STATE OF ALASKA
PUBLIC WATER SYSTEM INVENTORY SURVEY FORM

WATER SYSTEM INVENTORY INFORMATION

SURVEY DATE† | | | | | | |

PWSID† | | | | | | | | | | | |

Date of last survey	System Class† (s.f.g.)	Region (s.f.g.)	District (s.f.g.)

No. of Service Connections†	Residential Pop.†	Non-Residential Pop.	Status†

Name of Water Supply†

Addressee	Owner Name

Mailing Address†	Owner Address

City, State and Zip Code†	Telephone	City, State and Zip Code	Telephone

Plant Location (if different than mailing address)

Operator(s) Name (Please list all operators, including substitute and temporary)	Telephone	FAX	Operator Qualification or Operator Certification (Type/Level)	Date Issued	Date Expires

Owner Type† (s.f.g.)	Service Category† (s.f.g.)	Date system initially began operation in current configuration†	Recent Modifications Date: DEC Approved? Y ☐ N ☐	Seasonal Operation Dates†

Is the system in monitoring compliance for the following parameters:

	YES	NO	NA
Coliform	☐	☐	☐
Inorganic (including nitrates)	☐	☐	☐
Radionuclide	☐	☐	☐
VOC	☐	☐	☐
Pesticide	☐	☐	☐
TTHM	☐	☐	☐

If no, explain:

Is the system monitoring daily and reporting monthly for:

	YES	NO	NA
Turbidity	☐	☐	☐
Disinfectant Residual	☐	☐	☐
(For systems avoiding filtration) CT Value (s.f.g.)	☐	☐	☐
Fluoride	☐	☐	☐
Are disinfectant sampling points varied throughout system?	☐	☐	☐

If no, explain:

Samples taken at time of survey by surveyor	Survey performed by	Agency	Date

Received by	Date

COMMENTS ☐ Yes ☐ No Were structural deficiencies noted during this survey?

Version 081006 * indicates critical items needing immediate correction
† indicates items required by federal regulation
s.f.g. = see field guide

WATER TREATMENT DATA
One water treatment form must be filled out for **each** plant in the PWS.

SOURCE ID	**SURVEY DATE†**	**PWSID†**

Sources treated by station	Physical Address		
Lat-Long	Date Online	Daily Output (GPD)	Schematic of plant readily available and up-to-date ☐ Y ☐ N

DISINFECTION

Check all disinfection types used:

☐ Gas Cl2 ☐ Sodium hypochlorite ☐ Calcium hypochlorite ☐ Iodine

☐ UV light ☐ Ozone ☐ Chlorine dioxide ☐ Bromine ☐ Other:

1. How many chlorine stations are maintained?
List

yes no n/a unk

☐☐☐☐ 2. Is in-line disinfection practiced? (s.f.g.)
☐☐☐☐ *3. Is the disinfection equipment operated and maintained properly?
☐☐☐☐ 4. Are critical spare parts on hand? (s.f.g.)
☐☐☐☐ 5. If hypochlorite is used, are dilutions being made in the proper manner?
☐☐☐☐ 6. Are disinfectant residual measurements being made and recorded at the entry point and within the distribution system? (s.f.g.)
☐☐☐☐ *7. Is there a detectable disinfectant residual being maintained throughout the distribution system?
☐☐☐☐ *8. Is there a disinfectant residual of at least 0.2 mg/l at the entry point to the distribution system?
☐☐☐☐ 9. Are proper residual test kits available and well stocked?
☐☐☐☐ 10. For systems avoiding filtration, are adequate records kept to determine CT values?
☐☐☐☐ *11. For systems avoiding filtration, is there backup power with auto start-up and alarm; or auto shut-off if disinfection residual goes below .2 mg/l?
☐☐☐☐ *12. Is there sufficient contact time between the disinfection point and first point of use?
☐☐☐☐ 13. Is there an auto switch-over for disinfection units to prevent a break in disinfection?
☐☐☐☐ 14. Are backup disinfection units on-line and operational?
☐☐☐☐ 15. Is there an adequate quantity of disinfectant on hand?
☐☐☐☐ 16. Is disinfectant properly stored?
☐☐☐☐ 17. Is disinfectant feed proportional to water flow?
☐☐☐☐ 18. Are disinfection units hooked up to flow switches that prevent the addition of disinfectant when no water is flowing?
☐☐☐☐ 19. Have there been any interruptions in disinfection in the past year? If so, describe on continuation sheet.
20. Is the operator trained to use and conduct monitoring of disinfectant properly?

TRAINING: DATE:

GAS CHLORINATION SAFETY

☐☐☐☐ 21. Are there chlorine warning signs clearly posted?
☐☐☐☐ 22. In the event of a power outage, is there emergency lighting available?
☐☐☐☐ 23. Are lighting and fan switches located outside chlorine room?
☐☐☐☐ 24. Is a manifold provided to allow feeding gas from more than one cylinder?
☐☐☐☐ 25. Is the chlorine room accessible from outside door only?
☐☐☐☐ 26. Is the door hinged outwards with panic bars?
☐☐☐☐ 27. Is there a window for viewing the chlorine room?
☐☐☐☐ *28. Is there an exhaust fan located near floor and an intake vent located near ceiling?
☐☐☐☐ *29. Is there a chlorine gas leak alarm present?
☐☐☐☐ *30. Is there a SCBA?
☐☐☐☐ 31. If so, is SCBA stored outside the chlorine room?
☐☐☐☐ 32. Is the operator trained in the use of a SCBA?
☐☐☐☐ *33. Is an ammonia leak bottle available for detecting chlorine leaks?

yes no n/a unk

☐☐☐☐ 34. Are tanks chained to the wall or otherwise secured?
☐☐☐☐ 35. Is there a chlorine tank wrench next to or on the cylinder?
☐☐☐☐ 36. Is a chlorine cylinder repair kit available, including gaskets?
☐☐☐☐ 37. Are scales provided for weighing of cylinders?
☐☐☐☐ 38. Can the temperature in the chlorine storage are be reliably maintained above 50 deg F?
☐☐☐☐ 39. Is the cylinder storage area kept cooler than the chlorinator equipment area at all times?
☐☐☐☐ 40. Does the operator take the proper precautionary measures at all times (rubber gloves, eye protection, mask, protective clothing)
☐☐☐☐ 41. In the event of an emergency, are there gas scrubbers installed?
42. Has the operator had chlorine gas safety training?

INSTRUCTOR: DATE:

COMMENTS:

SOURCE ID | **SURVEY DATE†** | **PWSID†**

CHEMICAL ADDITION
This section must be filled out if any chemicals other than disinfectants are added to the water system.

Chemical(s)	Dosage	Purpose

yes no n/a unk

- 43. Are chemicals stored properly?
- *44. Are chemical feeders and pumps in good condition, and properly maintained?
- *45. Are chemical feed systems designed so that they cannot overfeed?
- *46. Is there an auto shut-off safety switch to prevent chemical feed when water pumps are off?
- *47. Are instrumentation and controls adequate for the process being utilized and in proper working order?
- 48. Are accurate records being maintained (check records)?
- 49. Are adequate safety devices available and precautions observed?
- 50. Is the system monitoring for chemicals being used?
- 51. Is the operator trained to use and conduct monitoring of chemicals used?

TRAINING: DATE:

PRETREATMENT (if applicable)

52. Mixing (Check one) ☐ Static ☐ Inline ☐ Mixing Chamber

- 53. Is coagulation practiced whenever water is treated?
- 54. Is flocculation used?
- 55. Is pH adjustment used?
- 56. Is sedimentation used?

CORROSION CONTROL (if applicable)

- 57. Is there corrosion monitoring?
- 58. If water is corrosive, does utility have an approved corrosion control program?
- 59. Has a Langlier Index or similar corrosion potential indicator been determined?
- 60. Does system comply with lead solder ban?
- 61. Are corrosion control chemicals being used?

OTHER TREATMENT (Check all that apply)

☐ Fe/Mn ☐ Softening ☐ Ion Exchange ☐ Fluoridation ☐ R.O.

☐ Other:

COMMENTS:

FILTRATION/ABSORPTION (if applicable)

Type of treatment(s) used (Check all that apply)

☐ Conventional ☐ Direct ☐ Pressure Sand ☐ Slow Sand

☐ Diatomaceous Earth ☐ Cartridge/Bag ☐ Absorption (s.f.g.)

☐ Other (list): (See field guide for treatment descriptions)

Number of Filters	Number of Stages (Cartridge)	Size of Filters

(Cartridge) Brand	(Cartridge) Model

Replacement Interval

Purpose of Filter (Check all that apply)

☐ Odor/Taste ☐ Giardia ☐ TTHM's ☐ Other (list)

☐ Turbidity ☐ Fe/Mn ☐ VOC's ☐ Color

Type of Filter Media (Check one)

☐ Sand ☐ Mixed Media ☐ GAC ☐ Green Sand

☐ Other (list)

Filtration Rate (GPS)	Backwash Interval

62. What determines when backwashing will take place?

63. Is backwash automatic or manual?

64. How often is the interior of the pressure filter inspected?

yes no n/a unk

- *65. Is filtration equipment maintained and in operable condition?
- 66. Can backwash wastewater be observed during backwash?
- 67. Is backwash flow measured?
- 68. Is backwash rate sufficient?
- 69. Can backwash rate of flow be adjusted?
- 70. Are there backup filters for use during repair and cleaning?
- 71. Does filtering media meet standards approved in plan review?
- *72. Is there equal flow through all filters?
- *73. Is there surface wash?
- *74. Can surface wash arm rotation be verified?
- 75. Is treated water used for backwashing?
- 76. Are jar tests conducted at facility?
- *77. Is there filtered water to waste piping?
- 78. Is there air assisted backwash capability?
- 79. Is flow to the filter(s) controlled with a device such as a rate of flow controller?
- 80. Is pressure drop monitored across the filter?
- 81. Is cartridge/bag filter replacement safe and sanitary?
- 82. Are chemicals used in filtration?
- 83. Are epichlorohydrin and/or acrylamide used?
- 84. If so, does the system annual certify that they are using them in the correct dosage?

COMMENTS:

SURVEY DATE† | **PWSID†**

GROUNDWATER SOURCES

A separate sources form must be filled out for each groundwater source in the PWS.

Source ID†	Source Name or No. †	Status† (s.f.g.)	Record Type† (s.f.g.)	Source Type (s.f.g.)
Physical Address	Seasonal Operation Dates† Start End	Water Purchased From PWSID:	Water Sold To PWSID:	
Treatment Objective† (s.f.g.)	Treatment Methods† (s.f.g.)			

Has well-log been submitted to AK Dept. of Natural Resources and Dept. of Environmental Conservation ☐ Y ☐ N ☐ NA ☐ UNK

Storage Capacity (Gal.)	Pump Capacity (GPM)	Well/Spring Yield (GPM)	Design Daily Production (GPD)

Casing Size (In)	Casing Depth (Ft)	Well Depth (Ft)	Screen Depth (Ft)	Grout Depth (Ft)	Date Drilled

LAT/LONG (s.f.g.)	ACCURACY (SEC)	Meridian	Township	Range	Section	Quarter/Quarter	Borough	Subdivision Block Lot
±	*							

Nature of Recharge Area (s.f.g.)	Formation/Rock Type (s.f.g.)	Has there been a geological survey of the area? ☐ Y ☐ N ☐ UNK Date:
Sources of Potential Pollution		Has a GUISW assessment been done for this source? ☐ Y ☐ N + if yes, assessment:

+ IF A GROUND WATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THEN THE SURFACE WATER SYSTEM INSPECTION RESULTS AND TURBIDITY SECTIONS MUST BE FILLED OUT IN ADDITION TO THE GROUNDWATER SYSTEM INSPECTION RESULTS SECTION.

