it ensure drainage away from the well? (The impervious surface should be without cracks, breaks, or frost jacking, etc.) Describe the impervious surface and provide photo documentation. (Note any documentation found regarding the impervious surface design and DEC requirements.)  Yes  
 No  
 NA
- 13 Is the well site properly drained? (i.e. sloping away from the casing for 10 feet in all direction. Note condition of the surface around the casing using a description and photo documentation that shows the well both close up and from a distance.)  Yes  
 No
- 14 Does the system have any of the listed potential contaminant sources within the specified distance in the list below, that do not have a separation distance waiver?  Yes  
 No
- Wastewater Treatment/Disposal (200')  
Private Sewer Line (100')  
Community Sewer Line (200')  
Septic Tank (200')  
Leach Field (200')  
Bulk Fuel Storage (100')  
Fuel Line (100')
- 15 List the measured distance from the drinking water source to all contaminant sources listed in the above question and any applicable separation distance waivers. \_\_\_\_\_  
\_\_\_\_\_
- 16 List any other contaminant sources and their distances from the drinking water source, including surface water such as lakes, rivers, sloughs, etc. \_\_\_\_\_  
\_\_\_\_\_
- 17 Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)  Yes  
 No

**Sources / Groundwater**

**Wells / Pumps:**

- 1 Are pumps and pump controls in good operating condition?  Yes  
 No
- 2 Is the electrical wiring maintained properly? (If no, describe in notes.)  Yes  
 No

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3 Does the electrical wiring pose an immediate safety hazard? (For example: unprotected, live wires. If yes, describe in notes.)  Yes  
 No

4 Are there spare pumps or critical pump parts readily available?  Yes  
 No

## **Sources / Groundwater**

### **Springs / General:**

1 What is the name of the spring? (List local and DEC name/number.) \_\_\_\_\_  
\_\_\_\_\_

2 List latitude and longitude reading in decimal degrees. (Must be in WGS 84 datum. Example +56.234230, -136.23423.) Note proximity of reading to the source, for example, "at the spring box" or "5 feet east of the spring box". \_\_\_\_\_  
\_\_\_\_\_

3 List the available Lat/Long accuracy (in meters) displayed on the device (Example, Accuracy = 13 meters). \_\_\_\_\_  
\_\_\_\_\_

4 Is the spring enclosed by a permanent structure with watertight seals to prevent entry of surface water?  Yes  
 No

5 Are the overflow and drain pipes screened?  Yes  
 No  
 NA

6 Is the supply intake located above the floor of the collection chamber and screened?  Yes  
 No

7 Are direct surface drainage and contamination diverted around or away from the spring?  Yes  
 No

8 How often is the intake inspected by the operator or owner? \_\_\_\_\_  
\_\_\_\_\_

9 Is the area around the spring fenced or otherwise restricted to access?  Yes  
 No

10 Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)  Yes  
 No

## **Sources / Groundwater**

### **Springs / Pumps:**

- 1 Are pumps and pump controls in good operating condition?  Yes  
 No
- 2 Is the electrical wiring maintained properly? (If no, describe in notes.)  Yes  
 No
- 3 Does the electrical wiring pose an immediate safety hazard? (For example: unprotected, live wires. If yes, describe in notes.)  Yes  
 No
- 4 Are there spare pumps or critical spare pump parts readily available?  Yes  
 No

## **Sources / Surface Water**

### **Infiltration Galleries / General:**

- 1 What is the name of this infiltration gallery? (List local and DEC name/number.) \_\_\_\_\_  
\_\_\_\_\_
- 2 List latitude and longitude reading in decimal degrees. (Must be in WGS 84 datum. Example +56.234230, -136.23423.) Note proximity of reading to the source, for example, "at the infiltration gallery" or "5 feet east of the infiltration gallery". \_\_\_\_\_  
\_\_\_\_\_
- 3 List the available Lat/Long accuracy (in meters) displayed on the device (Example, Accuracy = 13 meters). \_\_\_\_\_  
\_\_\_\_\_
- 4 Is there a cover over the gallery?  Yes  
 No
- 5 Is the collector in sound condition and maintained as necessary? (If no, describe in notes.)  Yes  
 No  
 Unknown
- 6 How often is the infiltration gallery inspected by the operator or owner? \_\_\_\_\_  
\_\_\_\_\_
- 7 Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)  Yes  
 No

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- 8 Have significant changes occurred in the watershed or source that could lead to increased contamination by waterborne pathogens? Describe in notes any of the following examples:
- Yes
  - No
  - Unknown
- Industrial, domestic or other types of pollution (i.e. accidental or illegal waste discharge or spills);  
Unrestricted human activity;  
Hydrological change;  
Severe natural event (i.e. flood, forest fire, earthquake, landslide, etc.);  
Drought conditions allowing waste to accumulate in the watershed that could be washed into source waters when precipitation returns;  
Change in animal migration paths;  
Changes resulting in excess standing water in the watershed.

**Sources / Surface Water**

**Infiltration Galleries / Pumps:**

- 1 Are pumps and pump controls in good operating condition?  Yes  No
- 2 Is the electrical wiring maintained properly? (If no, describe in notes.)  Yes  No
- 3 Does the electrical wiring pose an immediate safety hazard? (For example: unprotected, live wires. If yes, describe in notes.)  Yes  No
- 4 Are there spare pumps or critical pump parts readily available?  Yes  No

**Sources / Surface Water**

**Reservoirs, Lakes, Rivers, Streams / General:**

- 1 What is the name of this intake? (List local and DEC name/number.) \_\_\_\_\_
- 2 List latitude and longitude reading in decimal degrees. (Must be in WGS 84 datum. Example +56.234230, -136.23423.) Note proximity of reading to the source, for example, "at the intake" or "5 feet east of the intake". \_\_\_\_\_
- 3 List the available Lat/Long accuracy (in meters) displayed on the device (Example, Accuracy = 13 meters). \_\_\_\_\_
- 4 Is the intake screened to prevent entry of debris?  Yes  No
- 5 Are the screens maintained?  Yes  No  NA

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- 6 Are intake works properly protected against ice buildup and silt?  Yes  
 No
- 7 How often is the intake inspected by the operator or owner? \_\_\_\_\_  
\_\_\_\_\_
- 8 Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)  Yes  
 No
- 9 Have operational controls been put in place to deal with conditions that cause fluctuations in water quality? (If no, describe in notes.)  Yes  
 No  
 NA
- 10 Have significant changes occurred in the watershed or source that could lead to increased contamination by waterborne pathogens? Describe in notes any of the following examples:  Yes  
 No  
 Unknown
- Industrial, domestic or other types of pollution (i.e. accidental or illegal waste discharge or spills);  
Unrestricted human activity;  
Hydrological change;  
Severe natural event (i.e. flood, forest fire, earthquake, landslide, etc.);  
Drought conditions allowing waste to accumulate in the watershed that could be washed into source waters when precipitation returns;  
Change in animal migration paths;  
Changes resulting in excess standing water in the watershed.

**Sources / Surface Water**

**Reservoirs, Lakes, Rivers, Streams / Pumps:**

- 1 Are pumps and pump controls in good operating condition?  Yes  
 No
- 2 Is the electrical wiring maintained properly? (If no, describe in notes.)  Yes  
 No
- 3 Does the electrical wiring pose an immediate safety hazard? (For example: unprotected, live wires. If yes, describe in notes.)  Yes  
 No
- 4 Are there spare pumps or critical pump parts readily available?  Yes  
 No

**Sources / Surface Water**

**Roof Catchments / General:**

- 1 What is the name of this source? (List local and DEC name/number.) \_\_\_\_\_  
\_\_\_\_\_

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2 List latitude and longitude reading in decimal degrees. (Must be in WGS 84 datum. Example +56.234230, -136.23423.) Note proximity of reading to the source, for example, "at the collection chamber" or "5 feet east of the collection chamber".

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3 List the available Lat/Long accuracy (in meters) displayed on the device (Example, Accuracy = 13 meters).

