STATE OF ALASKA PUBLIC WATER SYSTEM INVENTORY SURVEY FORM

WATER SYSTEM I	NVENTO	RY INFOR	MATION					SURVEY	DATE 1			
Data of last current		Suptom Cl	200 +				Pogion		Diat			
Date of last survey		System Cla (s.f.g.)	assŢ				Region (s.f.g.)		Dist (s.f.g.			
No. of Service Connect	ationa t		Booidon	tial Pop. <i>†</i>			Non-Residential P	lon		Status †		
No. of Service Connect	clions /		Residen	uai Fop. /			Non-Residential P	op.		Status		
Name of Water Supply	y†											
Addressee							Owner Name					
Mailing Address <i>†</i>							Owner Address					
Maining / Garoco /												
City, State and Zip Co	ode†			Telepho	ne		City, State and Zip C	ode		Telephone	•	
Plant Location (if differen	nt than mailing a	address)										
Operator(s) Name		,					Operator Qualification	or	r		i	
(Please list all operators, includ	ding substitute a	and temporary)			-		Operator Certification		D	ate Issued	Date E	xpires
			Telepl	hone		FAX						
Owner Type†	Service Ca	ategorv†	Date syste	em initially	began		Recent Modifications		Seaso	nal Operation Da	ates <i>†</i>	
	(s.f.g.)		operation	in current	configur	ation †						
							Date:					
							DEC Approved? Y	/ 🗌 N 🔲				
Is the system in monit	toring comr	oliance for th	ne following	naramete	are.		Is the system monitoring		na mont	hly for:		
is the system in monit							is the system monitori	ng dany and report	ing mont			
Coliform				YES			Turbidity			YE	s no I ∏	
Inorganic (including ni	itrates)						Disinfectant Residual				i 🗖	
Radionuclide							(For systems avoiding	filtration) CT Value	e (s.f.g.)			
VOC Pesticide					H		Fluoride Are disinfectant sampl	ing points varied th	roughou	t system?		
TTHM							If no, explain:	ing points valled th	rougnou			
If no, explain:												
Samples taken at time	e of survey	by surveyor	r			Survey perfo	rmed by		Ager	юу		Date
									_			
Received by			Date	CC	OMMEN	і тs П	Yes No V	Nere structural defi	ciencies	noted durina this	s survev?	
						- ⊔						

		SOURCE I	D	5	SURVE	Y DATE	<u>†</u>			PWS	ID†	
WATER TREATMENT DATA One water treatment form must be filled	d out for each plant in the PWS.											
Sources treated by station	Physical Address											
Sources ireated by station												
Lat-Long	Date Online	Daily Out	put (GF	PD)					•	nt readily		ble
			_				and	up-to-c	late N		Y	
DISINFECTION			=	Is there a Is a chlori								
Check all disinfection types used:	_		37.	Are scales	s provide	ed for we	ighing c	of cylind	ders?			
	Calcium hypochlorite			Can the te naintained				e stora	ge are	be relial	bly	
UV light Ozone Chlorine dioxide				Is the cylir				ooler th	an the) chlorina	ator	
1. How many chlorine stations are maintained List	?		40.	Does the o imes (rubbe	operato	r take the	proper				res at a	all
			41.	In the eve	nt of an	emerger	cy, are	there g	gas scr	rubbers i	nstalle	d?
yes no n/a unk	acticed? (s.f.g.)	INSTRUCTOR	42. R:	Has the	operato	r had chlo	orine ga	is safet DAT		ing?		
*3. Is the disinfection equipr 4. Are critical spare parts of	ment operated and maintained properly?											
5. If hypochlorite is used, a	are dilutions being made in the proper											
manner?	I measurements being made and recorded	COMMENTS:										
	nin the distribution system? (s.f.g.) infectant residual being maintained											
throughout the distribution	5											
point to the distribution sy	/stem?											
10. For systems avoiding filt	kits available and well stocked? tration, are adequate records kept to											
determine CT values?	tration, is there backup power with auto											
	o shut-off if disinfection residual goes											
first point of use?	ct time between the disinfection point and											
13. Is there an auto switch-c	over for disinfection units to prevent a											
break in disinfection?	units on-line and operational?											
15. Is there an adequate qua	antity of disinfectant on hand? stored?											
17. Is disinfectant feed prop	ortional to water flow?											
addition of disinfectant wh	oked up to flow switches that prevent the nen no water is flowing?											
If so, describe on continua	erruptions in disinfection in the past year? ation sheet.											
20. Is the operator trained to use and conduct TRAINING:												
	5,112.											
GAS CHLORINATION SAFETY												
21. Are there chlorine warning	ng signs clearly posted?											
22. In the event of a power of available?	outage, is there emergency lighting											
	ches located outside chlorine room? a allow feeding gas from more than one											
cylinder?	essible from outside door only?											
26. Is the door hinged outwa	ards with panic bars?											
27. Is there a window for vie	ewing the chlorine room? located near floor and an intake vent											
located near ceiling?												
30. Is there a SCBA?												
Image: Second state of the second s												
	le available for detecting chlorine leaks?											
ves no n/a unk												
yes no n/a unk	a wall or otherwise secured?											

