

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 Phone contact with responsible party?

Yes
 No

Question Number

- 3 Reviewed correspondence relative to the system to be inspected, including current Boil Water Notices and Public Notifications? Yes
 No
- 4 Reviewed previous sanitary survey report, including all deficiencies? Yes
 No
- 5 Reviewed previous Level 1 and Level 2 Assessments (if applicable)? Yes
 No
 NA
- 6 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
- 7 Reviewed compliance monitoring results and compliance records? Yes
 No
- 8 Reviewed plans/documents on file? (Note CT (concentration X contact time) and operational requirements for disinfection specified in engineering approval letters, number of storage tanks, etc.) 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 Certification Program? Yes
 No
- <https://myalaska.state.ak.us/dec/water/opcert/Home.aspx?p=SystemSearch>
- 10 Reviewed Source Water Assessment and delineated protection area (if available)? Yes
 No
 Not Available
- 11 Reviewed the Priority Measures Plan (PMP) Certification form? Yes
 No
 NA
- 12 Reviewed the DW Program letter and checklist regarding a protected source determination (if applicable)? Yes
 No
 NA
- 13 Obtained data dump to review and provide to the water system for reference? Yes
 No
- 14 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 Date official notification provided to DEC regarding potential deficiencies: _____

2 Date inspector notified water system regarding potential deficiencies: _____

3 If applicable, date inspector notified water system of any variance between the written evaluation and the verbal de-briefing or any draft version of the report: _____

4 Checklist of items needed for a complete survey:

5 Cover letter: Yes No

6 Deficiency Report: Yes No

7 Completed survey questions: Yes No

8 Photo log: Yes No

9 System site plan map (include source location and vicinity map): Yes No

10 System schematic(s) (i.e. treatment, distribution, etc.): Yes No NA

11 Lat/Long form for all sources (other facilities as applicable): Yes No

12 Well log (if available): Yes No NA

13 Please comment on any issues noted that are not addressed through the questions (i.e. additional deficiencies or findings). _____

General / Background Info

Name / Location:

1 Name of public water system:

2 PWSID:

3 Physical address:

4 Total system design water production/treatment capacity in gallons per day (gpd):

5 Average daily production (gpd):

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 - Groundwater Und

3 Transient population:

4 Residential population:

5 Non-transient population (workers, students, etc.):

6 Number of service connections:

7 How many services are metered?

Question Number

8 Is water obtained from another PWS? (If yes, document in notes the name of the water system or business and PWSID, if applicable.) Yes No

9 Does the system sell/provide water to another water system or business? (If yes, document in notes the name of the water system or business and PWSID, if applicable.) Yes No

10 Does the PWS have Final Approval to Operate? (If yes, list approvals granted by DEC in notes.) Yes No Unknown

11 Have there been modifications to the system since the last survey? (Include all changes to the water system from the source through the distribution.) Yes No

12 Date(s) and description of modification(s): _____

13 Have these modifications been approved by DEC? (List approvals obtained.) Yes No NA Unknown

14 Is the system only open on a seasonal basis? (If yes, list the dates of operation in notes.) Yes No

15 If seasonal system, does the entire distribution system stay pressurized throughout the year? (If no, explain in notes) Yes No NA

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

General / Background Info

Owner:

1 Owner type: F - Federal L - Local M - Mixed N - Native American P - Private S - State Government

2 Legal owner first name/entity name: _____

3 Legal owner last name (NA if entity): _____

4 Owner's mailing street address: _____

Question Number

5 Owner's mailing address city:

6 Owner's mailing address state:

7 Owner's mailing address zip code:

8 Owner's telephone number (daytime):

9 Owner's telephone number (emergency):

10 Owner's fax number:

11 Owner's email address:

General / Background Info

Operator/Contact Info and Certification:

1 Does this PWS require a certified operator?

Yes
 No

2 Primary operator's first name:

3 Primary operator's last name:

4 Primary operator's street address:

5 Primary operator's address city:

6 Primary operator's address state:

Question Number

7 Primary operator's address zip code: _____

8 Primary operator's telephone number: _____

9 Primary operator's email address: _____

10 Primary operator's certification level(s): (Specify all that apply and list WT, WD, etc. and expiration date(s) in notes.)

<input type="checkbox"/> Small - Untreated	<input type="checkbox"/> Level 2
<input type="checkbox"/> Small - Treated	<input type="checkbox"/> Level 3
<input type="checkbox"/> Provisional	<input type="checkbox"/> Level 4
<input type="checkbox"/> Level I	<input type="checkbox"/> No Certification

11 List all secondary operators and their certification level(s): (Include WT, WD, etc. and expiration date(s) in notes.)

12 Is at least one operator adequately certified for the system classification level? (Specify system level in notes for Water Treatment and/or Water Distribution as required by the Operator Certification Program.)

Yes
 No
 NA

13 Does the system have an alternate method of system supervision (i.e. maintenance contract, remote supervision, etc.)? (If yes, describe in notes.)

Yes
 No

14 If yes, does the system have a DEC approved Alternate Method of System Supervision (AMOSS) plan? (If yes, describe in notes.)

Yes
 No
 NA

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

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

General / Background Info

Previous Survey Info:

1 Date of last sanitary survey: _____

2 Last survey conducted by (Name and Organization):

3 Have all deficiencies noted during the previous survey been corrected?

Yes
 No
 NA

Question Number

- 4 Have all defects from Level 1 and Level 2 Assessments conducted since the last sanitary survey, been corrected? Yes
 No
 NA

- 5 If the answer to either of the previous two questions is "no" list the remaining uncorrected deficiencies and defects:
(During the site visit, the survey inspector must document the status of unresolved deficiencies/defects; use photo documentation where applicable.)
-
-

General / Background Info

Current Survey Info:

- 1 Is standby or auxiliary power available? Yes
 No
 NA

- 2 If standby or auxiliary power is available is it in operable condition and well maintained (i.e. tested and noted in a log book)? Yes
 No
 NA

- 3 What parts of the system does the auxiliary power supply?
-
-

- 4 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).) Yes
 No
 NA

- 5 Is the master meter operable? (Explain in notes, i.e. flow through meter, etc.) Unknown
 Yes
 No
 NA

- 6 If the system is under a current Boil Water Notice or other Public Notification requirement, is the notice posted on-site as required? Yes
 No
 NA

Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

Management / General

- | | | |
|---|---|---|
| 1 | Does the management keep separate financial records reflecting the costs of operating and maintaining this system? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2 | Are the financing and budget satisfactory to cover costs of operating the water system in a safe manner (i.e. water samples, energy costs, staff training, etc.)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3 | Are routine operations and maintenance records being kept? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4 | Are routine maintenance schedules established and adhered to for all components of the water system? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5 | Is there sufficient personnel? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6 | Are supplies and maintenance parts inventories adequate? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7 | Are complaints logged in and responded to? (If any major complaints have been received since the last sanitary survey, describe in notes.) | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

Emergency Preparedness/Security / General

- | | | |
|---|---|--|
| 1 | If the system serves a population of 1,000 or more, is the Priority Measures Plan (PMP) available for review by the sanitary survey inspector? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 2 | Is the plan accessible to all authorized personnel? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 3 | Is training on the PMP provided? (If yes, list the date of the most recent training, in notes.) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 4 | Does the plan include a call list or chain of command? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 5 | 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 notes.) | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6 | Is the system secured as appropriate (i.e. locks, lighting, fences, etc.)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |

Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

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 sample siting plan for total coliform (RTCR)? Yes
 No
- 3 Is a 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
- 4 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
- 5 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
- 6 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
- 7 If applicable, does the system have a sample siting plan for LT2 available for review? Yes
 No
 NA
- 8 Does the water system maintain the following records? (Please review these records.)
- 9 Bacteriological/Microbiological Analysis - 5 years retention. Yes
 No
- 10 Chemical Analysis - 10 years retention. Yes
 No
- 11 Turbidity Data (monthly operator reports) - 5 years retention. Turbidity values exceeding 5 NTU - 10 years retention. Yes
 No
 NA

Question Number

- 12 Disinfection Residual Data (monthly operator reports) - 5 years retention. Groundwater systems, if applicable, DEC-specified minimum disinfection residual - 10 years retention. Yes No NA
- 13 Records of actions taken to correct violations - 3 years retention. Yes No NA
- 14 Groundwater systems: documentation of corrective actions following a source water fecal positive sample result - 10 years retention. Yes No NA
- 15 Reports, summaries, communications, and corrective action documentation related to sanitary surveys - 10 years retention. Yes No
- 16 Reports, summaries, or communications related to Public Notifications - 3 years retention. Yes No NA
- 17 Variances and/or exemptions - 5 years retention after the expiration date. Yes No NA
- 18 Monitoring Plans (as applicable): Microbiological and Turbidity - 5 years retention. Chemical - 10 years retention. Yes No NA
- 19 Records of both DEC-specified requirements for membranes and failures in membrane integrity/operations - 5 years retention. Yes No NA
- 20 Priority Measure Plan - 2 years retention or until replaced by update. Certification of Compliance with Emergency Preparedness Requirements (initial and updates) - 2 years retention or until replaced by updated certification. (Systems serving over 1,000.) Yes No NA

Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

Sources / General

General:

- 1 Are there any abandoned wells in the delineated protection area? (If yes, note the location(s) on the system site plan map.)
 Yes
 No
 Unknown
- 2 If yes, are they properly decommissioned?
 Yes
 No
 NA
 Unknown
- 3 Are there any unused wells in the delineated protection area? (If yes, note the location(s) on the system site plan map.)
 Yes
 No
 Unknown
- 4 If yes, are they maintained in a safe and sanitary condition?
 Yes
 No
 NA
 Unknown
- 5 Does the system have a Source Water Protection Plan and is it being implemented properly to protect the source? (Explain in notes.)
 Yes
 No

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 AND THE DNR WELTS WELL LOG ID LISTED IN NOTES IF AVAILABLE.
 Yes
 No
- 3 Is well site properly drained (i.e. sloping away from the casing for 10 feet in all directions)?
 Yes
 No
- 4 Is the well casing intact (i.e. unsealed hole or break, corrosion, visible damage, etc., describe the condition in comments)?
 Yes
 No
- 5 Is there documented 10 feet of continuous well grout? If no, is there a visible or documented seal around the casing (i.e. concrete pad, bentonite layer, or other approved seal)? (Note condition of the surface around the casing, using a description and photo documentation.)
 Yes
 No

Question Number

6 Is sanitary seal or well cap properly installed to seal the casing? Yes
 No

7 How often is the well inspected by the operator or owner?

8 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')

9 List the measured distance from the drinking water source to all contaminant sources listed in the above question and any applicable separation distance waivers. _____

10 List any other contaminant sources and their distances from the drinking water source. _____

11 How far away is the nearest surface water (i.e. lake, river, slough, etc.)? _____

12 Does casing extend at least 12 inches above the floor or ground? (Document height in notes.) Yes
 No

13 If vented, is well vent screened with the return bend facing downward and terminating 18 inches above ground level or above maximum flood level, whichever is higher? (If no, describe in notes.) Yes
 No
 NA

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

15 If the well has been determined to be a protected water source, are all the conditions still being met as specified in the DW Program letter/checklist? Yes
 No
 NA

Sources / Groundwater

Springs / General:

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

Question Number

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

- 3 Is there a screened overflow and drain pipe? Yes
 No

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

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

- 6 How often is the intake inspected by the operator or owner?

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

- 8 Is there a source water sample tap or other means present to sample source water? (Note location on system schematic. Describe sampling method if not from a sample tap.) Yes
 No

Sources / Surface Water

Infiltration Galleries / General:

- 1 What is the name of this infiltration gallery? (List local and DEC name/number.)

- 2 Is there a cover over the gallery? Yes
 No

- 3 Is the collector in sound condition and maintained as necessary? (If no, describe in notes.) Yes
 No
 Unknown

- 4 How often is the infiltration gallery inspected by the operator or owner?

- 5 Is there a source water sample tap or other means present to sample source water? (Note location on system schematic. Describe sampling method if not from a sample tap.) Yes
 No

Question Number

- 6 Have significant changes occurred in the watershed or source that could lead to increased contamination by cryptosporidium? Describe in notes any of the following examples:
- 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.
- Yes
 No
 Unknown

Sources / Surface Water

Reservoirs, Lakes, Rivers, Streams / General:

- 1 What is the name of this intake? (List local and DEC name/number.)
- _____
- _____
- 2 Is the intake screened to prevent entry of debris? Yes
 No
- 3 Are the screens maintained? Yes
 No
 NA
- 4 Are intake works properly protected against ice buildup and silt? Yes
 No
- 5 How often is the intake inspected by the operator or owner?
- _____
- _____
- 6 Is there a source water sample tap or other means present to sample source water? (Note location on system schematic. Describe sampling method if not from a sample tap.) Yes
 No
- 7 Describe all conditions that cause fluctuation in water quality?
- _____
- _____
- 8 Have operational controls been put in place to deal with these conditions? (If no, describe in notes.) Yes
 No
 NA

Question Number

- 9 Have significant changes occurred in the watershed or source that could lead to increased contamination by cryptosporidium? 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

Roof Catchments / General:

- 1 What is the name of this source? (List local and DEC name/number.) _____
- 2 Is the roof in good condition? (If no, describe in notes.) Yes No
- 3 Is there a means to divert the water (i.e. diversion box, etc.)? (Describe in notes.) Yes No
- 4 Is the gutter system in good condition? (If no, describe in notes.) Yes No
- 5 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
- 6 Is the collection chamber access covered (i.e. shoe-box type lid, etc.)? (Describe lid in notes.) Yes No
- 7 Is the collection chamber vent screened? Yes No NA
- 8 Is the outlet several inches above the bottom of the collection chamber to prevent passage of sediment? Yes No
- 9 Are the drain and overflow screened? Yes No
- 10 How often is the roof catchment system inspected by the operator or owner? _____

Question Number

11

Is there a source water sample tap or other means present to sample source water? (Note location on system schematic. Describe sampling method if not from a sample tap.)

- Yes
- No

Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

Pumps / Pumps

1 How many pumps does the system have?

2 What type of pump(s) does the system have? (If system has more than one type of pump, list types and numbers of each type in notes.)

- | | |
|---|--|
| <input type="checkbox"/> CF - Centrifugal | <input type="checkbox"/> SC - Screw |
| <input type="checkbox"/> HP - Hand Pump | <input type="checkbox"/> SU - Submersible |
| <input type="checkbox"/> JT - Jet | <input type="checkbox"/> VT - Vertical Turbine |
| <input type="checkbox"/> PD - Positive Displacement | |

3 What are their locations/purposes (i.e. source, treatment plant, distribution, well pump, system pressure, etc.)?

4 Are pumps and pump controls in good operating condition (i.e. no smell of burning tar, excessive leaking, or screeching sounds, etc.)?

- Yes
 No

5 Is the electrical wiring maintained properly? (If no, describe in notes.)

- Yes
 No

6 Does the electrical wiring pose an immediate safety hazard? (If yes, describe in notes.)

- Yes
 No

7 Are there spare pumps or critical pump parts readily available?

- Yes
 No

Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

Cross Connections / General

- 1 Are there any unprotected cross-connections in the water system that pose an immediate health risk? (Describe in detail and provide well labeled photo(s.) Yes
 No
 Unknown
- 2 Does the system have potentially hazardous cross-connections with inadequate protection (i.e. chemical make-up water feed, etc.)? (Describe in detail and provide well labeled photo(s.) Yes
 No
 Unknown
- 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, etc.)? (Describe in detail and provide well labeled photo(s.) Yes
 No
- 4 If system has air gaps, are 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, are they tested? (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 photos(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
- 10 Has the system operator been trained in identifying and controlling cross-connections? Yes
 No
- 11 Is there a written cross-connection control program? Yes
 No

Sanitary Survey - Survey Responses

PWS Number:

Survey ID:

Survey Date:

Survey Name:

User Name:

Question Number

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?

2 Is it 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? (Document in notes any fuel smell or fumes in the room.) Yes
 No
- 4 How is the airflow rate measured and adjusted? _____

Treatment / Chlorination

Hypochlorination:

- 1 What type of disinfectant is used (i.e. calcium or sodium hypochlorite)? (Also list manufacturer, product name, and NSF certification information.) _____

- 2 Is the disinfection equipment operated and maintained properly? Yes
 No
- 3 If hypochlorite is used, are the solutions being made to the proper concentration and in a safe manner? (Describe in notes.) Yes
 No
 NA
- 4 What is the make and model of the chlorine residual test equipment? (Include on-line and hand held testing equipment.) _____

- 5 Is test equipment properly maintained and calibrated (if applicable)? Yes
 No
 NA
- 6 Are the reagents used in testing past the expiration date? Yes
 No
 NA
- 7 Did the operator demonstrate competence using the chlorine residual test equipment? (Document results of the operator's chlorine residual measurement in the notes section.) Yes
 No
 NA
- 8 If the system is required to disinfect, is there adequate chlorine residual at the entry point to the distribution system? (The higher of 0.2 mg/L or level required to meet CT.) Yes
 No
 NA

Question Number

- 9 Are disinfectant residual measurements being made and recorded at the same time and place in the distribution system as the total coliform bacteria sample is collected? Yes
 No
 NA
- 10 Is there a detectable disinfectant residual being maintained throughout the distribution system? Yes
 No
 NA
- 11 If specific operating parameters have been set for the system in plan review documentation to meet adequate disinfection, is the system operating according to those specifications (i.e. volume required in storage tank, chlorine residual level, etc.)? (List required and observed parameters in notes.) Yes
 No
 NA
- 12 If CT (concentration X contact time) requirements have been specified in plan review documentation, did the operator demonstrate that CT is met under existing conditions? (Provide location where chlorine residual is measured and calculations. Use an additional sheet if necessary.) Yes
 No
 NA
- 13 Is there a backup disinfection unit? (Document in notes if it is on-line and operational.) Yes
 No
- 14 Is there an auto switch-over for disinfection units to prevent a break in disinfection? Yes
 No
 NA
- 15 If there is not a back-up disinfection unit, are critical spare parts for disinfection equipment readily available? Yes
 No
 NA
- 16 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
- 17 Is disinfectant feed proportional to water flow? Yes
 No
- 18 Is there an adequate quantity of disinfectant readily available? Yes
 No
- 19 Is the disinfectant properly stored? Yes
 No
 NA

Treatment / Filtration

General:

- 1 Is filtration equipment maintained and in operable condition? Yes
 No

Question Number

- 2 What is the treatment objective of the filtration system (i.e. particulate removal, taste/odor, oxidation, microbial removal, etc.)? _____
- 3 If system is required to monitor turbidity, are turbidimeters properly maintained and calibrated with primary standards following manufacturer's recommendations as to frequency and method? (List make, model, and calibration frequency and/or schedule of turbidimeters. Include hand held and on-line equipment.) Yes No NA
- 4 Did the operator demonstrate competence using the turbidimeter? (Document results of the operator's turbidity measurement, sample location, and turbidimeter maintenance in the notes.) Yes No NA

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 What is the filtration flow rate in gpm? (List maximum and current flow rates.) _____
- 4 How is the rate of flow through the filters controlled? _____
- 5 Are there means for measuring the differential pressure of each stage (i.e. pressure gauges before and after each stage)? Yes No
- 6 Does the system have a supply of replacement filters? Yes No
- 7 On what basis and frequency are filters replaced (i.e. differential pressure, gallons, days)? _____
- 8 Is the replacement of filters safe and sanitary? Yes No

Treatment / Filtration

Bag:

- 1 How many stages of filtration are there? _____

Question Number

2 List the filter and housing make, model, and micron size of each stage.

3 What is the flow rate in gpm? (List maximum and current flow rates.)

4 How is the rate of flow through the filters controlled?

5 Are there means for measuring the differential pressure for each stage (i.e. pressure gauges before and after each stage)?

Yes
 No

6 Does the system have a supply of replacement filters?

Yes
 No

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

8 Is the replacement of filters safe and sanitary?

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 last inspection, if available.)

Question Number

-
- 7 What is the total surface area including all filters in ft²? _____
- 8 What is the flow rate through the filters in gpm? _____
- 9 How is backwash frequency determined (i.e. turbidity, iron levels, time in service, etc.)? _____

- 10 Is backwash flow measured? Yes
 No
- 11 Can backwash rate of flow be adjusted? Yes
 No
- 12 What is the source of water used for backwashing? _____

- 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 equal flow through all filters? Yes
 No
- 16 Is flow to the filter(s) controlled with a device such as a rate of flow controller? Yes
 No
- 17 Is there a surface wash? Yes
 No
- 18 Can surface wash arm rotation be verified? Yes
 No
 NA
- 19 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.)? _____

Question Number

- 20 Does the system filter water to waste after backwash and before returning the filter to service? Yes
 No
- 21 If the system filters to waste, is a sufficient air gap or backflow prevention provided? Yes
 No
 NA
- 22 Is pressure drop monitored across the filter(s)? Yes
 No
- 23 Is greensand regenerated? (If yes, explain how: 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 What is the combined surface area of all filters in ft²?

- 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 last inspection, if available.)

- 7 What is the flow rate through the filters in gpm?

- 8 Is there equal flow through all filters? Yes
 No
 Unknown
- 9 Is flow to the filter(s) controlled with a device such as a rate of flow controller? Yes
 No

Question Number

- 10 How is backwash frequency determined (i.e. turbidity, time in service, pressure differential, etc.)? _____

- 11 Is backwash flow measured? (If yes, document flow rate(s) in notes.) Yes
 No
- 12 Can backwash rate of flow be adjusted? Yes
 No
- 13 What is the source of water used for backwashing? _____

- 14 Is there a surface wash? Yes
 No
- 15 Can surface wash arm rotation be verified? Yes
 No
 NA
- 16 Is there air assisted backwash capability/air scour? Yes
 No
- 17 Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants? Yes
 No
 NA
- 18 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.)? _____

- 19 Does the system filter water to waste after backwash and before returning the filter to service? Yes
 No
- 20 If the system filters to waste, is a sufficient air gap or backflow prevention provided? Yes
 No
 NA
- 21 Is pressure drop monitored across the filter(s)? Yes
 No

Treatment / Filtration

Rapid Sand:

- 1 What is the treatment objective? _____

Question Number

2 How many filters are there?

3 What is the filter media type?

4 What is the combined surface area including all filters in ft²?

5 If there is a view port, describe condition of the media (i.e. media height, visible mud packing, etc.).

- Yes
- No
- Unknown

6 How often is the media inspected? (Note findings of last inspection, if available.)

7 What is the flow rate through the filters in gpm?

8 Is there equal flow through all filters?

- Yes
- No
- NA
- Unknown

9 Is flow to the filter(s) controlled with a device such as a rate of flow controller?

- Yes
- No

10 How is backwash frequency determined (i.e. turbidity, time in service, etc.)?

11 Is backwash flow measured? (If yes, document flow rate(s) in notes.)

- Yes
- No

12 Can backwash rate of flow be adjusted?

- Yes
- No

13 What is the source of water used for backwashing?

14 Is there a surface wash?

- Yes
- No

Question Number

- 15 Can surface wash arm rotation be verified? Yes
 No
 NA
- 16 Is there air assisted backwash capabilities/air scour? Yes
 No
- 17 Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants? Yes
 No
 NA
- 18 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.)? _____

- 19 Does the system filter water to waste after backwash and before returning the filter to service? Yes
 No
- 20 If system filters to waste, is a sufficient air gap or backflow prevention provided? Yes
 No
 NA

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

Question Number

- 8 On what basis is chemical cleaning initiated?

- 9 How is membrane system isolated from potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)
 Valves
 Disconnecting piping
 Other
 NA
- 10 What are the flow rates to reject and to production?

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

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

Question Number

10 What are the flow rates to reject and to production?

11 Does system have a back flush cycle? (If yes, list source of water and any chemicals added. Include manufacturer, product name, and NSF certification.)

Yes
 No

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 membrane system isolated from potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)

Valves
 Disconnecting piping
 Other
 NA

10 What are the flow rates to reject and to production?

11 Does system have a back flush cycle? (If yes, list source of water and any chemicals added. Include manufacturer, product name, and NSF certification.)

Yes
 No

Treatment / Ion Exchange

Ion Exchange:

- 1 What contaminants are targeted by this treatment process?

- 2 What is the flow rate?

- 3 How many ion exchange units are there? (List in notes the make, model, and configuration such as in series or in parallel.)

- 4 What percent of water is treated by ion exchange?

- 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 / Other

Permanganate:

- 1 What is the treatment objective (i.e. oxidation of iron/manganese, regeneration of greensand media, etc.)?

- 2 What chemical is added? (List manufacturer and product for each, and document point of injection on the system treatment schematic.)

- 3 Is chemical feed equipment maintained and in operable condition?
 Yes
 No

Question Number

- 4 Are critical spare parts for chemical feed equipment readily available? Yes
 No
- 5 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
- 6 How is proper chemical dose determined? _____

- 7 How is chemical overfeed prevented (i.e. flow switch, etc.)? _____

- 8 Are the chemicals properly stored to prevent risk of contamination, fire, or explosion? 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
- 7 Since POU is not State approved as a permanent solution, what is the long-term plan to meet the treatment objective and when will it be installed? _____

Treatment / Ozonation

Ozonation:

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

- 2 If specific operating parameters have been set for the system in plan review documentation to meet adequate disinfection, is the system operating according to those specifications (i.e. flow rates, ozone residual levels, tank volume, etc.)? (List required and observed parameters.) Yes
 No
 NA
- 3 If CT (concentration X contact time) has been specified in plan review documentation, did the operator demonstrate that CT is met under existing conditions? (Provide calculations and include additional sheet if necessary.) Yes
 No
 NA
- 4 Is there a dissolved ozone residual monitor? (List location in notes.) Yes
 No
- 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 in notes.) _____

- 8 List ozone system specifications (include make and model.) _____

- 9 Is there an ozone-destruct unit? (If yes, note location on the treatment schematic.) Yes
 No
- 10 Is there an alarm system? Yes
 No
- 11 What triggers the alarm? (If other, describe in notes.) Low Ozone Residual
 High Flow
 Other
 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.)? _____

Question Number

2 What chemical is being used for pH adjustment?

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

4 If used for corrosion control, does the system have a DEC approved corrosion control plan?

- Yes
- No
- NA

Treatment / Reverse Osmosis

Reverse Osmosis:

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 membrane system isolated from potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)

- Valves
- Disconnecting piping
- Other

10 What are the flow rates to reject and to production?

Question Number

- 11 Does system have a back flush cycle? (If yes, list source of water and any chemicals added. Include manufacturer, product name, and NSF certification.)
- Yes
 No
 NA

Treatment / Ultraviolet Radiation

Ultraviolet Radiation:

- 1 List make and model of 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
- 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, etc.)?
- _____
- _____
- 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

Question Number

- 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

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.)

2 How many storage tank(s) make up this storage facility? (Describe in notes.)

3 List all other type(s) of structure(s)/tank(s) that are present in the system that are not listed on the data dump (i.e. bladder, elevated, ground, hydropneumatic, reservoir, underground).

4 What does this storage tank hold?

- Raw Water
- Filtered Water
- Disinfected Water
- Filtered and Disinfected Water

5 Is this storage facility used to meet disinfectant contact time?

- Yes
- No

6 Is the water in the tank(s), at the time of the inspection, enough to meet applicable demand and/or disinfection contact time requirements? (Note the volume or water level in tank, if possible.)

- Yes
- No
- Unknown

7 Date initially put into service?

8 What is the volume of the tank(s) in gallons?

9 On what date was the tank(s) last inspected?

10 On what date was the tank(s) last cleaned?

11 Does surface run-off drain away from the storage tank(s)?

- Yes
- No

Question Number

- 12 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
 NA
- 13 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
 NA
- 14 Is the storage tank(s) structurally sound?
 Yes
 No
- 15 Can the storage tank(s) be isolated from the system?
 Yes
 No
- 16 Are leaks evident at the time of inspection?
 Yes
 No
- 17 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.)

- 2 How many storage tank(s) make up this storage facility? (Describe in notes.)

- 3 List all other type(s) of structure(s)/tank(s) that are present in the system that are not listed on the data dump (i.e. bladder, elevated, ground, hydropneumatic, reservoir, underground).

- 4 What does this storage tank hold?
 Raw Water
 Filtered Water
 Disinfected Water
 Filtered and Disinfected Water
- 5 Is treated water storage covered?
 Yes
 No
 NA
- 6 Is this storage facility used to meet disinfectant contact time?
 Yes
 No
- 7 Is the water in the tank(s), at the time of the inspection, enough to meet applicable demand and/or disinfection contact time requirements? (Note the volume or water level in tank, if possible.)
 Yes
 No
 Unknown

Question Number

8 Date initially put into service? _____

9 What is the volume of the tank(s) in gallons? _____

10 On what date was the tank(s) last inspected? _____

11 On what date was the tank(s) last cleaned? _____

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

13 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

14 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

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

16 Is the hatch locked?
 Yes
 No
 NA

17 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.)
 Yes
 No
 Unknown

18 Is the storage tank(s) structurally sound?
 Yes
 No

19 Can the storage tank(s) be isolated from the system?
 Yes
 No

20 Are leaks evident at the time of inspection?
 Yes
 No

Question Number

- 21 Is the storage tank(s) lined or coated? (If yes, describe in notes.) Yes
 No
 Unknown
- 22 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.) Yes
 No
 NA
 Unknown
- 23 Is storage tank(s) safely accessible to inspector? Yes
 No

Storage / Ground

- 1 What is the name of this storage facility? (List local and DEC name/number.) _____

- 2 How many storage tank(s) make up this storage facility? (Describe in notes.) _____
- 3 List all other type(s) of structure(s)/tank(s) that are present in the system that are not listed on the data dump (i.e. bladder, elevated, ground, hydropneumatic, reservoir, underground). _____

- 4 What does this storage tank hold? Raw Water
 Filtered Water
 Disinfected Water
 Filtered and Disinfected Water
- 5 Is treated water storage covered? Yes
 No
 NA
- 6 Is this storage facility used to meet disinfectant contact time? Yes
 No
- 7 Is the water in the tank(s), at the time of the inspection, enough to meet applicable demand and/or disinfection contact time requirements? (Note the volume or water level in tank, if possible.) Yes
 No
 Unknown
- 8 Date initially put into service? _____
- 9 What is the volume of the tank(s) in gallons? _____
- 10 On what date was the tank(s) last inspected? _____

Question Number

11 On what date was the tank(s) last cleaned? _____

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

13 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

14 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

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

16 Is the hatch locked?
 Yes
 No
 NA

17 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.)
 Yes
 No
 Unknown

18 Is the storage tank(s) structurally sound?
 Yes
 No

19 Can the storage tank(s) be isolated from the system?
 Yes
 No

20 Are leaks evident at the time of inspection?
 Yes
 No

21 Is the storage tank(s) lined or coated? (If yes, describe in notes.)
 Yes
 No
 Unknown

22 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.)
 Yes
 No
 NA
 Unknown

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

Storage / Hydropneumatic

- 1 What is the name of this storage facility? (List local and DEC name/number.) _____

- 2 How many storage tank(s) make up this storage facility? (Describe in notes.) _____
- 3 List all other type(s) of structure(s)/tank(s) that are present in the system that are not listed on the data dump (i.e. bladder, elevated, ground, hydropneumatic, reservoir, underground). _____

- 4 What does this storage tank hold? Raw Water
 Filtered Water
 Disinfected Water
 Filtered and Disinfected Water
- 5 Is this storage facility used to meet disinfectant contact time? Yes
 No
- 6 Is the water in the tank(s), at the time of the inspection, enough to meet applicable demand and/or disinfection contact time requirements? (Note the volume or water level in tank, if possible.) Yes
 No
 Unknown
- 7 Date initially put into service? _____
- 8 What is the volume of the tank(s) in gallons? _____
- 9 On what date was the tank(s) last inspected? _____
- 10 On what date was the tank(s) last cleaned? _____
- 11 Does surface run-off drain away from the storage tank(s)? Yes
 No
- 12 Is the storage tank(s) structurally sound? Yes
 No
- 13 Can the storage tank(s) be isolated from the system? Yes
 No

Question Number

14 Are leaks evident at the time of inspection? Yes
 No

15 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.) _____

2 How many storage tank(s) make up this storage facility? (Describe in notes.) _____

3 List all other type(s) of structure(s)/tank(s) that are present in the system that are not listed on the data dump (i.e. bladder, elevated, ground, hydropneumatic, reservoir, underground). _____

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

5 Is treated water storage covered? Yes
 No
 NA

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

7 Is the water in the tank(s), at the time of the inspection, enough to meet applicable demand and/or disinfection contact time requirements? (Note the volume or water level in tank, if possible.) Yes
 No
 Unknown

8 Date initially put into service? _____

9 What is the volume of the tank(s) in gallons? _____

10 On what date was the tank(s) last inspected? _____

11 On what date was the tank(s) last cleaned? _____

Question Number

- 12 Does surface run-off drain away from the storage tank(s)? Yes
 No
- 13 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
- 14 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
- 15 Is the hatch watertight? (If no, describe in notes.) Yes
 No
 NA
- 16 Is the hatch locked? Yes
 No
 NA
- 17 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.) Yes
 No
 Unknown
- 18 Is the storage tank(s) structurally sound? Yes
 No
- 19 Can the storage tank(s) be isolated from the system? Yes
 No
- 20 Are leaks evident at the time of inspection? Yes
 No
- 21 Is the storage tank(s) lined or coated? (If yes, describe in notes.) Yes
 No
 Unknown
- 22 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.) Yes
 No
 NA
 Unknown
- 23 Is storage tank(s) safely accessible to inspector? Yes
 No

Storage / Underground

- 1 What is the name of this storage facility? (List local and DEC name/number.)

Question Number

2 How many storage tank(s) make up this storage facility? (Describe in notes.) _____

3 List all other type(s) of structure(s)/tank(s) that are present in the system that are not listed on the data dump (i.e. bladder, elevated, ground, hydropneumatic, reservoir, underground). _____

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

5 Is treated water storage covered? Yes
 No
 NA

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

7 Is the water in the tank(s), at the time of the inspection, enough to meet applicable demand and/or disinfection contact time requirements? (Note the volume or water level in tank, if possible.) Yes
 No
 Unknown

8 Date initially put into service? _____

9 What is the volume of the tank(s) in gallons? _____

10 On what date was the tank(s) last inspected? _____

11 On what date was the tank(s) last cleaned? _____

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

13 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

14 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

- 15 Is the hatch watertight? (If no, describe in notes.) Yes
 No
 NA
- 16 Is the hatch locked? Yes
 No
 NA
- 17 Is the storage tank(s) clean and free from contamination? (If no, describe in notes.) Yes
 No
 Unknown
- 18 Is the storage tank(s) structurally sound? Yes
 No
- 19 Can the storage tank(s) be isolated from the system? Yes
 No
- 20 Are leaks evident at the time of inspection? Yes
 No
- 21 Is the storage tank(s) lined or coated? (If yes, describe in notes.) Yes
 No
 Unknown
- 22 Is the storage tank(s) interior coating or liner peeling or cracking? (If yes, describe in notes.) Yes
 No
 NA
 Unknown
- 23 Is storage tank(s) safely accessible to inspector? 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 Are fire hydrants connected to the distribution system? (If yes, describe in notes any problems or cross-connections related to the hydrants and if they are used for flushing.) Yes
 No
- 3 Is there any portion of the distribution system that has a pressure less than 20 psi? Yes
 No
- 4 Are there any materials used in the distribution system that should not be in contact with drinking water? (If yes, explain in notes.) Yes
 No
 Unknown
- 5 Is there a leak detection program? (If yes, describe in notes.) Yes
 No
- 6 Is there a routine main and dead-end water flushing program? (If yes, describe in notes.) Yes
 No
 NA
- 7 Are the check valves and water meters, etc., maintained and operating properly? (If no, explain in notes.) Yes
 No
 NA
- 8 Is system adequately protected from freezing? (If no, explain in notes.) Yes
 No
- 9 Are heat exchangers used in conjunction with the water system? Yes
 No
- 10 If heat exchangers are used, what type? Single Walled
 Double Walled
 NA
- 11 Is glycol used? (If yes, list type in notes.) Yes
 No

Question Number

12 For circulating systems, what is the temperature of the water leaving from and returning to the plant?

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 documentation.) 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