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4 Is the roof in good condition? (If no, describe in notes.)  Yes  
 No

5 Is there a means to divert the water (i.e. diversion box)? (Describe in notes.)  Yes  
 No  
 NA

6 Is the gutter system in good condition? (If no, describe in notes.)  Yes  
 No  
 NA

7 Does the system have any problems with the collection chamber (i.e. leaking, structural instability, not accessible for cleaning, vulnerable to potential contamination, etc.)?  Yes  
 No

8 Is the collection chamber access covered (i.e. shoe-box type lid)? (Describe lid in notes.)  Yes  
 No

9 Is the collection chamber vent screened?  Yes  
 No  
 NA

10 Is the outlet several inches above the bottom of the collection chamber to prevent passage of sediment?  Yes  
 No

11 Are the drain and overflow screened?  Yes  
 No

12 How often is the roof catchment system inspected by the operator or owner?

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13 Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)  Yes  
 No



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## Treatment / General

### Monitoring:

- 1 Are compliance and process monitoring sample taps in the correct location(s) (i.e. entry point to distribution, after filtration, etc.)? (List any missing sample taps and show location of all sample taps on the system schematic.)  Yes  
 No
- 2 Are proper test kits available and well stocked?  Yes  
 No  
 NA
- 3 List test equipment in the treatment plant. (List make, model, and use; include on-line and hand held testing equipment.)  

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- 4 Are testing facilities and equipment orderly and well maintained?  Yes  
 No  
 NA
- 5 Are testing equipment (including turbidimeters) calibrated with primary standards following manufacturer's recommendations as to frequency and method? (List frequency and/or schedule.)  Yes  
 No  
 NA
- 6 Are proper calibration standards and reagents used for analyses?  Yes  
 No  
 NA
- 7 Are the reagents used in testing past the expiration date?  Yes  
 No  
 NA
- 8 **Did the operator demonstrate competence with standard testing methods for the following: (Operator must demonstrate all control tests applicable to the system.)**
- 9 Turbidity: (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)  Yes  
 No  
 NA
- 10 pH/Temperature: (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)  Yes  
 No  
 NA
- 11 Fluoride: (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)  Yes  
 No  
 NA

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- 12 Disinfection Residual: (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)  Yes  
 No  
 NA
- 13 Other (i.e. orthophosphate, hardness, jar testing, etc.): (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)  Yes  
 No  
 NA
- 14 If the system has treatment to address an MCL exceedance, is the treatment operated according to the engineering plan approval specifications?  Yes  
 No  
 NA
- 15 Does the system have a master meter? (Describe the master meter or system of meters used to comply with the master meter requirement: meters measuring treated, wasted, and distributed water. Provide photos with locational labels of these meter(s). If the system is a TNC PWS, mark NA if there is no master meter.)  Yes  
 No  
 NA
- 16 Is the master meter operable? (Explain, i.e. flow through meter, etc.)  Unknown  
 Yes  
 No  
 NA

**Treatment / General**

**Cross Connections:**

- 1 Are there any unprotected cross-connections in the treatment system that pose an immediate health risk? (Describe in detail and provide well labeled photo(s).)  Yes  
 No
- 2 Does the system have any high hazard cross-connections with inadequate protection (i.e. check valve on the filter supply line, solo valve, chemical make-up water feed, etc.)? (Describe in detail and provide well labeled photo(s).)  Yes  
 No
- 3 Are there any other cross-connections in the system with inadequate protection? (i.e. air gaps or backflow prevention not installed at all appropriate locations, such as treatment drain lines, backwash lines, instrument waste lines, etc.) (Describe in detail and provide well labeled photo(s).)  Yes  
 No
- 4 If system has air gaps, are there any less than 2 times the diameter of the drain or waste line? (Describe in detail and provide well labeled photo(s).)  Yes  
 No  
 NA
- 5 If backflow preventers are installed, are there any problems that may hinder operation or testing? (i.e. leaking, improper installation, etc.) (Describe in detail and provide well labeled photos.)  Yes  
 No  
 NA
- 6 If backflow preventers are installed and can be tested, are they tested annually? (Describe testing schedule or frequency. Include the date they were last tested and the name of the tester.)  Yes  
 No  
 NA
- 7 Are any backflow prevention devices installed in a pit? (If yes, describe in detail and provide well labeled photo(s).)  Yes  
 No  
 NA

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- 8 Are backflow prevention device drains provided with a suitable air gap?  Yes  
 No  
 NA

### **Treatment / General**

#### **Other Treatment Chemicals:**

- 1 Does the system have treatment that you do not have questions for? (If yes, answer the appropriate section from the complete question set.)  Yes  
 No

### **Treatment / Activated Alumina**

#### **Activated Alumina:**

- 1 What is the treatment objective?  
\_\_\_\_\_
- 2 What is the frequency of media replacement or regeneration?  
\_\_\_\_\_
- 3 How is the spent media disposed of?  
\_\_\_\_\_

### **Treatment / Activated Carbon**

#### **Granular:**

- 1 What is the treatment objective?  
\_\_\_\_\_
- 2 What are the frequency and triggers for GAC regeneration or replacement?  
\_\_\_\_\_
- 3 What is the size of the filter? (List area and volume of media.)  
\_\_\_\_\_
- 4 How many filters or vessels are there?  
\_\_\_\_\_

### **Treatment / Activated Carbon**

#### **Powdered:**

- 1 What is the treatment objective?  
\_\_\_\_\_

Question Number

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- 2 Is this fed dry or as a solution?  Dry  
 Solution

3 What is the dosage used?  
\_\_\_\_\_  
\_\_\_\_\_

## **Treatment / Aeration**

### **Aeration:**

1 What is aeration used for? (List the target contaminant.)  
\_\_\_\_\_  
\_\_\_\_\_

- 2 Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants?  Yes  
 No

- 3 Is the air free from VOC's? (List in notes any fuel smell or fumes in the room.)  Yes  
 No

4 How is the airflow rate measured and adjusted?  
\_\_\_\_\_  
\_\_\_\_\_

## **Treatment / Chlorination**

### **Gaseous Chlorination:**

- 1 Is the disinfection equipment operated and maintained properly?  Yes  
 No

- 2 Is there adequate chlorine residual at the entry point to the distribution system? (0.2mg/L or level required to meet CT, whichever is higher. Record the entry point chlorine residual reading taken at the time of the sanitary survey.)  Yes  
 No  
 NA

- 3 Are disinfectant residual measurements being made and recorded at the same time and location in the distribution system that the total coliform bacteria sample is collected?  Yes  
 No

- 4 Is there a detectable disinfectant residual being maintained throughout the distribution system? (Record the distribution chlorine residual reading taken at the time of the sanitary survey.)  Yes  
 No

- 5 If the system is required to meet CT, is the system operated such that CT is being met? (i.e. according to designated flow rates, disinfection residual levels, temperature, pH, tank volume/level, etc. Record the readings of the parameters necessary to calculate CT for one day that is representative of normal operation. If monitoring data is not available, answer question as "No" with a note regarding this.)  Yes  
 No  
 NA

Question Number

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- 6 List readings taken at the time of the sanitary survey for parameters required to calculate CT: \_\_\_\_\_  
\_\_\_\_\_
- 7 Are critical spare parts for disinfection equipment readily available?  Yes  
 No  
 NA
- 8 Are disinfection units hooked up to flow switches that prevent the addition of disinfectant when no water is flowing? (If yes, how often are they checked?)  Yes  
 No
- 9 Is disinfectant feed proportional to water flow?  Yes  
 No  
 NA
- 10 Is there an adequate quantity of disinfectant readily available?  Yes  
 No
- 11 Are chlorine warning signs clearly posted?  Yes  
 No
- 12 In the event of a power outage, is emergency lighting available?  Yes  
 No
- 13 Are lighting and fan switches located outside the chlorine room?  Yes  
 No
- 14 Is a manifold provided to allow feeding gas from more than one cylinder?  Yes  
 No
- 15 Is the chlorine room accessible from an outside door only?  Yes  
 No
- 16 Is the door hinged outwards with panic bars?  Yes  
 No
- 17 Is there a window for viewing the chlorine room?  Yes  
 No
- 18 Is an exhaust fan located near the floor and an intake vent located near the ceiling?  Yes  
 No

Question Number

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- 19 Has the operator had chlorine gas safety training?  Yes  
 No
- 20 Is a chlorine gas leak alarm present with a chlorine gas detector near the floor vents?  Yes  
 No
- 21 Is there a SCBA (self-contained breathing apparatus)?  Yes  
 No
- 22 If yes, is the SCBA stored outside the chlorine room?  Yes  
 No  
 NA
- 23 Is the operator trained in the use of a SCBA?  Yes  
 No
- 24 Is an ammonia bottle available for detecting chlorine leaks?  Yes  
 No
- 25 Are cylinders stored in an upright position?  Yes  
 No
- 26 Are cylinders chained to the wall (2/3 of the way up the tank and at the bottom) or otherwise secured? (If no, describe how tanks are secured and attach photo documentation.)  Yes  
 No
- 27 Is a chlorine tank wrench next to or on the cylinder?  Yes  
 No
- 28 Is a chlorine cylinder repair kit available, including gaskets?  Yes  
 No
- 29 Are scales provided for weighing cylinders?  Yes  
 No
- 30 Can the temperature in the chlorine storage area be reliably maintained above 50°F?  Yes  
 No
- 31 Is the cylinder storage area kept cooler than the chlorinator equipment area at all times?  Yes  
 No

Question Number

32 Does the operator take the proper precautionary measures at all times (i.e. rubber gloves, eye protection, mask, protective clothing, etc.)?  Yes  No

33 Are gas scrubbers installed?  Yes  No

**Treatment / Chlorination**

**Hypochlorination:**

1 List the manufacturer, product name, and NSF certification information for the disinfectant being used. \_\_\_\_\_  
\_\_\_\_\_

2 Is the disinfection equipment operated and maintained properly?  Yes  No

3 Are the solutions being made to the proper concentration and in a safe manner? (Describe in notes.)  Yes  No  NA

4 Is there adequate chlorine residual at the entry point to the distribution system? (0.2 mg/L or level required to meet CT, whichever is higher. Record the entry point chlorine residual reading taken at the time of the sanitary survey.)  Yes  No  NA

5 Are disinfectant residual measurements being made and recorded at the same time and location in the distribution system as the total coliform bacteria sample is collected?  Yes  No  NA

6 Is there a detectable disinfectant residual being maintained throughout the distribution system? (Record the distribution chlorine residual reading taken at the time of the sanitary survey.)  Yes  No  NA

7 If the system is required to meet CT, is the system operated such that CT is being met (i.e. according to designated flow rates, disinfection residual levels, temperature, pH, tank volume/level, etc.)? (From system's operation monitoring records record the readings of the parameters necessary to calculate CT for one day that is representative of normal operation: pH, disinfection residual, peak flow rate, tank volume/level, etc. If monitoring data is not available, answer question as "No" with a note regarding this.)  Yes  No  NA

8 List readings taken at the time of the sanitary survey for parameters required to calculate CT: \_\_\_\_\_  
\_\_\_\_\_

9 Are critical spare parts for disinfection equipment readily available?  Yes  No  NA

10 Are disinfection units hooked up to flow switches that prevent the addition of disinfectant when no water is flowing? (If yes, note how often they are checked.)  Yes  No

Question Number

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- 11 Is disinfectant feed proportional to water flow?  Yes  
 No  
 NA
- 12 Is there an adequate quantity of disinfectant readily available?  Yes  
 No
- 13 Is the disinfectant properly stored?  Yes  
 No  
 NA

## **Treatment / Coagulation**

### **Coagulation:**

- 1 Is a coagulant used whenever water is being filtered by media?  Yes  
 No
- 2 What primary coagulant is being used? (Provide in notes the manufacturer and product name for the primary coagulant and all other chemicals used as coagulants, filter aids, and flocculation aids.)  Alum  
 Ferric chloride  
 Polyaluminum chloride  
 Other
- 3 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
- 4 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No
- 5 How are coagulant feed rates determined?  Jar testing  
 Streaming current detector  
 Other: explain in notes
- 6 Is coagulant dose adjusted based on changes in raw water quality?  Yes  
 No
- 7 What kind of mixing is provided after the injection point?  Static  
 Mechanical  
 In-line mixing

## **Treatment / Filtration**

### **General:**

- 1 Is filtration equipment maintained and in operable condition? (Describe in notes.)  Yes  
 No



## **Treatment / Filtration**

### **Cartridge:**

- 1 How many stages of filtration are there? \_\_\_\_\_
- 2 List the filter and housing make, model, and micron size of each stage.  
\_\_\_\_\_  
\_\_\_\_\_
- 3 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  Yes  
 No
- 4 Are there means for measuring the differential pressure of each stage (i.e. pressure gauges before and after each stage)?  Yes  
 No
- 5 Does the system have a supply of replacement filters?  Yes  
 No
- 6 On what basis and frequency are filters replaced (i.e. differential pressure, gallons, days, etc.)? \_\_\_\_\_  
\_\_\_\_\_
- 7 Is the replacement of the filters done in a sanitary manner?  Yes  
 No

## **Treatment / Filtration**

### **Bag:**

- 1 How many stages of filtration are there? \_\_\_\_\_
- 2 List the filter and housing make, model, and micron size of each stage.  
\_\_\_\_\_  
\_\_\_\_\_
- 3 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  Yes  
 No
- 4 Are there means for measuring the differential pressure of each stage (i.e. pressure gauges before and after each stage)?  Yes  
 No
- 5 Does the system have a supply of replacement filters?  Yes  
 No

Question Number

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6 On what basis and frequency are filters replaced (i.e. differential pressure, gallons, days)?  
\_\_\_\_\_  
\_\_\_\_\_

7 Is the replacement of the filters done in a sanitary manner?  
 Yes  
 No

## **Treatment / Filtration**

### **Diatomaceous Earth:**

1 Is this a pressure or vacuum filter?  
 Pressure  
 Vacuum

2 Is the thickness of the pre-coat filter cake at least 3mm to 5mm?  
 Yes  
 No

3 If continuous body feed is used, is it a minimum of 0.2lb/ft<sup>2</sup>?  
 Yes  
 No

4 What are typical filter run times in minutes?  
\_\_\_\_\_

5 What is the filter septum inspection frequency?  
\_\_\_\_\_  
\_\_\_\_\_

6 What is the filter septum cleaning frequency?  
\_\_\_\_\_  
\_\_\_\_\_

7 How is the spent filter cake disposed of?  
\_\_\_\_\_  
\_\_\_\_\_

8 What is the filter surface area in ft<sup>2</sup>?  
\_\_\_\_\_

9 Is the maximum filter loading rate less than 1.5 gpm/sf? (Maximum filtration flow rate would have been established through engineering plan review.)  
 Yes  
 No

10 Are the filters backwashed routinely?  
 Yes  
 No

11 When does the operator(s) initiate backwash? (Time turbidity, automatic, or headloss. If so, what are the maximum settings for those? Taste and odor issues can arise with long filter runs, not monitoring turbidity can lead to violations.)  
\_\_\_\_\_  
\_\_\_\_\_

- 12 Does the operator(s) respond to flow interruptions to ensure filter cake does not fall off the septum? (Describe response. Interruptions of flow cause the filter cake to fall off the septum and DE is not recommended for on/off operation.)  Yes  No

**Treatment / Filtration**

**Greensand:**

- 1 What is the treatment objective? \_\_\_\_\_  
\_\_\_\_\_
- 2 How many filters are there? \_\_\_\_\_
- 3 Are filters pressure or gravity?  Pressure  Gravity
- 4 What is the filter media type? \_\_\_\_\_  
\_\_\_\_\_
- 5 If there is a view port, describe condition of the media (i.e. media height, visible mud packing, etc.). \_\_\_\_\_  
\_\_\_\_\_
- 6 How often is the media inspected? (Note findings of the last inspection, if available.) \_\_\_\_\_  
\_\_\_\_\_
- 7 What is the total surface area including all filters in ft<sup>2</sup>? \_\_\_\_\_
- 8 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  Yes  No
- 9 How is backwash frequency determined (i.e. turbidity, iron levels, time in service, etc.)? \_\_\_\_\_  
\_\_\_\_\_
- 10 Is backwash flow measured? (If yes, document flow rate(s) in notes.)  Yes  No
- 11 Can backwash rate of flow be adjusted?  Yes  No
- 12 What is the source of water used for backwashing? \_\_\_\_\_  
\_\_\_\_\_

Question Number

- 13 Is there air assisted backwash capability/air scour?  Yes  
 No
  
- 14 Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants?  Yes  
 No  
 NA
  
- 15 Is there a surface wash?  Yes  
 No
  
- 16 Can surface wash arm rotation be verified?  Yes  
 No  
 NA
  
- 17 How is it determined that backwash is complete and the filters can be returned to service (i.e. turbidity, grab sample, visual check, time, etc.)? \_\_\_\_\_  
\_\_\_\_\_
  
- 18 Does the system filter water to waste after backwash and before returning the filter to service?  Yes  
 No
  
- 19 If the system filters to waste, is a sufficient air gap or backflow prevention provided?  Yes  
 No  
 NA
  
- 20 Is pressure drop monitored across the filter(s)?  Yes  
 No
  
- 21 Is greensand regenerated? (If yes, explain how, i.e. permanganate, chlorine, etc.)  Yes  
 No