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

	SOURCE ID SURVEY DATE / PWSID /
WATER TREATMENT CONTINUED	
CHEMICAL ADDITION This section must be filled out if any chemicals other than disinfectants are added to the	FILTRATION/ABSORPTION (if applicable) Type of treatment(s) used (Check all that apply)
water system.	Conventional Direct Pressure Sand Slow Sand
Chemical(s) Dosage Purpose	
	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
yes no n/a unk	(Cartridge) Brand (Cartridge) Model
. Are chemical feeders and pumps in good condition, and properly	
maintained?	Replacement Interval
overfeed?	Purpose of Filter (Check all that apply)
L L 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?	Odor/Taste Giardia TTHM's Other (list) Other (list)
48. Are accurate records being maintained (check records)?	Turbidity Fe/Mn VOC's Color
49. Are adequate safety devices available and precautions observed?	Type of Filter Media (Check one)
51. Is the operator trained to use and conduct monitoring of chemicals used?	Sand Mixed Media GAC Green Sand
TRAINING: DATE:	Other (list)
	Filtration Rate (GPS) Backwash Interval
PRETREATMENT (if applicable)	62. What determines when backwashing will take place?
52. Mixing (Check one) Static Inline Mixing Chamber Image: I	
	63. Is backwash automatic or manual?
55. Is pH adjustment used?	
	64. How often is the interior of the pressure filter inspected?
CORROSION CONTROL (if applicable)	
58. If water is corrosive, does utility have an approved corrosion control program?	yes no n/a unk
59. Has a Langlier Index or similar corrosion potential indicator been	□ □ □ ↓*65. Is filtration equipment maintained and in operable condition? □ □ □ □ 66. Can backwash wastewater be observed during backwash?
determined?	67. Is backwash flow measured?
\square \square \square \square \square 61. Are corrosion control chemicals being used?	L L 68. Is backwash rate sufficient? L D Can backwash rate of flow be adjusted?
OTHER TREATMENT (Check all that apply)	70. Are there backup filters for use during repair and cleaning?
Fe/Mn Softening Ion Exchange Fluoridation R.O.	L L T1. Does filtering media meet standards approved in plan review? L T
Other:	$\square \square \square \square^{*73}. Is there surface wash?$
	The second se
COMMENTS:	C
	□ □ □ □ ^{*77.} Is there filtered water to waste piping?
	Image: Control in the section of th
	controller?
	Image: Second state of the second s
	82. Are chemicals used in filtration?
	Image: Signal state of the system and/or acrylamide used? Image: Signal state of the system annual certify that they are using them in
	the correct dosage?
	COMMENTS:

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	Sources of Potential Pollution											unis
+ IF A GROUND WATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THEN THE SURFACE WATER SYSTEM INSPECTION RESULTS SECTION. GROUND WATER SYSTEM INSPECTION RESULTS BOB DIAL get on 1/4 unk 1. Is the well pad area protected so that foreign matter or surface water cannot enter the well? CONTINUAL INFLITEATION CALLERY INFORMATION get on 1/4 unk 1. Is the well pad area protected so that foreign matter or surface water cannot enter the well? COMMENTS: get on 1/4 unk 1. Is well site property drained? 24. If so, is the id waterlight and locked? get on 1/4 unk 1. Is well site protected against flooding? 25. Is sanitary see on or fragunk? get on 1/4 unk 1. Is well site protected against flooding? 25. Is shore as eal properly installed? get on 1/4 unk is a protected against flooding? 1. Are pressure tanks, check valves, blowoff valves, water meters, ed. maintained and operating properly? COMMENTS: get on 1/4 unk is the protected against get on at least 12 inches above the floor or ground? It is standary or availary power valiable? COMMENTS: get on the well maintained? 1. Is standary or availary power is subject of a proper (r) and well maintained? COMMENTS: get on the well maintained? 1. Is standary or availary power is available, is in operable condition and well maintained? Commentained is a protected against flooding? 1. Is there a stre											IN IN	
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Image: Second	*2. Is grouting or concrete	pad surrounding	the casing at t	he well?		25. IS	s the collector	r in sound d	condition	and maintained	as neces	ssary?
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21. Is there a raw water sampling tap?		ampling tap?										

