Sanitary Survey - Survey Responses

PWS Number: **Survey ID:** **Survey Date:**

Survey Name: **User Name:**

Question Number

General / SDWIS Site Visit Info

1	Reason for the visit:	☐ SNSV - Sanitary Survey
2	Date of the survey:	_____
3	Status of the survey:	☐ C - Completed
4	Last name of inspector:	_____
5	First name of inspector:	_____
6	Inspector organization:	_____
7	Name of system representative participating in survey:	_____
8	Other parties participating:	_____

General / SS Organization

Pre-Inspection:

1	**Checklist of pre-inspection tasks:**	
2	Reviewed records relative to the system to be inspected, including current Boil Water Notices and Public Notifications?	☐ Yes ☐ No

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

General / SS Organization

Post-Inspection:

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

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

General / Background Info

Name / Location:

1	Name of public water system:	_____ _____
2	PWSID:	_____ _____
3	Physical address:	_____ _____

General / Background Info

Classification:

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

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

General / Background Info

Owner:

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

General / Background Info

Operator/Contact Info and Certification:

1	Does this PWS require a certified operator? (In notes, specify system level for Water Treatment and/or Water Distribution as required by the Operator Certification Program.)	☐ Yes ☐ No
2	Is at least one operator adequately certified for the system classification level?	☐ Yes ☐ No
3	Does this system have a contract operator? If yes, list name and contact information in notes.	☐ Yes ☐ No
4	Name of primary operator:	
5	Primary operator's certification level, phone number and e-mail:	
6	List all backup operators, their certification level, and phone numbers:	
7	Emergency contacts: Day - name(s) and telephone number(s):	
8	Emergency contacts: Night - name(s) and telephone number(s):	

General / Background Info

Previous Survey Info:

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

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

General / Background Info

Current Survey Info:

1	Is operable standby or auxiliary power available? (i.e. well maintained and tested, etc.)	☐ Yes ☐ No ☐ NA
2	What parts of the system does the auxiliary power supply?	_____ _____
3	If the system is under a current Boil Water Notice or other Public Notification requirement, is the notice posted on-site as required? (If system is not under a current BWN or PN, answer NA.)	☐ Yes ☐ No ☐ NA

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Question Number

Management / General

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

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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 total coliform sample siting plan available for review? (If no, use the sample siting plan obtained from the DW Program to answer the following questions.)	☐ Yes ☐ No
3	Does the sample siting plan accurately represent the entire distribution system's current configuration? (Include addition or removal of distribution lines, pressure zones, system loops, or sample locations, etc. If no, explain in notes.)	☐ Yes ☐ No
4	For a seasonal system on quarterly monitoring, do the time periods listed on the sample siting plan match the actual periods of highest demand? (Explain in notes.)	☐ Yes ☐ No ☐ NA
5	Does the system have a supply of extra total coliform sample bottles available? (Minimum of 4 bottles for systems with a groundwater source and 3 for systems with surface water or GWUDISW sources.)	☐ Yes ☐ No
6	**Does the water system maintain the following records? (Please review these records.)**	
7	Bacteriological/Microbiological Analysis - 5 years retention.	☐ Yes ☐ No
8	Chemical Analysis - 10 years retention. Lead and Copper (all analyses, reports, surveys, letters, evaluations, schedules, determinations, etc.) - 12 years retention.	☐ Yes ☐ No
9	Turbidity Data (monthly operator reports) - 5 years retention. Turbidity values exceeding 5 NTU - 10 years retention. Conventional or direct systems: continuous, individual (3 or more filters) or combined filter effluent readings - 3 years retention.	☐ Yes ☐ No ☐ NA
10	Disinfection Residual Data (monthly operator reports) - 5 years retention. Groundwater systems, if applicable, DEC-specified minimum disinfection residual - 10 years retention.	☐ Yes ☐ No ☐ NA
11	Records of actions taken to correct violations - 3 years retention.	☐ Yes ☐ No ☐ NA

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

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Question Number

Sources / General

General:

1 Are there any abandoned wells that are not properly decommissioned, open holes, or excavations in the area? (If yes, describe in notes and note the location(s) on the system site plan map.)

- ☐ Yes
- ☐ No
- ☐ Unknown

2 If there are any unused wells in the area, are they maintained in a safe and sanitary condition? (If no, describe and note the location(s) on the system site plan map.)

- ☐ Yes
- ☐ No
- ☐ Unknown

Sources / Groundwater

Wells / General:

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

2 Does the system have a well log? Survey Inspector: A COPY MUST BE SUBMITTED TO DEC IF A VERIFIED COPY IS NOT ALREADY IN THE DEC PWS FILE. List the DNR WELTS log ID in notes if available.

- ☐ Yes
- ☐ No

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

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

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

6 Is the sanitary seal or well cap properly installed to seal the casing? (The seal should create a protective cover from the elements and protect against entry of vermin or contaminants into the well. Venting should be maintained where applicable.)