**Treatment / Filtration**

**Pressure Sand:**

- 1 What is the treatment objective? \_\_\_\_\_  
\_\_\_\_\_
  
- 2 How many filters are there? \_\_\_\_\_
  
- 3 What is the filter media type? \_\_\_\_\_  
\_\_\_\_\_
  
- 4 If there is a view port, describe condition of the media (i.e. media height, visible mud packing, etc.). \_\_\_\_\_  
\_\_\_\_\_

Question Number

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- 5 How often is the media inspected? (Note findings of the last inspection, if available.) \_\_\_\_\_  
\_\_\_\_\_
- 6 What is the total surface area of all filters in ft<sup>2</sup>? \_\_\_\_\_
- 7 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  Yes  
 No
- 8 How is backwash frequency determined (i.e. turbidity, time in service, pressure differential, etc.)? \_\_\_\_\_  
\_\_\_\_\_
- 9 Is backwash flow measured? (If yes, document flow rate(s) in notes.)  Yes  
 No
- 10 Can backwash rate of flow be adjusted?  Yes  
 No
- 11 What is the source of water used for backwashing? \_\_\_\_\_  
\_\_\_\_\_
- 12 Is there air assisted backwash capability/air scour?  Yes  
 No
- 13 Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants?  Yes  
 No  
 NA
- 14 Is there a surface wash?  Yes  
 No
- 15 Can surface wash arm rotation be verified?  Yes  
 No  
 NA
- 16 How is it determined that backwash is complete and the filters can be returned to service (i.e. turbidity, grab sample, visual check, time, etc.)? \_\_\_\_\_  
\_\_\_\_\_
- 17 Does the system filter water to waste after backwash and before returning the filter to service?  Yes  
 No

Question Number

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- 18 If the system filters to waste, is a sufficient air gap or backflow prevention provided?  Yes  
 No  
 NA
- 19 Is pressure drop monitored across the filter(s)?  Yes  
 No

## **Treatment / Filtration**

### **Rapid Sand:**

- 1 What is the treatment objective? \_\_\_\_\_  
\_\_\_\_\_
- 2 How many filters are there? \_\_\_\_\_
- 3 What is the filter media type? \_\_\_\_\_  
\_\_\_\_\_
- 4 If there is a view port, describe condition of the media (i.e. media height, visible mud packing, etc.). \_\_\_\_\_  
\_\_\_\_\_
- 5 How often is the media inspected? (Note findings of the last inspection, if available.) \_\_\_\_\_  
\_\_\_\_\_
- 6 What is the total surface area including all filters in ft<sup>2</sup>? \_\_\_\_\_
- 7 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  Yes  
 No
- 8 How is backwash frequency determined (i.e. turbidity, time in service, etc.)? \_\_\_\_\_  
\_\_\_\_\_
- 9 Is backwash flow measured? (If yes, document flow rate(s) in notes.)  Yes  
 No
- 10 Can backwash rate of flow be adjusted?  Yes  
 No
- 11 What is the source of water used for backwashing? \_\_\_\_\_  
\_\_\_\_\_

Question Number

- 12 Is there air assisted backwash capabilities/air scour?  Yes  
 No
  
- 13 Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants?  Yes  
 No  
 NA
  
- 14 Is there a surface wash?  Yes  
 No
  
- 15 Can surface wash arm rotation be verified?  Yes  
 No  
 NA
  
- 16 How is it determined that backwash is complete and the filters can be returned to service (i.e. turbidity, grab sample, visual check, time, etc.)? \_\_\_\_\_  
\_\_\_\_\_
  
- 17 Does the system filter water to waste after backwash and before returning the filter to service?  Yes  
 No
  
- 18 If system filters to waste, is a sufficient air gap or backflow prevention provided?  Yes  
 No  
 NA

**Treatment / Filtration**

**Slow Sand:**

- 1 What is the treatment objective? \_\_\_\_\_  
\_\_\_\_\_
  
- 2 How many filters are there? \_\_\_\_\_
  
- 3 Are the filters housed or covered? \_\_\_\_\_  
\_\_\_\_\_
  
- 4 Are there adequate sampling taps from each filter?  Yes  
 No
  
- 5 How often are the filters cleaned? \_\_\_\_\_  
\_\_\_\_\_
  
- 6 What determines when the filters are cleaned? \_\_\_\_\_  
\_\_\_\_\_

Question Number

7 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  Yes  No

8 What is the total surface area including all filters in ft<sup>2</sup>? \_\_\_\_\_

9 How long is the filter ripened before returning to service? \_\_\_\_\_  
\_\_\_\_\_

**Treatment / Filtration**

**Ultrafiltration:**

1 What is the treatment objective? \_\_\_\_\_  
\_\_\_\_\_

2 What are the make and model of the membranes? \_\_\_\_\_  
\_\_\_\_\_

3 How many membrane modules are there and how are they arranged? (Example: 5 modules per stage, 3 stages in series.) \_\_\_\_\_  
\_\_\_\_\_

4 Does the system conduct direct integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  No

5 Does the system conduct continuous indirect integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  No

6 Where does rejected water go? \_\_\_\_\_  
\_\_\_\_\_

7 Does system use a chemical cleaning process?  Yes  No

8 On what basis is chemical cleaning initiated? \_\_\_\_\_  
\_\_\_\_\_

9 How is the membrane system isolated from the potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)  Valves  Disconnecting piping  Other

10 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  NA  Yes  No



Question Number

11 Does the system have a backwash/backflush cycle? (If yes, list source of water and any chemicals added. Include manufacturer, product name, and NSF certification.)  Yes  No

12 If the system recycles filter backwash/backflush or reject water, is it being operated per DEC plan approval specifications? (If no, describe in notes.)  Yes  No  NA

**Treatment / Filtration**

**Micro:**

1 What is the treatment objective? \_\_\_\_\_  
\_\_\_\_\_

2 What are the make and model of the membranes? \_\_\_\_\_  
\_\_\_\_\_

3 How many membrane modules are there and how are they arranged? (Example: 5 modules per stage, 3 stages in series.) \_\_\_\_\_  
\_\_\_\_\_

4 Does the system conduct direct integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  No

5 Does the system conduct continuous indirect integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  No

6 Where does rejected water go? \_\_\_\_\_  
\_\_\_\_\_

7 Does system use a chemical cleaning process?  Yes  No

8 On what basis is chemical cleaning initiated? \_\_\_\_\_  
\_\_\_\_\_

9 How is the membrane system isolated from the potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)  Valves  Disconnecting piping  Other

10 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  NA  Yes  No

11 Does the system have a backwash/backflush cycle? (If yes, list source of water and any chemicals added. Include manufacturer, product name, and NSF certification.)  Yes  No

- 12 If the system recycles filter backwash/backflush or reject water, is it being operated per DEC plan approval specifications? (If no, describe in notes.)  Yes  
 No  
 NA

## **Treatment / Filtration**

### **Nano:**

- 1 What is the treatment objective? \_\_\_\_\_  
\_\_\_\_\_
- 2 What are the make and model of the membranes? \_\_\_\_\_  
\_\_\_\_\_
- 3 How many membrane modules are there and how are they arranged? (Example: 5 modules per stage, 3 stages in series.) \_\_\_\_\_  
\_\_\_\_\_
- 4 Does the system conduct direct integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  
 No
- 5 Does the system conduct continuous indirect integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  
 No
- 6 Where does rejected water go? \_\_\_\_\_  
\_\_\_\_\_
- 7 Does system use a chemical cleaning process?  Yes  
 No
- 8 On what basis is chemical cleaning initiated? \_\_\_\_\_  
\_\_\_\_\_
- 9 How is the membrane system isolated from the potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)  Valves  
 Disconnecting piping  
 Other  
 NA
- 10 Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?  Yes  
 No
- 11 If the system recycles filter reject water, is it being operated per DEC plan approval specifications? (If no, describe in notes.)  Yes  
 No  
 NA

## **Treatment / Flocculation**

### **Flocculation:**

- 1 Are the flocculators equipped with variable speed controls?  Yes  
 No
  
- 2 Is there an SOP for adjusting flocculator speed?  Yes  
 No  
 NA
  
- 3 Is baffling incorporated into the units to enhance the flocculation process?  Yes  
 No
  
- 4 Is there adequate floc formation? (Note observations of floc size and any issues with flow-through velocity, detention time, short-circuiting, etc.)  Yes  
 No  
 Unknown

## **Treatment / Fluoridation**

### **Fluoridation:**

- 1 What chemical is added? (List manufacturer, product name, and NSF certification information. Document point of injection on the system treatment schematic.) \_\_\_\_\_  
\_\_\_\_\_
  
- 2 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
  
- 3 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No
  
- 4 Is the dosage calculated on at least a daily basis? (If no, document in notes how often dosage is calculated.)  Yes  
 No
  
- 5 Is calibration and testing done properly?  Yes  
 No
  
- 6 Is the fluoride concentration monitored at the entry point to the distribution on a daily basis?  Yes  
 No
  
- 7 Are there adequate means of mixing the chemical into the water downstream of chemical feed point (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  
 No
  
- 8 Is the injection system controlled by at least two redundant flow switches?  Yes  
 No

Question Number

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- 9 Are flow switches installed in the correct locations?  Yes  
 No
  
- 10 Are flow switches periodically checked to ensure that the chemical feed equipment does not operate when no water is flowing? (If yes, document in notes how often they are checked?)  Yes  
 No
  
- 11 Does the make-up water supply for the saturator have a water meter?  Yes  
 No
  
- 12 Is there a vacuum breaker on the make-up water line?  Yes  
 No
  
- 13 Is there a vacuum break or anti-siphon device on the discharge line of the fluoride pump?  Yes  
 No
  
- 14 Is the pump power cord plug unique to the electrical outlet that is interlocked with the flow switches?  Yes  
 No
  
- 15 Are the chemicals properly stored to prevent risk of contamination, fire or explosion? (If not, list the chemicals and potential hazard, and provide photo documentation.)  Yes  
 No

## **Treatment / Inhibitor Addition**

### **Bimetallic Phosphate:**

- 1 What contaminants are targeted by this treatment process?  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No
  
- 3 What chemical(s) are being used? (Document point of injection on the system treatment schematic.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4 What parameter is monitored to ensure proper inhibitor concentration in the distribution system? (Document sample site locations on the system treatment schematic.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
  
- 6 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No

Question Number

- 7 Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  No
- 8 Are dosages for each chemical calculated on at least a daily basis? (If no, document in notes how often is this done.)  Yes  No
- 9 Are backflow prevention devices installed on water lines used for mixing chemical dilutions?  Yes  No
- 10 Is chemical feed equipment connected to flow switches?  Yes  No
- 11 Are flow switches installed in the correct locations?  Yes  No
- 12 Are flow switches periodically checked to ensure that the chemical feed equipment does not operate when no water is flowing? (If yes, document in notes how often they are checked.)  Yes  No

**Treatment / Inhibitor Addition**

**Hexametaphosphate:**

- 1 What contaminants are targeted by this treatment process? \_\_\_\_\_  
\_\_\_\_\_
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  No
- 3 What chemical(s) are being used? (Document point of injection on the system treatment schematic.) \_\_\_\_\_  
\_\_\_\_\_
- 4 What parameter is monitored to ensure proper inhibitor concentration in the distribution system? (Document sample site locations on the system treatment schematic.) \_\_\_\_\_  
\_\_\_\_\_
- 5 Is chemical feed equipment maintained and in operable condition?  Yes  No
- 6 Are critical spare parts for chemical feed equipment readily available?  Yes  No
- 7 Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  No

Question Number

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- 8 Are dosages for each chemical calculated on at least a daily basis? (If no, document in notes how often this is done.)  Yes  
 No
  
- 9 Are backflow prevention devices installed on water lines used for mixing chemical dilutions?  Yes  
 No
  
- 10 Is chemical feed equipment connected to flow switches?  Yes  
 No
  
- 11 Are flow switches installed in the correct locations?  Yes  
 No
  
- 12 Are flow switches periodically checked to ensure that the chemical feed equipment does not operate when no water is flowing? (If yes, document in notes how often they are checked.)  Yes  
 No

## **Treatment / Inhibitor Addition**

### **Orthophosphate:**

- 1 What contaminants are targeted by this treatment process?  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No
  
- 3 What chemical(s) are being used? (Document point of injection on the system treatment schematic.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4 What parameter is monitored to ensure proper inhibitor concentration in the distribution system? (Document sample site locations on the system treatment schematic.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
  
- 6 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No
  
- 7 Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  
 No
  
- 8 Are dosages for each chemical calculated on at least a daily basis? (If no, document in notes how often is this done.)  Yes  
 No

Question Number

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- 9 Are backflow prevention devices installed on water lines used for mixing chemical dilutions?  Yes  
 No
- 10 Is chemical feed equipment connected to flow switches?  Yes  
 No
- 11 Are flow switches installed in the correct locations?  Yes  
 No
- 12 Are flow switches periodically checked to ensure that the chemical feed equipment does not operate when no water is flowing? (If yes, document in notes how often they are checked.)  Yes  
 No

## **Treatment / Inhibitor Addition**

### **Polyphosphate:**

- 1 What contaminants are targeted by this treatment process? \_\_\_\_\_  
\_\_\_\_\_
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No
- 3 What chemical(s) are being used? (Document point of injection on the system treatment schematic.) \_\_\_\_\_  
\_\_\_\_\_
- 4 What parameter is monitored to ensure proper inhibitor concentration in the distribution system? (Document sample site locations on the system treatment schematic.) \_\_\_\_\_  
\_\_\_\_\_
- 5 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
- 6 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No
- 7 Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  
 No
- 8 Are dosages for each chemical calculated on at least a daily basis? (If no, document in notes how often this is done.)  Yes  
 No
- 9 Are backflow prevention devices installed on water lines used for mixing chemical dilutions?  Yes  
 No

Question Number

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- 10 Is chemical feed equipment connected to flow switches?  Yes  
 No
- 11 Are flow switches installed in the correct locations?  Yes  
 No
- 12 Are flow switches periodically checked to ensure that the chemical feed equipment does not operate when no water is flowing? (If yes, document in notes how often they are checked.)  Yes  
 No

## **Treatment / Inhibitor Addition**

### **Silica:**

- 1 What contaminants are targeted by this treatment process? \_\_\_\_\_  
\_\_\_\_\_
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No
- 3 What chemical(s) are being used? (Document point of injection on the system treatment schematic.) \_\_\_\_\_  
\_\_\_\_\_
- 4 What parameter is monitored to ensure proper inhibitor concentration in the distribution system? (Document sample site locations on the system treatment schematic.) \_\_\_\_\_  
\_\_\_\_\_
- 5 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
- 6 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No
- 7 Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  
 No
- 8 Are dosages for each chemical calculated on at least a daily basis? (If no, document in notes how often this is done.)  Yes  
 No
- 9 Are backflow prevention devices installed on water lines used for mixing chemical dilutions?  Yes  
 No
- 10 Is chemical feed equipment connected to flow switches?  Yes  
 No



Question Number

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- 11 Are flow switches installed in the correct locations?  Yes  
 No
- 12 Are flow switches periodically checked to ensure that the chemical feed equipment does not operate when no water is flowing? (If yes, document in notes how often they are checked.)  Yes  
 No

## **Treatment / Ion Exchange**

### **Ion Exchange:**

- 1 What contaminants are targeted by this treatment process? \_\_\_\_\_  
\_\_\_\_\_
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No
- 3 What is the flow rate? \_\_\_\_\_  
\_\_\_\_\_
- 4 How many ion exchange units are there? (List in notes the make, model, and configuration such as in series or in parallel.) \_\_\_\_\_
- 5 What is the frequency of regeneration? \_\_\_\_\_  
\_\_\_\_\_
- 6 On what basis is regeneration initiated? \_\_\_\_\_  
\_\_\_\_\_
- 7 What is used for the regeneration brine? (List manufacturer, product name, and NSF certification.)  Sodium  
 Potassium  
 Other
- 8 Where does the waste water from the regeneration process go? \_\_\_\_\_  
\_\_\_\_\_
- 9 Is the waste line provided with an adequate air gap?  Yes  
 No

## **Treatment / Lime - Soda Ash Addition**

### **Lime - Soda Ash Addition:**

- 1 What chemical is being used? (List product, manufacturer name, and ANSI/NSF 60 information in notes.) \_\_\_\_\_  
\_\_\_\_\_

Question Number

- 2 What is the treatment objective?  Alkalinity adjustment  
 pH adjustment  
 Calcium carbonate deposition  
 Other
- 3 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No
- 4 List the pH of the raw and finished water, taken at the time of the site visit.

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**Treatment / Other**

**Distillation:**

- 1 What is the treatment objective?
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No

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**Treatment / Other**

**Permanganate:**

- 1 What is the treatment objective (i.e. oxidation of iron/manganese, regeneration of greensand media, etc.)?
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No
- 3 What chemical is added? (List manufacturer and product for each, and document point of injection on the system treatment schematic.)
- 4 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
- 5 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No
- 6 Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  
 No
- 7 How is proper chemical dose determined?

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Question Number

8 Are chemical feed units hooked up to flow switches that prevent the addition of permanganate when no water is flowing? (If yes, note the type and how often they are checked?)  Yes  No

9 Are the chemicals properly stored to prevent risk of contamination, fire or explosion? (If not, list the chemicals and potential hazards in notes and provide photo documentation.)  Yes  No

**Treatment / Other**

**Point of Use/Point of Entry:**

1 What is the target contaminant? \_\_\_\_\_  
\_\_\_\_\_

2 If POU/POE is used to meet regulatory requirements, is a DEC approved sampling plan available for review?  Yes  No  NA

3 How many units are there in the system? (List the make, model, and type of units such as RO, carbon block cartridge, absorptive media, etc.) \_\_\_\_\_  
\_\_\_\_\_

4 Are units installed in all required locations?  Yes  No  NA

5 Does the system have a DEC approved maintenance plan for the POU or POE?  Yes  No  NA

6 Are the POU or POE devices maintained according to the DEC approved plan?  Yes  No  NA

**Treatment / Ozonation**

**Ozonation:**

1 What is the treatment objective (i.e. disinfection, oxidation, other, etc.)? \_\_\_\_\_  
\_\_\_\_\_

2 If the system is required to meet CT, is the system operated such that CT is being met (i.e. according to designated flow rates, disinfection residual levels, temperature, pH, tank volume/level, etc.)? (From system's operation monitoring records record the readings of the parameters necessary to calculate CT for one day that is representative of normal operation: pH, disinfection residual, peak flow rate, tank volume/level, etc. If monitoring data is not available, answer question as "No" with a note regarding this.)  Yes  No  NA

3 List readings taken at the time of the sanitary survey for parameters required to calculate CT: \_\_\_\_\_  
\_\_\_\_\_

Question Number

- 4 Is there a dissolved ozone residual monitor? (If using ozonation as only disinfection, monitoring is required. If additional disinfection is done, answer question as NA if there is no test equipment. List location.)  
 Yes  
 No  
 NA
  
- 5 How is ozone injected? (If other, describe in notes.)  
 Venturi  
 Gas Diffuser  
 Other
  
- 6 Describe all locations where ozone is injected in the system and note them on the system treatment schematic.  
\_\_\_\_\_  
\_\_\_\_\_
  
- 7 What type of ozone contactor is used? (If a tank is used, list the number of tanks/compartments.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- 8 List ozone system specifications: make, model.  
\_\_\_\_\_  
\_\_\_\_\_
  
- 9 Is there an ozone-destruct unit? (If yes, note location and include it on the treatment schematic.)  
 Yes  
 No
  
- 10 Is there a functional alarm system? (Describe what triggers the alarm and what action is taken, i.e. low ozone residual, high flow, etc. If additional disinfection is done, answer question as NA, if there is no functional alarm.)  
 Yes  
 No  
 NA

**Treatment / pH Adjustment**

**pH Adjustment:**

- 1 What is the objective for adjusting the pH (i.e. corrosion control, conditioning prior to coagulant addition, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  
 Yes  
 No
  
- 3 What chemical is being used for pH adjustment?  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4 What is the target dose and how is it monitored?  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment / pH Adjustment**

**Post Adjustment:**

- 1 What is the objective for adjusting the pH (i.e. corrosion control, conditioning prior to coagulant addition, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Question Number

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2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No

3 What chemical is being used for pH adjustment?

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4 What is the target dose and how is it monitored?

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## **Treatment / pH Adjustment**

### **Pre Adjustment:**

1 What is the objective for adjusting the pH (i.e. corrosion control, conditioning prior to coagulant addition, etc.)?

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2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No

3 What chemical is being used for pH adjustment?

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4 What is the target dose and how is it monitored?

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## **Treatment / Reverse Osmosis**

### **Reverse Osmosis:**

1 What is the treatment objective?

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2 Is the treatment process adequate and operating such that it is meeting the treatment objective?  Yes  
 No

3 What are the make and model of the membranes?

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4 How many membrane modules are there and how are they arranged? (Example: 5 modules per stage, 3 stages in series.)

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5 Does the system conduct direct integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  
 No

Question Number

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- 6 Does the system conduct continuous indirect integrity testing of the membranes? (If yes, list frequency and method used.)  Yes  
 No
- 7 Where does rejected water go? \_\_\_\_\_  
\_\_\_\_\_
- 8 Does system use a chemical cleaning process?  Yes  
 No
- 9 On what basis is chemical cleaning initiated? (Describe.) \_\_\_\_\_  
\_\_\_\_\_
- 10 How is membrane system isolated from potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)  Valves  
 Disconnecting piping  
 Other
- 11 If the system recycles filter reject water, is it being operated per DEC plan approval specifications? (If no, describe in notes.)  Yes  
 No  
 NA

## **Treatment / Sedimentation**

### **Sedimentation:**

- 1 Are the clarification units constructed to permit units to be taken out of service without disrupting operation?  Yes  
 No
- 2 Is there significant floc carryover out of the sedimentation basins going to the filters?  Yes  
 No
- 3 Are the clarification units being started manually following shutdown?  Yes  
 No
- 4 Is there a cover over the sedimentation basins?  Yes  
 No
- 5 Is settled water turbidity measured for treatment optimization?  Yes  
 No

## **Treatment / Sequestration**

### **Sequestration:**

- 1 What contaminant is targeted for sequestering? \_\_\_\_\_  
\_\_\_\_\_

Question Number

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- 2 What chemical is used? \_\_\_\_\_  
\_\_\_\_\_
- 3 Is chemical feed equipment maintained and in operable condition?  Yes  
 No
- 4 Are chemical feed pumps being controlled by a flow switch?  Yes  
 No
- 5 Are critical spare parts for chemical feed equipment readily available?  Yes  
 No
- 6 Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?  Yes  
 No
- 7 What is the target dose and how is it measured? \_\_\_\_\_  
\_\_\_\_\_

## **Treatment / Ultraviolet Radiation**

### **Ultraviolet Radiation:**

- 1 List the make and model of the UV unit. \_\_\_\_\_  
\_\_\_\_\_
- 2 What operational parameters are monitored and at what frequency (i.e. flow, UV absorbance, UV intensity, lamp status, lamp power, etc.)? (Document in notes the readings of all monitored parameters at the time of inspection.) \_\_\_\_\_  
\_\_\_\_\_
- 3 Are UV system components cleaned per manufacturer's recommendations and with what frequency (i.e. quartz lamp sleeves, sensor ports, reflectors, etc.)?  Yes  
 No
- 4 What is the lamp replacement frequency? \_\_\_\_\_  
\_\_\_\_\_
- 5 **Is UV being used to meet regulatory disinfection requirements?**  Yes  
 No  
 NA  
 Unknown
- 5.01 What is the target pathogen? \_\_\_\_\_  
\_\_\_\_\_
- 5.02 Is the system meeting DEC operational requirements for disinfection?  Yes  
 No  
 NA

Question Number

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- 5.03 What is the flow rate through the unit? \_\_\_\_\_  
\_\_\_\_\_
- 5.04 Is there an alarm system or auto shut off, and is it operational?  Yes  
 No
- 5.05 What triggers critical alarms or auto shut off (i.e. low UV intensity, high flow, low lamp power, burnt lamp)? \_\_\_\_\_  
\_\_\_\_\_
- 5.06 Are critical alarms being monitored and recorded?  Yes  
 No  
 NA
- 5.07 Is UV intensity sensor calibration verified using a reference sensor? (If yes, list how often.)  Yes  
 No  
 NA
- 5.08 Is the reference sensor calibrated by the manufacturer annually?  Yes  
 No  
 NA
- 5.09 If equipped with an on-line UV transmittance (UVT) analyzer, is the calibration verified weekly using a bench-top spectrophotometer?  Yes  
 No  
 NA
- 5.1 Is the bench-top spectrophotometer calibrated and maintained per manufacturer requirements?  Yes  
 No  
 NA
- 5.11 Is operable standby or auxiliary power available? (i.e. well maintained and tested, etc.)  Yes  
 No



# Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

## Storage / Bladder

- 1 What is the name of this storage facility? (List local and DEC name/number. Also list the number of storage tanks that make up this storage facility.) \_\_\_\_\_
- 2 What does this storage tank hold?  Raw Water  
 Filtered Water  
 Disinfected Water  
 Filtered and Disinfected Water
- 3 Does the system operate the tank according to established parameters necessary to meet demand? (Note the volume or water level in tank, if possible.)  Yes  
 No  
 NA
- 4 Is this storage facility used to meet disinfectant contact time?  Yes  
 No
- 5 If the tank is used to meet CT, does the system operate it according to established parameters necessary to meet disinfection contact time; such as water volume/level and chlorine residual of 0.2 mg/L or level required to meet CT, whichever is higher? (In notes, list the volume or water level and the chlorine residual of the water in the storage tank at the time of the inspection. Answer NA if system does not disinfect or tank is not used for CT.)  Yes  
 No  
 NA
- 6 Does surface run-off drain away from the storage tank(s)?  Unknown  
 Yes  
 No
- 7 Are drain lines screened or covered, and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No  
 NA
- 8 Is the storage tank(s) structurally sound (e.g., leaking, rust, holes, etc.)? (If no, describe in notes.)  Yes  
 No
- 9 Can the storage tank(s) be isolated from the system?  Yes  
 No
- 10 Are leaks evident at the time of inspection?  Yes  
 No

- 11 Is storage tank(s) safely accessible to inspector?  Yes  
 No

**Storage / Elevated**

1 What is the name of this storage facility? (List local and DEC name/number. Also list the number of storage tanks that make up this storage facility.) \_\_\_\_\_  
 \_\_\_\_\_

- 2 What does this storage tank hold?  Raw Water  
 Filtered Water  
 Disinfected Water  
 Filtered and Disinfected Water

- 3 Is treated water storage covered?  Yes  
 No  
 NA

- 4 Does the system operate the tank according to established parameters necessary to meet demand? (Note the volume or water level in tank, if possible.)  Yes  
 No  
 NA

- 5 Is this storage facility used to meet disinfectant contact time?  Yes  
 No

- 6 If the tank is used to meet CT, does the system operate it according to established parameters necessary to meet disinfection contact time; such as water volume/level and chlorine residual of 0.2 mg/L or level required to meet CT, whichever is higher? (In notes, list the volume or water level and the chlorine residual of the water in the storage tank at the time of the inspection. Answer NA if system does not disinfect or tank is not used for CT.)  Yes  
 No  
 NA

- 7 Does surface run-off drain away from the storage tank(s)?  Unknown  
 Yes  
 No

- 8 Are overflow and drain lines screened or covered, and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No

- 9 Are vents screened or covered, and turned downward; and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No

- 10 Is the hatch watertight? (If no, describe in notes.)  Yes  
 No  
 NA  
 Unknown

- 11 Is the hatch locked?  Yes  
 No  
 NA  
 Unknown

Question Number

- 12 Has the tank been inspected within the last year? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 13 Has the tank been cleaned within the last 3 years? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 14 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.)  Yes  
 No  
 Unknown
- 15 Is the storage tank(s) structurally sound (e.g., leaking, rust, holes, etc.)? (If no, describe in notes.)  Yes  
 No
- 16 Can the storage tank(s) be isolated from the system?  Yes  
 No
- 17 Are leaks evident at the time of inspection?  Yes  
 No
- 18 Is the storage tank(s) lined or coated? (If yes, describe in notes.)  Yes  
 No  
 Unknown
- 19 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.)  Yes  
 No  
 NA  
 Unknown
- 20 Is storage tank(s) safely accessible to inspector?  Yes  
 No
- 21 Were you able to physically inspect the storage tank hatch, vent, roof, and overflow outlet? If no, select the method you discussed with the system owner/operator to document their condition (Describe in notes.):  
a. Reviewed and discussed maintenance records and recent photos (include copy of photos with inspection report).  
b. Photos will be taken and submitted by the owner/operator; additional follow-up required by DEC.  
c. Owner/operator unable or unwilling to document; additional follow-up required by DEC.  Yes  
 No

**Storage / Ground**

- 1 What is the name of this storage facility? (List local and DEC name/number. Also list the number of storage tanks that make up this storage facility.) \_\_\_\_\_  
\_\_\_\_\_
- 2 What does this storage tank hold?  Raw Water  
 Filtered Water  
 Disinfected Water  
 Filtered and Disinfected Water

Question Number

- 3 Is treated water storage covered?  Yes  
 No  
 NA
- 4 Does the system operate the tank according to established parameters necessary to meet demand? (Note the volume or water level in tank, if possible.)  Yes  
 No  
 NA
- 5 Is this storage facility used to meet disinfectant contact time?  Yes  
 No
- 6 If the tank is used to meet CT, does the system operate it according to established parameters necessary to meet disinfection contact time; such as water volume/level and chlorine residual of 0.2 mg/L or level required to meet CT, whichever is higher? (In notes, list the volume or water level and the chlorine residual of the water in the storage tank at the time of the inspection. Answer NA if system does not disinfect or tank is not used for CT.)  Yes  
 No  
 NA
- 7 Does surface run-off drain away from the storage tank(s)?  Unknown  
 Yes  
 No
- 8 Are overflow and drain lines screened or covered, and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No
- 9 Are vents screened or covered, and turned downward; and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No
- 10 Is the hatch watertight? (If no, describe in notes.)  Yes  
 No  
 NA  
 Unknown
- 11 Is the hatch locked?  Yes  
 No  
 NA  
 Unknown
- 12 Has the tank been inspected within the last year? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 13 Has the tank been cleaned within the last 3 years? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 14 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.)  Yes  
 No  
 Unknown
- 15 Is the storage tank(s) structurally sound (e.g., leaking, rust, holes, etc.)? (If no, describe in notes.)  Yes  
 No

Question Number

- 16 Can the storage tank(s) be isolated from the system?  Yes  
 No
- 17 Are leaks evident at the time of inspection?  Yes  
 No
- 18 Is the storage tank(s) lined or coated? (If yes, describe in notes.)  Yes  
 No  
 Unknown
- 19 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.)  Yes  
 No  
 NA  
 Unknown
- 20 Is storage tank(s) safely accessible to inspector?  Yes  
 No
- 21 Were you able to physically inspect the storage tank hatch, vent, roof, and overflow outlet? If no, select the method you discussed with the system owner/operator to document their condition (Describe in notes.):  
a. Reviewed and discussed maintenance records and recent photos (include copy of photos with inspection report).  
b. Photos will be taken and submitted by the owner/operator; additional follow-up required by DEC.  
c. Owner/operator unable or unwilling to document; additional follow-up required by DEC.  Yes  
 No

**Storage / Hydropneumatic**

- 1 What is the name of this storage facility? (List local and DEC name/number. Also list the number of storage tanks that make up this storage facility.) \_\_\_\_\_  
\_\_\_\_\_
- 2 What does this storage tank hold?  Raw Water  
 Filtered Water  
 Disinfected Water  
 Filtered and Disinfected Water
- 3 Does the system operate the tank according to established parameters necessary to meet demand? (Note the volume or water level in tank, if possible.)  Yes  
 No  
 NA
- 4 Is this storage facility used to meet disinfectant contact time?  Yes  
 No
- 5 If the tank is used to meet CT, does the system operate it according to established parameters necessary to meet disinfection contact time; such as water volume/level and chlorine residual of 0.2 mg/L or level required to meet CT, whichever is higher? (In notes, list the volume or water level and the chlorine residual of the water in the storage tank at the time of the inspection. Answer NA if system does not disinfect or tank is not used for CT.)  Yes  
 No  
 NA  
  
 Unknown

Question Number

- 6 Does surface run-off drain away from the storage tank(s)?  Yes  
 No
- 7 Are drain lines screened or covered, and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe.)  Yes  
 No  
 NA
- 8 Is the storage tank(s) structurally sound (e.g., leaking, rust, holes, etc.)? (If no, describe in notes.)  Yes  
 No
- 9 Can the storage tank(s) be isolated from the system?  Yes  
 No
- 10 Are leaks evident at the time of inspection?  Yes  
 No
- 11 Is storage tank(s) safely accessible to inspector?  Yes  
 No

**Storage / Reservoir**

- 1 What is the name of this storage facility? (List local and DEC name/number. Also list the number of storage tanks that make up this storage facility.) \_\_\_\_\_  
\_\_\_\_\_
- 2 What does this storage tank hold?  Raw Water  
 Filtered Water  
 Disinfected Water  
 Filtered and Disinfected Water
- 3 Is treated water storage covered?  Yes  
 No  
 NA
- 4 Does the system operate the tank according to established parameters necessary to meet demand? (Note the volume or water level in tank, if possible.)  Yes  
 No  
 NA
- 5 Is this storage facility used to meet disinfectant contact time?  Yes  
 No
- 6 If the tank is used to meet CT, does the system operate it according to established parameters necessary to meet disinfection contact time; such as water volume/level and chlorine residual of 0.2 mg/L or level required to meet CT, whichever is higher? (In notes, list the volume or water level and the chlorine residual of the water in the storage tank at the time of the inspection. Answer NA if system does not disinfect or tank is not used for CT.)  Yes  
 No  
 NA
- Unknown

Question Number

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- 7 Does surface run-off drain away from the storage tank(s)?  Yes  
 No
- 8 Are overflow and drain lines screened or covered, and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No
- 9 Are vents screened or covered, and turned downward; and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No
- 10 Is the hatch watertight? (If no, describe in notes.)  Yes  
 No  
 NA  
 Unknown
- 11 Is the hatch locked?  Yes  
 No  
 NA  
 Unknown
- 12 Has the tank been inspected within the last year? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 13 Has the tank been cleaned within the last 3 years? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 14 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.)  Yes  
 No  
 Unknown
- 15 Is the storage tank(s) structurally sound (e.g., leaking, rust, holes, etc.)? (If no, describe in notes.)  Yes  
 No
- 16 Can the storage tank(s) be isolated from the system?  Yes  
 No
- 17 Are leaks evident at the time of inspection?  Yes  
 No
- 18 Is the storage tank(s) lined or coated? (If yes, describe in notes.)  Yes  
 No  
 Unknown
- 19 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.)  Yes  
 No  
 NA  
 Unknown

Question Number

- 20 Is storage tank(s) safely accessible to inspector?  Yes  
 No
- 21 Were you able to physically inspect the storage tank hatch, vent, roof, and overflow outlet? If no, select the method you discussed with the system owner/operator to document their condition (Describe in notes.):  Yes  
 No  
a. Reviewed and discussed maintenance records and recent photos (include copy of photos with inspection report).  
b. Photos will be taken and submitted by the owner/operator; additional follow-up required by DEC.  
c. Owner/operator unable or unwilling to document; additional follow-up required by DEC.

**Storage / Underground**

- 1 What is the name of this storage facility? (List local and DEC name/number. Also list the number of storage tanks that make up this storage facility.) \_\_\_\_\_  
\_\_\_\_\_
- 2 What does this storage tank hold?  Raw Water  
 Filtered Water  
 Disinfected Water  
 Filtered and Disinfected Water
- 3 Is treated water storage covered?  Yes  
 No  
 NA
- 4 Does the system operate the tank according to established parameters necessary to meet demand? (Note the volume or water level in tank, if possible.)  Yes  
 No  
 NA
- 5 Is this storage facility used to meet disinfectant contact time?  Yes  
 No
- 6 If the tank is used to meet CT, does the system operate it according to established parameters necessary to meet disinfection contact time; such as water volume/level and chlorine residual of 0.2 mg/L or level required to meet CT, whichever is higher? (In notes, list the volume or water level and the chlorine residual of the water in the storage tank at the time of the inspection. Answer NA if system does not disinfect or tank is not used for CT.)  Yes  
 No  
 NA
- 7 Does surface run-off drain away from the storage tank(s)?  Unknown  
 Yes  
 No
- 8 Are overflow and drain lines screened or covered, and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No
- 9 Are vents screened or covered, and turned downward; and do the lines terminate a minimum of 2 times the diameter of the water outlet pipe above the ground or storage? (If no, describe in notes.)  Yes  
 No



Question Number

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- 10 Is the hatch watertight? (If no, describe in notes.)  Yes  
 No  
 NA  
 Unknown
- 11 Is the hatch locked?  Yes  
 No  
 NA  
 Unknown
- 12 Has the tank been inspected within the last year? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 13 Has the tank been cleaned within the last 3 years? If not, note when it was last inspected.  Yes  
 No  
 Unknown
- 14 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.)  Yes  
 No  
 Unknown
- 15 Is the storage tank(s) structurally sound (e.g., leaking, rust, holes, etc.)? (If no, describe in notes.)  Yes  
 No
- 16 Can the storage tank(s) be isolated from the system?  Yes  
 No
- 17 Are leaks evident at the time of inspection?  Yes  
 No
- 18 Is the storage tank(s) lined or coated? (If yes, describe in notes.)  Yes  
 No  
 Unknown
- 19 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.)  Yes  
 No  
 NA  
 Unknown
- 20 Is storage tank(s) safely accessible to inspector?  Yes  
 No
- 21 Were you able to physically inspect the storage tank hatch, vent, roof, and overflow outlet? If no, select the method you discussed with the system owner/operator to document their condition (Describe in notes.):  
a. Reviewed and discussed maintenance records and recent photos (include copy of photos with inspection report).  
b. Photos will be taken and submitted by the owner/operator; additional follow-up required by DEC.  
c. Owner/operator unable or unwilling to document; additional follow-up required by DEC.  Yes  
 No

# Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

## Distribution / General

- 1 Describe any problems that have occurred in the distribution system since the last sanitary survey. \_\_\_\_\_
- 2 If there are fire hydrants connected to the distribution system have there been any problems related to the hydrants? Describe and note if they are used for flushing.)  Yes  
 No  
 NA
- 3 Is there any portion of the distribution system that has a pressure less than 20 psi?  Yes  
 No
- 4 Are there any leaks evident at the time of the sanitary survey? (If yes, explain.)  Yes  
 No
- 5 Is there a routine main and dead-end water flushing program? (If yes, describe in notes.)  Yes  
 No  
 NA
- 6 Are the check valves, water meters, etc., maintained and operating properly? (If no, explain in notes.)  Yes  
 No  
 NA
- 7 Is system adequately protected from freezing? (If no, explain in notes.)  Yes  
 No
- 8 Are heat exchangers used in conjunction with the water system?  Yes  
 No
- 9 If yes, are there any single walled heat exchangers? (If yes, note make/model.)  Yes  
 No  
 NA
- 10 Is ethylene glycol used anywhere in the system?  Yes  
 No

**Distribution / Cross Connections**

- 1 Are there any unprotected cross-connections anywhere in the system that pose an immediate health risk? (Describe in detail and provide well labeled photo(s.)  Yes  No
- 2 Does the system have any high hazard cross-connections with inadequate protection? (Describe in detail and provide well labeled photo(s) of all high hazard connections to industry, wastewater treatment plants, clinics, etc., that are not adequately protected.)  Yes  No
- 3 Are there any other cross-connections in the system with inadequate protection? (i.e. air gaps or backflow prevention not installed at all appropriate locations, such as boiler make-up water, hose bibbs where backflow prevention is required, etc.) (Describe in detail and provide well labeled photo(s).)  Yes  No
- 4 If system has air gaps, are there any less than 2 times the diameter of the drain or waste line? (Describe in detail and provide well labeled photo(s).)  Yes  No  NA
- 5 If backflow preventers are installed, are there any problems that may hinder operation or testing? (i.e. leaking, improper installation, etc. Describe in detail and provide well labeled photo(s).)  Yes  No  NA
- 6 If backflow preventers are installed and can be tested, are they tested annually? (Describe testing schedule or frequency. Include the date they were last tested and the name of the tester.)  Yes  No  NA
- 7 Are any backflow preventers installed in a pit? (If yes, describe in detail and provide well labeled photo(s).)  Yes  No  NA
- 8 Are backflow preventer drains provided with a suitable air gap?  Yes  No  NA
- 9 If the water system has a water haul fill point, do the water supply lines have appropriate backflow prevention? (List backflow prevention type in notes.)  Yes  No  NA

**Distribution / Pumps**

- 1 Are pumps and pump controls in good operating condition?  Yes  No  NA
- 2 Are there spare pumps or critical spare pump parts readily available?  Yes  No  NA
- 3 Is the electrical wiring maintained properly? (If no, describe in notes.)  Yes  No  NA

- 4 Does the electrical wiring pose an immediate safety hazard? (For example: unprotected, live wires. If yes, describe in notes.)
- Yes  
 No  
 NA

### **Distribution / Hydropneumatic tanks**

- 1 Does the system have a hydropneumatic tank(s)?
- Yes  
 No
- 2 At the time of inspection, are all tanks water tight? (i.e. not leaking)
- Yes  
 No  
 NA
- 3 Are the exterior surfaces and tank supports in good condition? (If no, explain condition in notes and include photo.)
- Yes  
 No  
 NA
- 4 Are the hydropneumatic tanks in a condition that represents an immediate threat to health or safety, or are in danger of failure? (Describe in notes.)
- Yes  
 No  
 NA