							SURVEY DATE† PWSII						
SURFACE WATER SOURCES A separate sources form must be filled out f	or <u>each</u> groundw	ater sourc	e in the PWS.										
Source ID†	Source Name	or No. †	Status† (s.f.g.)		Reco (s.f.g.)	ord Type†			Source (s.f.g.)	туре			
Physical Address	Fill/Draw	Seasona Start	al Operation Dates	s† End	Wate PWS	r Purchased ID:	From			Water Sold PWSID:	d To		
Treatment Objective <i>†</i>				Treatment (s.f.g.)	Methods	†							
Storage (Gal.) Raw Water Pump ((GPM)	Capacity or Grav	ity Flow	Average Daily P	roduction (GP	D) [Design Daily	Producti	ion (GF	P)	Intake Typ	e (s.f.g.)		
LAT/LONG (s.f.g.) ACCURA	ACY (SEC)	Meridiar	Township	Range	Section	n Quarter.	/Quarter	Bor	ough	Subdivisio	n Bloc	k Lot	
Type of Watershed (s.f.g.)		Watersh	ed Area (acres)					as ther	e been a	a geological	-		
Sources of Potential Pollution													
SURFACE WATER SYSTE		RESULT	5										
yes no n/a unk		of debris?		Turbid Make/	imeter Model	C	alibratio	on Meth	iod	Calibra Dat		Measurement	
	olled within the v	-											
increased turbidity ever 5. Are waters entering th industrial, domestic or of	e reservoir or so												
continuation sheet.	erly protected ag	ainst ice b	uildup and										
Image: Strategy of the strategy		rshed?											
9. Is raw water pumping 1. 10. Is standby or auxiliary 1. 11. If standby or auxiliary	power available	?	nerable condition										
and well maintained?	ampling tap?	e, is it in o											
Image:	d?												
ADDITIONAL INFILTRATI		NFORMAT	ION										
Image:		maintaineo	as necessary?	FILL AND I 20. How o		nis tank filled	?						
TURBIDIMETERS													
Image:	ibrated with prim			21. How I	ong does	s it take to fil	l tank?						
manufacturers recomm	511UAUUUS AS 10 I	requency a		22. Can v	ater be	retreated aft	er storag	ge?					

COMMENTS:

Version 081006

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

SURVEY DATE PWSID[†] **DISTRIBUTION DATA** MONITORING What are water lines made of: Results of operator demonstration(s) (s.f.g.) Main Lines **Distribution Lines** Turbidity: Disinfection Residual: pH: Temperature: Number of Fire Hydrants How Many services are metered? Fluoride out of List facilities/equipment for testing 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? ves no n/a unk 5. If so, has asbestos analysis been done? □ □ □ *25. Are testing facilities and equipment orderly and maintained? 6. Is either raw or finished water metered? 26. Do reagents have an unexpired shelf life? 7. Is there a routine main and dead end water flushing program? 27. Are records of test results being maintained and kept at plant? etc. maintained and operating? TOTAL COLIFORM RULE 9. Is system adequately protected from freezing? If no, explain on 28. Does the system have at least 4 extra bottles or bags for repeat continuation sheet. samples in the event of an unsatisfactory coliform sample? 10. Are heat exchangers used? □ □ □ *29. Is a total coliform rule (TCR) sample siting plan available for review? 11. If yes, is potable glycol used? 12. What type of heat exchanger(s) requirements? (s.f.g.) FOR SYSTEMS AVOIDING FILTRATION WATERSHED OR WELLHEAD PROTECTION PROGRAM 13. For circulating systems, what is the temperature of the water leaving from and □ □ □ *31. Is there a watershed/wellhead protection program? (s.f.g.) returning to plant? □ □ □ □ *32. Does the watershed/wellhead protection program meet the minimum requirements? (s.f.g.) . Is the watershed/wellhead protection program being carried out? PUMPS, PUMPHOUSES AND CONTROLS MANAGEMENT Type of Pump(s) Purpose 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 1 *14. Are pumps in good operating condition? system? If yes describe on continuation sheet. 15. Are pumphouses clean and orderly? 38. Is there a fee schedule? If yes, describe on continuation sheet.] . *16. Is electrical wiring maintained properly? 39. Are all facilities and activities free from safety defects? 17. Are there stand-by generators? 40. Does the system have a workable emergency plan for the 18. Are stand-by generators tested? following situations? (Check if yes) 19. Are there spare pump parts? (s.f.g.) Fire Chemical contam. Bacterial contam. Freezing **CROSS CONNECTIONS** Chlorine gas leak Power outage Flood 20. Is there a cross connection control program? Lack of water 21. If so, is it adequate? 22. Is there scheduled testing of backflow prevention devices? 41. Are supplies and maintenance parts inventories adequate? . Are backflow prevention devices installed at all appropriate 42. Is the financing and budget satisfactory? locations? (s.f.g.) 43. Are there sufficient funds for training personnel? 24. Is the operator trained in cross connection control? 44. Are there sufficient personnel? Training: Date: 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 COMMENTS: 48. What are the most frequent complaints?