- ☐ Yes
- ☐ No

7 Is the well casing intact (i.e. unsealed hole or break, corrosion, visible damage, etc.)? Describe the condition in notes.

- ☐ Yes
- ☐ No

8 Does casing extend at least 12 inches above the floor or ground? (List height in notes.)

- ☐ Yes
- ☐ No

Question Number		
9	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
10	Is there evidence of infestation by rodents or other pests? If yes, describe.	☐ Yes ☐ No
11	Is there documented 10 feet of continuous well grout within the first 20 feet below ground surface or has the department approved an alternative to grouting? (Note any documentation found regarding grout, an approved alternative to grouting, and approval to construct or operate the well. Include applicable dates for each of these documents found in the file and a copy of any obtained during the survey that are not in the file.)	☐ Yes ☐ No
12	If a visible or documented impervious surface (i.e. concrete pad, bentonite layer, or other approved seal) exists around the well casing, does it ensure drainage away from the well? (The impervious surface should be without cracks, breaks, or frost jacking, etc.) Describe the impervious surface and provide photo documentation. (Note any documentation found regarding the impervious surface design and DEC requirements.)	☐ Yes ☐ No ☐ NA
13	Is the well site properly drained? (i.e. sloping away from the casing for 10 feet in all direction. Note condition of the surface around the casing using a description and photo documentation that shows the well both close up and from a distance.)	☐ Yes ☐ No
14	Does the system have any of the listed potential contaminant sources within the specified distance in the list below, that do not have a separation distance waiver? 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')	☐ Yes ☐ No
15	List the measured distance from the drinking water source to all contaminant sources listed in the above question and any applicable separation distance waivers.	_____ _____
16	List any other contaminant sources and their distances from the drinking water source, including surface water such as lakes, rivers, sloughs, etc.	_____ _____
17	Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)	☐ Yes ☐ No

Sources / Groundwater

Wells / Pumps:

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

3	Does the electrical wiring pose an immediate safety hazard? (For example: unprotected, live wires. If yes, describe in notes.)	☐ Yes ☐ No
4	Are there spare pumps or critical pump parts readily available?	☐ Yes ☐ No

Sources / Groundwater

Springs / General:

1	What is the name of the spring? (List local and DEC name/number.)	_____
2	List latitude and longitude reading in decimal degrees. (Must be in WGS 84 datum. Example +56.234230, -136.23423.) Note proximity of reading to the source, for example, "at the spring box" or "5 feet east of the spring box".	_____
3	List the available Lat/Long accuracy (in meters) displayed on the device (Example, Accuracy = 13 meters).	_____
4	Is the spring enclosed by a permanent structure with watertight seals to prevent entry of surface water?	☐ Yes ☐ No
5	Are the overflow and drain pipes screened?	☐ Yes ☐ No ☐ NA
6	Is the supply intake located above the floor of the collection chamber and screened?	☐ Yes ☐ No
7	Are direct surface drainage and contamination diverted around or away from the spring?	☐ Yes ☐ No
8	How often is the intake inspected by the operator or owner?	_____
9	Is the area around the spring fenced or otherwise restricted to access?	☐ Yes ☐ No
10	Is there evidence of infestation by rodents or other pests? If yes, describe in notes.	☐ Yes ☐ No
11	Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)	☐ Yes ☐ No

Sources / Groundwater

Springs / Pumps:

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

Sources / Surface Water

Infiltration Galleries / General:

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

8	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

Infiltration Galleries / Pumps:

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

Sources / Surface Water

Reservoirs, Lakes, Rivers, Streams / General:

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

Question Number		
6	Are intake works properly protected against ice buildup and silt?	☐ Yes ☐ No
7	How often is the intake inspected by the operator or owner?	
8	Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)	☐ Yes ☐ No
9	Have operational controls been put in place to deal with conditions that cause fluctuations in water quality? (If no, describe in notes.)	☐ Yes ☐ No ☐ NA
10	Have significant changes occurred in the watershed or source that could lead to increased contamination by 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 / Pumps:

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

Sources / Surface Water

Roof Catchments / General:

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

Question Number		
2	List latitude and longitude reading in decimal degrees. (Must be in WGS 84 datum. Example +56.234230, -136.23423.) Note proximity of reading to the source, for example, "at the collection chamber" or "5 feet east of the collection chamber".	_____
3	List the available Lat/Long accuracy (in meters) displayed on the device (Example, Accuracy = 13 meters).	_____
4	Is the roof in good condition? (If no, describe in notes.)	☐ Yes ☐ No
5	Is there a means to divert the water (i.e. diversion box)? (Describe in notes.)	☐ Yes ☐ No ☐ NA
6	Is the gutter system in good condition? (If no, describe in notes.)	☐ Yes ☐ No ☐ NA
7	Does the system have any problems with the collection chamber (i.e. leaking, structural instability, not accessible for cleaning, vulnerable to potential contamination, etc.)?	☐ Yes ☐ No
8	Is the collection chamber access covered (i.e. shoe-box type lid)? (Describe lid in notes.)	☐ Yes ☐ No
9	Is the collection chamber vent screened?	☐ Yes ☐ No ☐ NA
10	Is the outlet several inches above the bottom of the collection chamber to prevent passage of sediment?	☐ Yes ☐ No
11	Are the drain and overflow screened?	☐ Yes ☐ No
12	How often is the roof catchment system inspected by the operator or owner?	_____
13	Is there a source water sample tap or other means present to sample source water? (Note location here and include it on the system schematic. Describe sampling method if not from a sample tap.)	☐ Yes ☐ No

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Treatment / General

Monitoring:

1	Are compliance and process monitoring sample taps in the correct location(s) (i.e. entry point to distribution, after filtration, etc.)? (List any missing sample taps and show location of all sample taps on the system schematic.)	☐ Yes ☐ No
2	Are proper test kits available and well stocked?	☐ Yes ☐ No ☐ NA
3	List test equipment in the treatment plant. (List make, model, and use; include on-line and hand held testing equipment.)	_____ _____
4	Are testing facilities and equipment orderly and well maintained?	☐ Yes ☐ No ☐ NA
5	Are testing equipment (including turbidimeters) calibrated with primary standards following manufacturer's recommendations as to frequency and method? (List frequency and/or schedule.)	☐ Yes ☐ No ☐ NA
6	Are proper calibration standards and reagents used for analyses?	☐ Yes ☐ No ☐ NA
7	Are the reagents used in testing past the expiration date?	☐ Yes ☐ No ☐ NA
8	**Did the operator demonstrate competence with standard testing methods for the following: (Operator must demonstrate all control tests applicable to the system.)**	
9	Turbidity: (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)	☐ Yes ☐ No ☐ NA
10	pH/Temperature: (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)	☐ Yes ☐ No ☐ NA
11	Fluoride: (In the notes section, document results and units of operator's readings taken at the time of the sanitary survey.)	☐ Yes ☐ No ☐ NA

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

Treatment / General

Cross Connections:

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

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

Treatment / General

Other Treatment Chemicals:

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

Treatment / Activated Alumina

Activated Alumina:

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

Treatment / Activated Carbon

Granular:

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

Treatment / Activated Carbon

Powdered:

1	What is the treatment objective?	

2	Is this fed dry or as a solution?	☐ Dry ☐ Solution
3	What is the dosage used?	_____ _____

Treatment / Aeration

Aeration:

1	What is aeration used for? (List the target contaminant.)	_____ _____
2	Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants?	☐ Yes ☐ No
3	Is the air free from VOC's? (List in notes any fuel smell or fumes in the room.)	☐ Yes ☐ No
4	How is the airflow rate measured and adjusted?	_____ _____

Treatment / Chlorination

Gaseous Chlorination:

1	Is the disinfection equipment operated and maintained properly?	☐ Yes ☐ No
2	Is there adequate chlorine residual at the entry point to the distribution system? (0.2mg/L or level required to meet CT, whichever is higher. Record the entry point chlorine residual reading taken at the time of the sanitary survey.)	☐ Yes ☐ No ☐ NA
3	Are disinfectant residual measurements being made and recorded at the same time and location in the distribution system that the total coliform bacteria sample is collected?	☐ Yes ☐ No
4	Is there a detectable disinfectant residual being maintained throughout the distribution system? (Record the distribution chlorine residual reading taken at the time of the sanitary survey.)	☐ Yes ☐ No
5	If the system is required to meet CT, is the system operated such that CT is being met? (i.e. according to designated flow rates, disinfection residual levels, temperature, pH, tank volume/level, etc. Record the readings of the parameters necessary to calculate CT for one day that is representative of normal operation. If monitoring data is not available, answer question as "No" with a note regarding this.)	☐ Yes ☐ No ☐ NA

Question Number		
6	List readings taken at the time of the sanitary survey for parameters required to calculate CT:	_____ _____
7	Is there a back-up disinfection unit? (Describe in notes if it is on-line and operational. Filtration avoidance systems cannot have an NA answer; all other types of systems that do not have back-up disinfection should be NA.)	☐ Yes ☐ No ☐ NA
8	Is there an auto switch-over for disinfection units to prevent a break in disinfection? (Filtration avoidance systems cannot have an NA answer; all other types of systems that do not have auto switch-over should be NA.)	☐ Yes ☐ No ☐ NA
9	If there is not a back-up disinfection unit, are critical spare parts for disinfection equipment readily available?	☐ Yes ☐ No ☐ NA
10	Are disinfection units hooked up to flow switches that prevent the addition of disinfectant when no water is flowing? (If yes, how often are they checked?)	☐ Yes ☐ No
11	Is disinfectant feed proportional to water flow?	☐ Yes ☐ No ☐ NA
12	Is there an adequate quantity of disinfectant readily available?	☐ Yes ☐ No
13	Are chlorine warning signs clearly posted?	☐ Yes ☐ No
14	In the event of a power outage, is emergency lighting available?	☐ Yes ☐ No
15	Are lighting and fan switches located outside the chlorine room?	☐ Yes ☐ No
16	Is a manifold provided to allow feeding gas from more than one cylinder?	☐ Yes ☐ No
17	Is the chlorine room accessible from an outside door only?	☐ Yes ☐ No
18	Is the door hinged outwards with panic bars?	☐ Yes ☐ No

Question Number		
19	Is there a window for viewing the chlorine room?	☐ Yes ☐ No
20	Is an exhaust fan located near the floor and an intake vent located near the ceiling?	☐ Yes ☐ No
21	Has the operator had chlorine gas safety training?	☐ Yes ☐ No
22	Is a chlorine gas leak alarm present with a chlorine gas detector near the floor vents?	☐ Yes ☐ No
23	Is there a SCBA (self-contained breathing apparatus)?	☐ Yes ☐ No
24	If yes, is the SCBA stored outside the chlorine room?	☐ Yes ☐ No ☐ NA
25	Is the operator trained in the use of a SCBA?	☐ Yes ☐ No
26	Is an ammonia bottle available for detecting chlorine leaks?	☐ Yes ☐ No
27	Are cylinders stored in an upright position?	☐ Yes ☐ No
28	Are cylinders chained to the wall (2/3 of the way up the tank and at the bottom) or otherwise secured? (If no, describe how tanks are secured and attach photo documentation.)	☐ Yes ☐ No
29	Is a chlorine tank wrench next to or on the cylinder?	☐ Yes ☐ No
30	Is a chlorine cylinder repair kit available, including gaskets?	☐ Yes ☐ No
31	Are scales provided for weighing cylinders?	☐ Yes ☐ No

32	Can the temperature in the chlorine storage area be reliably maintained above 50°F?	☐ Yes ☐ No
33	Is the cylinder storage area kept cooler than the chlorinator equipment area at all times?	☐ Yes ☐ No
34	Does the operator take the proper precautionary measures at all times (i.e. rubber gloves, eye protection, mask, protective clothing, etc.)?	☐ Yes ☐ No
35	Are gas scrubbers installed?	☐ Yes ☐ No

Treatment / Chlorination

Hypochlorination:

1	List the manufacturer, product name, and NSF certification information for the disinfectant being used.)	_____ _____
2	Is the disinfection equipment operated and maintained properly?	☐ Yes ☐ No
3	Are the solutions being made to the proper concentration and in a safe manner? (Describe in notes.)	☐ Yes ☐ No ☐ NA
4	Is there adequate chlorine residual at the entry point to the distribution system? (0.2 mg/L or level required to meet CT, whichever is higher. Record the entry point chlorine residual reading taken at the time of the sanitary survey.)	☐ Yes ☐ No ☐ NA
5	Are disinfectant residual measurements being made and recorded at the same time and location in the distribution system as the total coliform bacteria sample is collected?	☐ Yes ☐ No ☐ NA
6	Is there a detectable disinfectant residual being maintained throughout the distribution system? (Record the distribution chlorine residual reading taken at the time of the sanitary survey.)	☐ Yes ☐ No ☐ NA
7	If the system is required to meet CT, is the system operated such that CT is being met (i.e. according to designated flow rates, disinfection residual levels, temperature, pH, tank volume/level, etc.)? (From system's operation monitoring records record the readings of the parameters necessary to calculate CT for one day that is representative of normal operation: pH, disinfection residual, peak flow rate, tank volume/level, etc. If monitoring data is not available, answer question as "No" with a note regarding this.)	☐ Yes ☐ No ☐ NA
8	List readings taken at the time of the sanitary survey for parameters required to calculate CT:	_____ _____

9	Is there a back-up disinfection unit? (Describe in notes if it is on-line and operational. Filtration avoidance systems cannot have an NA answer; all other types of systems that do not have back-up disinfection should be NA.)	☐ Yes ☐ No ☐ NA
10	Is there an auto switch-over for disinfection units to prevent a break in disinfection? (Filtration avoidance systems cannot have an NA answer; all other types of systems that do not have auto switch-over should be NA.)	☐ Yes ☐ No ☐ NA
11	If there is not a back-up disinfection unit, are critical spare parts for disinfection equipment readily available?	☐ Yes ☐ No ☐ NA
12	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
13	Is disinfectant feed proportional to water flow?	☐ Yes ☐ No ☐ NA
14	Is there an adequate quantity of disinfectant readily available?	☐ Yes ☐ No
15	Is the disinfectant properly stored?	☐ Yes ☐ No ☐ NA

Treatment / Coagulation

Coagulation:

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

7	What kind of mixing is provided after the injection point?	☐ Static ☐ Mechanical ☐ In-line mixing

Treatment / Filtration

General:

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

Treatment / Filtration

Cartridge:

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

Treatment / Filtration

Bag:

1	How many stages of filtration are there?	_____
2	List the filter and housing make, model, and micron size of each stage.	_____ _____

3	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
4	Are there means for measuring the differential pressure of each stage (i.e. pressure gauges before and after each stage)?	☐ Yes ☐ No
5	Does the system have a supply of replacement filters?	☐ Yes ☐ No
6	On what basis and frequency are filters replaced (i.e. differential pressure, gallons, days)?	_____
7	Is the replacement of the filters done in a sanitary manner?	☐ Yes ☐ No

Treatment / Filtration

Diatomaceous Earth:

1	Is this a pressure or vacuum filter?	☐ Pressure ☐ Vacuum
2	Is the thickness of the pre-coat filter cake at least 3mm to 5mm?	☐ Yes ☐ No
3	If continuous body feed is used, is it a minimum of 0.2lb/ft2?	☐ Yes ☐ No
4	What are typical filter run times in minutes?	_____
5	What is the filter septum inspection frequency?	_____
6	What is the filter septum cleaning frequency?	_____
7	How is the spent filter cake disposed of?	_____
8	What is the filter surface area in ft²?	_____

9	Is the maximum filter loading rate less than 1.5 gpm/sf? (Maximum filtration flow rate would have been established through engineering plan review.)	☐ Yes ☐ No
10	Are the filters backwashed routinely?	☐ Yes ☐ No
11	When does the operator(s) initiate backwash? (Time turbidity, automatic, or headloss. If so, what are the maximum settings for those? Taste and odor issues can arise with long filter runs, not monitoring turbidity can lead to violations.)	
12	Does the operator(s) respond to flow interruptions to ensure filter cake does not fall off the septum? (Describe response. Interruptions of flow cause the filter cake to fall off the septum and DE is not recommended for on/off operation.)	☐ Yes ☐ No

Treatment / Filtration

Greensand:

1	What is the treatment objective?	
2	How many filters are there?	
3	Are filters pressure or gravity?	☐ Pressure ☐ Gravity
4	What is the filter media type?	
5	If there is a view port, describe condition of the media (i.e. media height, visible mud packing, etc.).	
6	How often is the media inspected? (Note findings of the last inspection, if available.)	
7	What is the total surface area including all filters in ft²?	
8	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
9	How is backwash frequency determined (i.e. turbidity, iron levels, time in service, etc.)?	

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

Treatment / Filtration

Pressure Sand:

1	What is the treatment objective?	

Question Number		
2	How many filters are there?	
3	What is the filter media type?	
4	If there is a view port, describe condition of the media (i.e. media height, visible mud packing, etc.).	
5	How often is the media inspected? (Note findings of the last inspection, if available.)	
6	What is the total surface area of all filters in ft^2?	
7	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
8	How is backwash frequency determined (i.e. turbidity, time in service, pressure differential, etc.)?	
9	Is backwash flow measured? (If yes, document flow rate(s) in notes.)	☐ Yes ☐ No
10	Can backwash rate of flow be adjusted?	☐ Yes ☐ No
11	What is the source of water used for backwashing?	
12	Is there air assisted backwash capability/air scour?	☐ Yes ☐ No
13	Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants?	☐ Yes ☐ No ☐ NA
14	Is there a surface wash?	☐ Yes ☐ No

15	Can surface wash arm rotation be verified?	☐ Yes ☐ No ☐ NA
16	How is it determined that backwash is complete and the filters can be returned to service (i.e. turbidity, grab sample, visual check, time, etc.)?	_____
17	Does the system filter water to waste after backwash and before returning the filter to service?	☐ Yes ☐ No
18	If the system filters to waste, is a sufficient air gap or backflow prevention provided?	☐ Yes ☐ No ☐ NA
19	Is pressure drop monitored across the filter(s)?	☐ Yes ☐ No

Treatment / Filtration

Rapid Sand:

1	What is the treatment objective?	_____
2	How many filters are there?	_____
3	What is the filter media type?	_____
4	If there is a view port, describe condition of the media (i.e. media height, visible mud packing, etc.).	_____
5	How often is the media inspected? (Note findings of the last inspection, if available.)	_____
6	What is the total surface area including all filters in ft²?	_____
7	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
8	How is backwash frequency determined (i.e. turbidity, time in service, etc.)?	_____

Question Number		
9	Is backwash flow measured? (If yes, document flow rate(s) in notes.)	☐ Yes ☐ No
10	Can backwash rate of flow be adjusted?	☐ Yes ☐ No
11	What is the source of water used for backwashing?	
12	Is there air assisted backwash capabilities/air scour?	☐ Yes ☐ No
13	Is the source of air provided by an oil-less compressor/blower or one that uses food grade lubricants?	☐ Yes ☐ No ☐ NA
14	Is there a surface wash?	☐ Yes ☐ No
15	Can surface wash arm rotation be verified?	☐ Yes ☐ No ☐ NA
16	How is it determined that backwash is complete and the filters can be returned to service (i.e. turbidity, grab sample, visual check, time, etc.)?	
17	Does the system filter water to waste after backwash and before returning the filter to service?	☐ Yes ☐ No
18	If system filters to waste, is a sufficient air gap or backflow prevention provided?	☐ Yes ☐ No ☐ NA

Treatment / Filtration

Slow Sand:

1	What is the treatment objective?	
2	How many filters are there?	
3	Are the filters housed or covered?	

4	Are there adequate sampling taps from each filter?	☐ Yes ☐ No
5	How often are the filters cleaned?	
6	What determines when the filters are cleaned?	
7	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
8	What is the total surface area including all filters in ft^2?	
9	How long is the filter ripened before returning to service?	

Treatment / Filtration

Ultrafiltration:

1	What is the treatment objective?	
2	What are the make and model of the membranes?	
3	How many membrane modules are there and how are they arranged? (Example: 5 modules per stage, 3 stages in series.)	
4	Does the system conduct direct integrity testing of the membranes? (If yes, list frequency and method used.)	☐ Yes ☐ No
5	Does the system conduct continuous indirect integrity testing of the membranes? (If yes, list frequency and method used.)	☐ Yes ☐ No
6	Where does rejected water go?	
7	Does system use a chemical cleaning process?	☐ Yes ☐ No

8	On what basis is chemical cleaning initiated?	
9	How is the membrane system isolated from the potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)	☐ Valves ☐ Disconnecting piping ☐ Other ☐ NA
10	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
11	Does the system have a backwash/backflush cycle? (If yes, list source of water and any chemicals added. Include manufacturer, product name, and NSF certification.)	☐ Yes ☐ No
12	If the system recycles filter backwash/backflush or reject water, is it being operated per DEC plan approval specifications? (If no, describe in notes.)	☐ Yes ☐ No ☐ NA

Treatment / Filtration

Micro:

1	What is the treatment objective?	
2	What are the make and model of the membranes?	
3	How many membrane modules are there and how are they arranged? (Example: 5 modules per stage, 3 stages in series.)	
4	Does the system conduct direct integrity testing of the membranes? (If yes, list frequency and method used.)	☐ Yes ☐ No
5	Does the system conduct continuous indirect integrity testing of the membranes? (If yes, list frequency and method used.)	☐ Yes ☐ No
6	Where does rejected water go?	
7	Does system use a chemical cleaning process?	☐ Yes ☐ No
8	On what basis is chemical cleaning initiated?	

9	How is the membrane system isolated from the potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)	☐ Valves ☐ Disconnecting piping ☐ Other ☐ NA
10	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
11	Does the system have a backwash/backflush cycle? (If yes, list source of water and any chemicals added. Include manufacturer, product name, and NSF certification.)	☐ Yes ☐ No
12	If the system recycles filter backwash/backflush or reject water, is it being operated per DEC plan approval specifications? (If no, describe in notes.)	☐ Yes ☐ No ☐ NA

Treatment / Filtration

Nano:

1	What is the treatment objective?	_____
2	What are the make and model of the membranes?	_____
3	How many membrane modules are there and how are they arranged? (Example: 5 modules per stage, 3 stages in series.)	_____
4	Does the system conduct direct integrity testing of the membranes? (If yes, list frequency and method used.)	☐ Yes ☐ No
5	Does the system conduct continuous indirect integrity testing of the membranes? (If yes, list frequency and method used.)	☐ Yes ☐ No
6	Where does rejected water go?	_____
7	Does system use a chemical cleaning process?	☐ Yes ☐ No
8	On what basis is chemical cleaning initiated?	_____
9	How is the membrane system isolated from the potable water system during chemical cleaning to prevent cross-connection issues? (Describe in notes.)	☐ Valves ☐ Disconnecting piping ☐ Other ☐ NA

10	Is the rate of flow through the filters adequately controlled to meet filtration objectives/requirements?	☐ Yes ☐ No
11	If the system recycles filter reject water, is it being operated per DEC plan approval specifications? (If no, describe in notes.)	☐ Yes ☐ No ☐ NA

Treatment / Flocculation

Flocculation:

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

Treatment / Fluoridation

Fluoridation:

1	What chemical is added? (List manufacturer, product name, and NSF certification information. Document point of injection on the system treatment schematic.)	_____
2	Is chemical feed equipment maintained and in operable condition?	☐ Yes ☐ No
3	Are critical spare parts for chemical feed equipment readily available?	☐ Yes ☐ No
4	Is the dosage calculated on at least a daily basis? (If no, document in notes how often dosage is calculated.)	☐ Yes ☐ No
5	Is calibration and testing done properly?	☐ Yes ☐ No
6	Is the fluoride concentration monitored at the entry point to the distribution on a daily basis?	☐ Yes ☐ No

7	Are there adequate means of mixing the chemical into the water downstream of chemical feed point (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?	☐ Yes ☐ No
8	Is the injection system controlled by at least two redundant flow switches?	☐ Yes ☐ No
9	Are flow switches installed in the correct locations?	☐ Yes ☐ No
10	Are flow switches periodically checked to ensure that the chemical feed equipment does not operate when no water is flowing? (If yes, document in notes how often they are checked?)	☐ Yes ☐ No
11	Does the make-up water supply for the saturator have a water meter?	☐ Yes ☐ No
12	Is there a vacuum breaker on the make-up water line?	☐ Yes ☐ No
13	Is there a vacuum break or anti-siphon device on the discharge line of the fluoride pump?	☐ Yes ☐ No
14	Is the pump power cord plug unique to the electrical outlet that is interlocked with the flow switches?	☐ Yes ☐ No
15	Are the chemicals properly stored to prevent risk of contamination, fire or explosion? (If not, list the chemicals and potential hazard, and provide photo documentation.)	☐ Yes ☐ No

Treatment / Inhibitor Addition

Bimetallic Phosphate:

1	What contaminants are targeted by this treatment process?	_____ _____
2	Is the treatment process adequate and operating such that it is meeting the treatment objective?	☐ Yes ☐ No
3	What chemical(s) are being used? (Document point of injection on the system treatment schematic.)	_____ _____
4	What parameter is monitored to ensure proper inhibitor concentration in the distribution system? (Document sample site locations on the system treatment schematic.)	_____ _____

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

Treatment / Inhibitor Addition

Hexametaphosphate:

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

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

Treatment / Inhibitor Addition

Orthophosphate:

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

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

Treatment / Inhibitor Addition

Polyphosphate:

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

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

Treatment / Inhibitor Addition

Silica:

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

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

Treatment / Ion Exchange

Ion Exchange:

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

Treatment / Lime - Soda Ash Addition

Lime - Soda Ash Addition:

1	What chemical is being used? (List product, manufacturer name, and ANSI/NSF 60 information in notes.)	
2	What is the treatment objective?	☐ Alkalinity adjustment ☐ pH adjustment ☐ Calcium carbonate deposition ☐ Other
3	Is the treatment process adequate and operating such that it is meeting the treatment objective?	☐ Yes ☐ No
4	List the pH of the raw and finished water, taken at the time of the site visit.	

Treatment / Other

Distillation:

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

Treatment / Other

Permanganate:

1	What is the treatment objective (i.e. oxidation of iron/manganese, regeneration of greensand media, etc.)?	
2	Is the treatment process adequate and operating such that it is meeting the treatment objective?	☐ Yes ☐ No
3	What chemical is added? (List manufacturer and product for each, and document point of injection on the system treatment schematic.)	
4	Is chemical feed equipment maintained and in operable condition?	☐ Yes ☐ No
5	Are critical spare parts for chemical feed equipment readily available?	☐ Yes ☐ No

6	Are there adequate means of mixing the chemicals into the water downstream of chemical feed points (i.e. adequate line distance after chemical addition, static or mechanical mixers, etc.)?	☐ Yes ☐ No
7	How is proper chemical dose determined?	
8	Are chemical feed units hooked up to flow switches that prevent the addition of permanganate when no water is flowing? (If yes, note the type and how often they are checked?)	☐ Yes ☐ No
9	Are the chemicals properly stored to prevent risk of contamination, fire or explosion? (If not, list the chemicals and potential hazards in notes and provide photo documentation.)	☐ Yes ☐ No

Treatment / Other

Point of Use/Point of Entry:

1	What is the target contaminant?	
2	If POU/POE is used to meet regulatory requirements, is a DEC approved sampling plan available for review?	☐ Yes ☐ No ☐ NA
3	How many units are there in the system? (List the make, model, and type of units such as RO, carbon block cartridge, absorptive media, etc.)	
4	Are units installed in all required locations?	☐ Yes ☐ No ☐ NA
5	Does the system have a DEC approved maintenance plan for the POU or POE?	☐ Yes ☐ No ☐ NA
6	Are the POU or POE devices maintained according to the DEC approved plan?	☐ Yes ☐ No ☐ NA

Treatment / Ozonation

Ozonation:

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

2	If the system is required to meet CT, is the system operated such that CT is being met (i.e. according to designated flow rates, disinfection residual levels, temperature, pH, tank volume/level, etc.)? (From system's operation monitoring records record the readings of the parameters necessary to calculate CT for one day that is representative of normal operation: pH, disinfection residual, peak flow rate, tank volume/level, etc. If monitoring data is not available, answer question as "No" with a note regarding this.)	☐ Yes ☐ No ☐ NA
3	List readings taken at the time of the sanitary survey for parameters required to calculate CT:	_____ _____
4	Is there a dissolved ozone residual monitor? (If using ozonation as only disinfection, monitoring is required. If additional disinfection is done, answer question as NA if there is no test equipment. List location.)	☐ Yes ☐ No ☐ NA
5	How is ozone injected? (If other, describe in notes.)	☐ Venturi ☐ Gas Diffuser ☐ Other
6	Describe all locations where ozone is injected in the system and note them on the system treatment schematic.	_____ _____
7	What type of ozone contactor is used? (If a tank is used, list the number of tanks/compartments.)	_____ _____
8	List ozone system specifications: make, model.	_____ _____
9	Is there an ozone-destruct unit? (If yes, note location and include it on the treatment schematic.)	☐ Yes ☐ No
10	Is there a functional alarm system? (Describe what triggers the alarm and what action is taken, i.e. low ozone residual, high flow, etc. If additional disinfection is done, answer question as NA, if there is no functional alarm.)	☐ Yes ☐ No ☐ NA

Treatment / pH Adjustment

pH Adjustment:

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

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

Treatment / pH Adjustment

Post Adjustment:

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

2 Is the treatment process adequate and operating such that it is meeting the treatment objective?

☐ Yes
☐ No

3 What chemical is being used for pH adjustment?

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

Treatment / pH Adjustment

Pre Adjustment:

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

2 Is the treatment process adequate and operating such that it is meeting the treatment objective?

☐ Yes
☐ No

3 What chemical is being used for pH adjustment?

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

Treatment / Reverse Osmosis

Reverse Osmosis:

1 What is the treatment objective?

2 Is the treatment process adequate and operating such that it is meeting the treatment objective?

☐ Yes
☐ No

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

Treatment / Sedimentation

Sedimentation:

1	Are the clarification units constructed to permit units to be taken out of service without disrupting operation?	☐ Yes ☐ No
2	Is there significant floc carryover out of the sedimentation basins going to the filters?	☐ Yes ☐ No
3	Are the clarification units being started manually following shutdown?	☐ Yes ☐ No
4	Is there a cover over the sedimentation basins?	☐ Yes ☐ No

5	Is settled water turbidity measured for treatment optimization?	☐ Yes ☐ No

Treatment / Sequestration

Sequestration:

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

Treatment / Ultraviolet Radiation

Ultraviolet Radiation:

1	List the make and model of the UV unit.	
2	What operational parameters are monitored and at what frequency (i.e. flow, UV absorbance, UV intensity, lamp status, lamp power, etc.)? (Document in notes the readings of all monitored parameters at the time of inspection.)	
3	Are UV system components cleaned per manufacturer's recommendations and with what frequency (i.e. quartz lamp sleeves, sensor ports, reflectors, etc.)?	☐ Yes ☐ No
4	What is the lamp replacement frequency?	

5	**Is UV being used to meet regulatory disinfection requirements?**	☐ Yes ☐ No ☐ NA ☐ Unknown
5.01	What is the target pathogen?	_____ _____
5.02	Is the system meeting DEC operational requirements for disinfection?	☐ Yes ☐ No ☐ NA
5.03	What is the flow rate through the unit?	_____ _____
5.04	Is there an alarm system or auto shut off, and is it operational?	☐ Yes ☐ No
5.05	What triggers critical alarms or auto shut off (i.e. low UV intensity, high flow, low lamp power, burnt lamp)?	_____ _____
5.06	Are critical alarms being monitored and recorded?	☐ Yes ☐ No ☐ NA
5.07	Is UV intensity sensor calibration verified using a reference sensor? (If yes, list how often.)	☐ Yes ☐ No ☐ NA
5.08	Is the reference sensor calibrated by the manufacturer annually?	☐ Yes ☐ No ☐ NA
5.09	If equipped with an on-line UV transmittance (UVT) analyzer, is the calibration verified weekly using a bench-top spectrophotometer?	☐ Yes ☐ No ☐ NA
5.1	Is the bench-top spectrophotometer calibrated and maintained per manufacturer requirements?	☐ Yes ☐ No ☐ NA

Sanitary Survey - Survey Responses

PWS Number: **Survey ID:** **Survey Date:**

Survey Name: **User Name:**

Question Number

Storage / Bladder

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

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

Storage / Elevated

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

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

Storage / Ground

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

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

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

Storage / Hydropneumatic

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

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

Storage / Reservoir

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

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

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

Storage / Underground

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

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

Sanitary Survey - Survey Responses

PWS Number: **Survey ID:** **Survey Date:**

Survey Name: **User Name:**

Question Number

Distribution / General

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

Distribution / Cross Connections

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

Distribution / Pumps

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

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

Distribution / Hydropneumatic tanks

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