GROUND WATER SYSTEM INSPECTION RESULTS

WELL INFORMATION

yes	no	n/a	unk	
☐	☐	☐	☐	*1. Is the well pad area protected so that foreign matter or surface water cannot enter the well?
☐	☐	☐	☐	*2. Is grouting or concrete pad surrounding the casing at the well?
☐	☐	☐	☐	*3. Is well site properly drained?
☐	☐	☐	☐	4. Is well site protected against flooding?
☐	☐	☐	☐	*5. Is sanitary seal properly installed?
☐	☐	☐	☐	6. Is well protected for pollution/contamination?
☐	☐	☐	☐	*7. Are potential sources of contamination located far enough away from the well site?
☐	☐	☐	☐	8. Does casing extend at least 12 inches above the floor or ground?
☐	☐	☐	☐	*9. 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?
☐	☐	☐	☐	10. Are pressure tanks, check valves, blowoff valves, water meters, etc. maintained and operating properly?
☐	☐	☐	☐	11. Is standby or auxiliary power available?
☐	☐	☐	☐	12. If standby or auxiliary power is available, is it in operable condition and well maintained?
☐	☐	☐	☐	13. Is there a raw water sampling tap present?
☐	☐	☐	☐	14. Is the raw water production adequate?

15. Horizontal distance (ft.) between nearest surface water and well casing? (s.f.g.)

SPRING INFORMATION

☐	☐	☐	☐	*16. Is the spring enclosed by a permanent structure with watertight seals?
☐	☐	☐	☐	17. Is there a screen overflow and drain pipe?
☐	☐	☐	☐	18. Is the supply intake located above the floor o the collection chamber and screened?
☐	☐	☐	☐	19. Is direct surface drainage and contamination diverted around or away from the spring?
☐	☐	☐	☐	20. Is there a raw water sampling tap?
☐	☐	☐	☐	21. Is there a raw water sampling tap?
☐	☐	☐	☐	22. Is the raw water production adequate?

ADDITIONAL INFILTRATION GALLERY INFORMATION

yes	no	n/a	unk	
☐	☐	☐	☐	23. Is there a lid over the gallery?
☐	☐	☐	☐	24. If so, is the lid watertight and locked?
☐	☐	☐	☐	25. Is the collector in sound condition and maintained as necessary?

COMMENTS:

* indicates critical items needing immediate correction
† indicates items required by federal regulation
s.f.g. = see field guide

SURFACE WATER SOURCES
A separate sources form must be filled out for each groundwater source in the PWS.

SURVEY DATE† | **PWSID†**

Source ID†	Source Name or No. †	Status† (s.f.g.)	Record Type† (s.f.g.)	Source Type (s.f.g.)

Physical Address	Fill/Draw ☐ Y ☐ N	Seasonal Operation Dates† Start End	Water Purchased From PWSID:	Water Sold To PWSID:

Treatment Objective† (s.f.g.)	Treatment Methods† (s.f.g.)

Storage (Gal.)	Raw Water Pump Capacity or Gravity Flow (GPM)	Average Daily Production (GPD)	Design Daily Production (GPD)	Intake Type (s.f.g.)

LAT/LONG (s.f.g.) ±	ACCURACY (SEC)	Meridian	Township	Range	Section	Quarter/Quarter	Borough	Subdivision Block Lot

Type of Watershed (s.f.g.)	Watershed Area (acres)	Has there been a geological survey of the area? ☐ Y ☐ N ☐ UNK Date:

Sources of Potential Pollution

SURFACE WATER SYSTEM INSPECTION RESULTS

yes	no	n/a	unk	
☐	☐	☐	☐	1. Is the intake screened to prevent entry of debris?
☐	☐	☐	☐	2. Are the screens maintained?
☐	☐	☐	☐	3. Is animal activity controlled within the vicinity of the intake?
☐	☐	☐	☐	4. Does water treatment meet turbidity standards during any increased turbidity events?
☐	☐	☐	☐	5. Are waters entering the reservoir or source free from sources of industrial, domestic or other types of pollution? If no, describe on continuation sheet.
☐	☐	☐	☐	6. Are intake works properly protected against ice buildup and siltation?
☐	☐	☐	☐	7. Is human activity restricted in the watershed?
☐	☐	☐	☐	8. Is intake inspected frequently? Date:
☐	☐	☐	☐	9. Is raw water pumping capacity adequate?
☐	☐	☐	☐	10. Is standby or auxiliary power available?
☐	☐	☐	☐	11. If standby or auxiliary power is available, is it in operable condition and well maintained?
☐	☐	☐	☐	12. Is there a raw water sampling tap?
☐	☐	☐	☐	13. Is the water disinfected?
☐	☐	☐	☐	14. Is the water filtered?

ADDITIONAL INFILTRATION GALLERY INFORMATION

☐	☐	☐	☐	15. Is there a lid over the gallery?
☐	☐	☐	☐	16. If so, is the lid watertight and locked?
☐	☐	☐	☐	17. Is the collector in sound condition and maintained as necessary?

TURBIDIMETERS

☐	☐	☐	☐	18. Is turbidity monitored?
☐	☐	☐	☐	19. Are turbidimeter(s) calibrated with primary standards following manufacturers recommendations as to frequency and method?

Turbidimeter Make/Model	Calibration Method	Calibration Date	Measurement

FILL AND DRAW

20. How often is this tank filled?
21. How long does it take to fill tank?
22. Can water be retreated after storage?

COMMENTS:

* indicates critical items needing immediate correction
† indicates items required by federal regulation
s.f.g. = see field guide

DISTRIBUTION DATA

SURVEY DATE† | **PWSID†**

What are water lines made of:	
Main Lines	Distribution Lines
How Many services are metered? out of	Number of Fire Hydrants

yes no n/a unk

- ☐ ☐ ☐ ☐ 1. Are pressure and flows adequate throughout the system at all times of the year?
- ☐ ☐ ☐ ☐ 2. Are there any distribution materials used that should not be in contact with drinking water? If yes, explain on continuation sheet.
- ☐ ☐ ☐ ☐ 3. Is there a leak detection program?
- ☐ ☐ ☐ ☐ 4. Was Asbestos/cement pipe used in the system?
- ☐ ☐ ☐ ☐ 5. If so, has asbestos analysis been done?
- ☐ ☐ ☐ ☐ 6. Is either raw or finished water metered?
- ☐ ☐ ☐ ☐ 7. Is there a routine main and dead end water flushing program?
- ☐ ☐ ☐ ☐ *8. Are pressure tanks, check valves, blow off valves, water meters, etc. maintained and operating?
- ☐ ☐ ☐ ☐ 9. Is system adequately protected from freezing? If no, explain on continuation sheet.
- ☐ ☐ ☐ ☐ 10. Are heat exchangers used?
- ☐ ☐ ☐ ☐ 11. If yes, is potable glycol used?

12. What type of heat exchanger(s)

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

PUMPS, PUMPHOUSES AND CONTROLS

Type of Pump(s) | Purpose

- ☐ ☐ ☐ ☐ *14. Are pumps in good operating condition?
- ☐ ☐ ☐ ☐ 15. Are pumphouses clean and orderly?
- ☐ ☐ ☐ ☐ *16. Is electrical wiring maintained properly?
- ☐ ☐ ☐ ☐ 17. Are there stand-by generators?
- ☐ ☐ ☐ ☐ 18. Are stand-by generators tested?
- ☐ ☐ ☐ ☐ 19. Are there spare pump parts? (s.f.g.)

CROSS CONNECTIONS

- ☐ ☐ ☐ ☐ 20. Is there a cross connection control program?
- ☐ ☐ ☐ ☐ 21. If so, is it adequate?
- ☐ ☐ ☐ ☐ 22. Is there scheduled testing of backflow prevention devices?
- ☐ ☐ ☐ ☐ *23. Are backflow prevention devices installed at all appropriate locations? (s.f.g.)
- ☐ ☐ ☐ ☐ 24. Is the operator trained in cross connection control?

Training: | Date:

COMMENTS:

MONITORING

Results of operator demonstration(s) (s.f.g.)

Turbidity: | Disinfection Residual:

pH: | Temperature:

Fluoride:

List facilities/equipment for testing

yes no n/a unk

- ☐ ☐ ☐ ☐ *25. Are testing facilities and equipment orderly and maintained?
- ☐ ☐ ☐ ☐ 26. Do reagents have an unexpired shelf life?
- ☐ ☐ ☐ ☐ 27. Are records of test results being maintained and kept at plant?

TOTAL COLIFORM RULE

- ☐ ☐ ☐ ☐ 28. Does the system have at least 4 extra bottles or bags for repeat samples in the event of an unsatisfactory coliform sample?
- ☐ ☐ ☐ ☐ *29. Is a total coliform rule (TCR) sample siting plan available for review?
- ☐ ☐ ☐ ☐ *30. Does the TCR sample siting plan meet the minimum requirements? (s.f.g.)

FOR SYSTEMS AVOIDING FILTRATION WATERSHED OR WELLHEAD PROTECTION PROGRAM

- ☐ ☐ ☐ ☐ *31. Is there a watershed/wellhead protection program? (s.f.g.)
- ☐ ☐ ☐ ☐ *32. Does the watershed/wellhead protection program meet the minimum requirements? (s.f.g.)
- ☐ ☐ ☐ ☐ *33. Is the watershed/wellhead protection program being carried out?

MANAGEMENT

- ☐ ☐ ☐ ☐ 34. Are routine operation and maintenance records being kept?
- ☐ ☐ ☐ ☐ 35. Are routine maintenance schedules established and adhered to for all components of the water system?
- ☐ ☐ ☐ ☐ 36. Are plans of the water system available and current?
- ☐ ☐ ☐ ☐ 37. Are there any local ordinances that hinder safe operation of the system? If yes describe on continuation sheet.
- ☐ ☐ ☐ ☐ 38. Is there a fee schedule? If yes, describe on continuation sheet.
- ☐ ☐ ☐ ☐ 39. Are all facilities and activities free from safety defects?
- ☐ ☐ ☐ ☐ 40. Does the system have a workable emergency plan for the following situations? (Check if yes)

  ☐ Fire ☐ Chemical contam. ☐ Bacterial contam. ☐ Freezing
  ☐ Chlorine gas leak ☐ Power outage ☐ Flood
  ☐ Lack of water

- ☐ ☐ ☐ ☐ 41. Are supplies and maintenance parts inventories adequate?
- ☐ ☐ ☐ ☐ 42. Is the financing and budget satisfactory?
- ☐ ☐ ☐ ☐ 43. Are there sufficient funds for training personnel?
- ☐ ☐ ☐ ☐ 44. Are there sufficient personnel?
- ☐ ☐ ☐ ☐ 45. Are sufficient operation and maintenance records being kept?
- ☐ ☐ ☐ ☐ 46. Are complaints logged in and responded to?
- ☐ ☐ ☐ ☐ 47. Have any major complaints been received since the last sanitary survey? If yes, list on continuation sheet.

48. What are the most frequent complaints?

* indicates critical items needing immediate correction
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s.f.g. = see field guide

STORAGE

TOTAL STORAGE CAPACITY (gal) | **SURVEY DATE†** | **PWSID†**

STORAGE STRUCTURE NAME/DESIGNATION			
PHYSICAL LOCATION OF STORAGE STRUCTURE		STORAGE TYPE (s.f.g.)	
DATE IN SERVICE	TYPE OF MATERIAL (s.f.g.)	TYPE OF CORROSION CONTROL (s.f.g.)	VOLUME (Gal)
TOTAL DAYS OF SUPPLY (This structure)		DATE LAST: CLEANED	INSPECTED

yes no n/a unk

☐ ☐ ☐ ☐ 1. Is the storage structure located above groundwater level?
☐ ☐ ☐ ☐ 2. Does surface run-off drain away from the storage structure?
☐ ☐ ☐ ☐ 3. Is the storage structure protected against flooding?
☐ ☐ ☐ ☐ *4. Are overflow lines, air vents, drainage lines or clean out pipes turned downward or covered, screened and terminated a minimum of 2 times the diameter of the water outlet above the ground or storage structure surface?
☐ ☐ ☐ ☐ *5. Is treated water storage covered or enclosed?
☐ ☐ ☐ ☐ *6. Is the storage structure clean and free from contamination?
☐ ☐ ☐ ☐ *7. Is the storage structure structurally sound?
☐ ☐ ☐ ☐ *8. Can the storage structure be isolated from the system?
☐ ☐ ☐ ☐ 9. Is leakage evident at time of inspection?
☐ ☐ ☐ ☐ 10. Is the storage structure interior coating or liner peeling or cracked?
☐ ☐ ☐ ☐ *11. Is storage structure safely accessible to inspector?
☐ ☐ ☐ ☐ 12. Is storage structure used to store treated water?
☐ ☐ ☐ ☐ 13. Are NSF or equivalent materials used in storage structure?

14. Is storage structure lined? If so, liner type:

STORAGE STRUCTURE NAME/DESIGNATION			
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DATE IN SERVICE	TYPE OF MATERIAL (s.f.g.)	TYPE OF CORROSION CONTROL (s.f.g.)	VOLUME (Gal)
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☐ ☐ ☐ ☐ *5. Is treated water storage covered or enclosed?
☐ ☐ ☐ ☐ *6. Is the storage structure clean and free from contamination?
☐ ☐ ☐ ☐ *7. Is the storage structure structurally sound?
☐ ☐ ☐ ☐ *8. Can the storage structure be isolated from the system?
☐ ☐ ☐ ☐ 9. Is leakage evident at time of inspection?
☐ ☐ ☐ ☐ 10. Is the storage structure interior coating or liner peeling or cracked?
☐ ☐ ☐ ☐ *11. Is storage structure safely accessible to inspector?
☐ ☐ ☐ ☐ 12. Is storage structure used to store treated water?
☐ ☐ ☐ ☐ 13. Are NSF or equivalent materials used in storage structure?

14. Is storage structure lined? If so, liner type:

STORAGE STRUCTURE NAME/DESIGNATION			
PHYSICAL LOCATION OF STORAGE STRUCTURE		STORAGE TYPE (s.f.g.)	
DATE IN SERVICE	TYPE OF MATERIAL (s.f.g.)	TYPE OF CORROSION CONTROL (s.f.g.)	VOLUME (Gal)
TOTAL DAYS OF SUPPLY (This structure)		DATE LAST: CLEANED	INSPECTED

yes no n/a unk

☐ ☐ ☐ ☐ 1. Is the storage structure located above groundwater level?
☐ ☐ ☐ ☐ 2. Does surface run-off drain away from the storage structure?
☐ ☐ ☐ ☐ 3. Is the storage structure protected against flooding?
☐ ☐ ☐ ☐ *4. Are overflow lines, air vents, drainage lines or clean out pipes turned downward or covered, screened and terminated a minimum of 2 times the diameter of the water outlet above the ground or storage structure surface?
☐ ☐ ☐ ☐ *5. Is treated water storage covered or enclosed?
☐ ☐ ☐ ☐ *6. Is the storage structure clean and free from contamination?
☐ ☐ ☐ ☐ *7. Is the storage structure structurally sound?
☐ ☐ ☐ ☐ *8. Can the storage structure be isolated from the system?
☐ ☐ ☐ ☐ 9. Is leakage evident at time of inspection?
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☐ ☐ ☐ ☐ *11. Is storage structure safely accessible to inspector?
☐ ☐ ☐ ☐ 12. Is storage structure used to store treated water?
☐ ☐ ☐ ☐ 13. Are NSF or equivalent materials used in storage structure?

14. Is storage structure lined? If so, liner type:

COMMENTS:

* indicates critical items needing immediate correction
† indicates items required by federal regulation
s.f.g. = see field guide

INSPECTION CONTINUATION SHEET

SURVEY DATE†						PWSID†					

COMMENTS:

* indicates critical items needing immediate correction
† indicates items required by federal regulation
s.f.g. = see field guide