	TOTAL STORA		SURVEY DATE	P	WSID†				
STORAGE									
STORAGE STRUCTURE NAME/DESIGNATION		STORAGE STRUCTURE NA	ME/DESIGNATION						
PHYSICAL LOCATION OF STORAGE STRUCTURE	STORAGE TYPE (s.f.g.)	PHYSICAL LOCATION OF S	TORAGE STRUCTURE	STORAGE TYPE (s.f.g.)					
DATE IN SERVICE TYPE OF MATERIAL (s.f.g.)	TYPE OF CORROSION VOLUME (Gal) CONTROL (s.f.g.)	DATE IN SERVICE TYPE OF MATERIAL (s.f.g.) TYPE OF CORROSION VOLUME (CONTROL (s.f.g.)							
TOTAL DAYS OF SUPPLY (This structure)	DATE LAST: CLEANED INSPECTED	TOTAL DAYS OF SUPPLY (1	his structure)	DATE LAST: CLEANED	INSPECTED				
3. Is the storage structure prote 3. Is the storage structure prote 4. Are overflow lines, air vents, turned downward or covered,	way from the storage structure? ected against flooding? drainage lines or clean out pipes screened and terminated a minimum water outlet above the ground or ered or enclosed? n and free from contamination? cturally sound? e isolated from the system? inspection? for coating or liner peeling or ccessible to inspector? store treated water?	C = C = C = C = C = C = C = C = C =	s the storage structure loca Does surface run-off drain a s the storage structure proi are overflow lines, air vents med downward or covered, 2 times the diameter of the orage structure surface? s treated water storage cov s the storage structure clea is the storage structure b is leakage evident at time o is the storage structure inte acked? s storage structure safely a s storage structure used to are NSF or equivalent mate lined? If so, liner type:	away from the storage s lected against flooding? , drainage lines or clean , screened and terminat e water outlet above the vered or enclosed? an and free from contan cturally sound? e isolated from the syst f inspection? rior coating or liner pee accessible to inspector? store treated water?	structure? n out pipes ted a minimum ground or nination? tem? ling or				
STORAGE STRUCTURE NAME/DESIGNATION PHYSICAL LOCATION OF STORAGE STRUCTURE	STORAGE TYPE (s.f.g.)	STORAGE STRUCTURE NA PHYSICAL LOCATION OF S		STORAGE TYPE (s.f.g.)					
DATE IN SERVICE TYPE OF MATERIAL (s.f.g.)	TYPE OF CORROSION VOLUME (Gal)	DATE IN SERVICE TYPE OF MATERIAL (s.f.g.) TYPE OF CORROSION VOLUME (Gal							
TOTAL DAYS OF SUPPLY (This structure)	CONTROL (s.f.g.) DATE LAST: CLEANED INSPECTED	CONTROL (s.f.g.) TOTAL DAYS OF SUPPLY (This structure) DATE LAST: CLEANED INSPE							
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14. Is storage structure lined? If so, liner type:	-	14. Is storage structure							

COMMENTS:

INSPECTION CONTINUATION SHEET

SURVEY DATE†						_		P١	NSIE	D†	

COMMENTS: