

General / SDWIS Site Visit Info

1	Reason for the visit.	DropDown	None
2	Date of the survey	Date	None
3	Status of site visit.	DropDown	None
4	Source evaluation:	DropDown	None
5	Treatment sytem evaluation:	DropDown	None
6	Distribution system evaluation:	DropDown	None
7	Finished water storage evaluation:	DropDown	None
8	Pump and pumping facility evaluation:	DropDown	None
9	Monitoring and requirements evaluation:	DropDown	None
10	System management and operations evaluation:	DropDown	None
11	Operator compliance evaluation:	DropDown	None
12	Security evaluation:	DropDown	None
13	Financial evaluation:	DropDown	None
14	Other element evaluated:	DropDown	None
15	Last name of inspector:	Text	None
16	First name of inspector:	Text	None
17	Inspector organization	DropDown	None
18	Next inspection due date:	Date	None
19	Water System notification date?(The date you notified them of the deficiency)	Date	None

General / Background Info

Name/Location:

1	Name of public water system:	Text	None
2	PWS number:	Text	None

General / Background Info

Classification:

1	SDWIS Activity Status	DropDown	None
2	Classification of the system?	DropDown	None
3	Residential population:(Do not change population, make a note and update SDWIS directly yourself)	Numeric	None
4	Number of residential service connections? (only applicable for small community systems)	Numeric	None
5	NTNC population:(Do not change pupulation, make a note and update SDWIS directly yourself)	Numeric	None

General / Background Info

Owner:

1	2	AC's Last Name:	Text	None
2	2	AC's First Name:	Text	None
3	2	AC's Address:	Text	None
4	2	AC's City:	Text	None
5	2	AC's State:	Text	None
6	2	AC's zip:	Text	None

Regulations / General

1	1	What is the operator certification level required for this facility?(ex. VSWS, 1T1D, 2T2D, 2T1D, etc)	Text	None
2	1	Is the system staffed by properly certified operators?	YesNo	Yes
3	3	Have the operator certification points been re-avaluated?	YesNo	Yes

Regulations / Monitoring

1	1	Is the PWS out of compliance with any monitoring requirements?	YesNo	No
2	2	Are there any outstanding violations?	YesNo	No

Sources / General

General:

1	3	Are there any abandoned, unused, or auxiliary sources?	YesNo	No
2	1	Does the system have redundant sources?	YesNo	None
3		Is a manifold used to combine sources?	YesNo	None

Sources / Groundwater

Wells / SW Protection:

1	2	Is the upper termination of the well protected (Bollards, etc)?	YesNo	Yes
2	2	Is the well cased and sealed in such a manner that surface water cannot enter the well?	YesNo	Yes

Sources / Groundwater

Wells / Construction:

1		What is the depth of the well in feet?	Numeric	None
2		What is the depth of the casing in feet?	Numeric	None

Sanitary Survey Questions --- NTNC &

QuestionNumber	Question	Response Type	Correct	Response
Small Community				
3	What is the diameter of the well casing?			Numeric None
4	2 Does the casing terminate at an adequate elevation?			YesNo Yes
5	Is the well located in a pit or is it buried?			YesNoLeadi No
6	If yes, is it a dry pit?			YesNo None
7	2 Is the sanitary seal properly installed and maintained?			YesNo Yes
8	2 Is the well properly vented and screened?			YesNo Yes
9	3 Is the conduit properly sealed with the well cap?			YesNo Yes
10	4 Is the well located in the proximity of any potential sources of pollution within 300 feet?			YesNo No
11	2 What is the distance to the nearest property line (if within 300')?			Text None
12	2 What is the name of the person who owns that piece of property?			Text None

Sources / Groundwater

Springs / SW Protection:

1	Is the spring housed in a permanent structure and protected from contamination including the entry of surface water, animals and dust?			Text None
2	3 Is surface water and drainage ditches diverted away from the spring?			YesNo Yes
3	3 Is the spring located in the proximity of any potential sources of pollution within 300'?			YesNo None
4	3 Is there a screened overflow and drain pipe?			YesNo Yes

Sources / Surface Water

Reservoirs, Lakes, Rivers, Streams / SW Protection:

1	2 Is the area around the intake(s) free from potential sources of pollution?			YesNo Yes
2	How often are intakes inspected?			DropDown None

Sources / Surface Water

Roof Catchments / Construction:

1	2 Is the roof in good condition?			YesNo Yes
2	2 Is the gutter system in good condition?			YesNo Yes
3	2 Is the collection chamber properly designed and constructed?			YesNo Yes
4	2 Is the vent screened?			YesNo Yes
5	2 Is the drain / overflow screened?			YesNo Yes

Treatment / General

Cross-Connections:

1	Are cross-connections present at the water treatment plant?			YesNo None
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Treatment / Activated Carbon

Granular:

- | | | | | |
|---|---|---|------|------|
| 1 | 3 | What is the purpose of the granular activated carbon (GAC)? | Text | None |
| 2 | | When was the last time the GAC was changed out or replaced? | Text | None |

Treatment / Aeration

General:

- | | | | | |
|---|---|---|-------|------|
| 1 | 3 | What is the aeration treatment used for? (ex. Radon, Co2, pH) | Text | None |
| 2 | | Does the aerator have a hepa filter on the air intake? | YesNo | Yes |
| 3 | 3 | Are inakes and outtakes screened? | YesNo | Yes |
| 4 | 3 | Is the air intake located a safe distance from the air outtake? | YesNo | Yes |
| 5 | 3 | Is the outlet air protected from human consumption? | YesNo | Yes |

Treatment / Aeration

Cascade:

- | | | | | |
|---|---|-------------------------------|------|------|
| 1 | 5 | Answer all general questions. | Text | None |
|---|---|-------------------------------|------|------|

Treatment / Aeration

Diffused:

- | | | | | |
|---|---|-------------------------------|------|------|
| 1 | 5 | Answer all general questions. | Text | None |
|---|---|-------------------------------|------|------|

Treatment / Aeration

Packed Tower:

- | | | | | |
|---|---|-------------------------------|------|------|
| 1 | 5 | Answer all general questions. | Text | None |
|---|---|-------------------------------|------|------|

Treatment / Aeration

Slat Tray:

- | | | | | |
|---|---|-------------------------------|------|------|
| 1 | 5 | Answer all general questions. | Text | None |
|---|---|-------------------------------|------|------|

Treatment / Aeration

Spray:

- | | | | | |
|---|---|-------------------------------|------|------|
| 1 | 5 | Answer all general questions. | Text | None |
|---|---|-------------------------------|------|------|

Treatment / Chlorination

General:

- | | | | | |
|---|---|---|-------|------|
| 1 | 3 | Is chlorination used for disinfection? | YesNo | None |
| 2 | 2 | Is chlorine residual testing equipment provided and is it capable of measuring residuals to the nearest 0.1 milligrams per liter? | YesNo | Yes |

Sanitary Survey Questions --- NTNC &

Question Number	Response Type	Correct	Response
3	Are Monthly Operating Reports being completed and submitted to the DWP by the 10th of the following month?		YesNo Yes
4	Is adequate contact time provided to complete the chemical reactions involved?		YesNo Yes
5	3 Do the chemical day tanks and or chemical storage tanks have adequate containment?		YesNo Yes

Treatment / Chlorination

Hypochlorination:

1	3	Is the solution tank covered to minimize corrosive vapors?	YesNo	Yes
2	2	Is the day tank clean and in good condition?	YesNo	Yes
3	2	Is all chemical feed equipment operable and in good condition?	YesNo	Yes
4	2	Is there a multi-valve on the chemical feed pump?	YesNo	Yes
5		Are hose-bids provided with backflow prevention devices?	YesNo	Yes
6	3	Is the chlorine NSF aproved?	YesNo	Yes

Treatment / Filtration

Cartridge:

1	3	What is the typical time between filter replacements?	Text	None
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Treatment / Filtration

Greensand:

1	2	What criteria is used to determine when a filter backwash is required?	Text	None
2	3	Where is the fitler backwash waste sent?	Text	None
3	2	Is there a proper air gap?	Text	None

Treatment / Filtration

Pressure Sand:

1	3	What is the depth of the sand media in feet?	Numeric	None
2	2	Are there adequate sampling taps from each filter?	YesNo	Yes
3	2	How often are the filters cleaned?	Text	None
4	3	What method is used to determine when a filter is to be cleaned?	YesNo	Yes

Treatment / Filtration

Rapid Sand:

1	3	What type of filtration media system is being utilized?	DropDown	None
2	3	Are the filters evaluated regularly to determine condition of media?	YesNo	Yes
3	2	What criteria is used to determine when a filter backwash is required?	DropDown	None
4	2	Is filter-to-waste practiced at the end of a backwash?	YesNo	Yes

Treatment / Filtration

Filtered:

1	3	What is the filter removing?	Text	None
2	3	Are the filter's serviced anually and a maintenance log kept?	YesNo	None
3	3	Does the filter backwash?	YesNo	None
4		Where is the filter backwash waste sent?	DropDown	None
5	3	Is there a proper air gap on the discharge pipe?	YesNo	Yes

Treatment / Inhibitor Addition

General:

1		Is all chemical feed equipment operable and in good condition?	YesNo	Yes
2		Are hose-bibs provided with backflow prevention devices?	YesNo	None
3		Is a phosphate used?	YesNoLeadi	None
3.01	2	If yes, what type of phosphae (eg. Ortho, Poly, Hexameta, Bimettallic, Silica)?	Text	None
4	4	Are phosphates fed into the drinking water for corrosion control?	YesNo	None
5	2	Has the system been in compliance with the lead and copper rule?	YesNo	None
6	3	Are Monthly Operating Reports being completed and submitted to the DWP by the 10th of the following month?	Text	None
7	3	Do the chemical day tanks and or chemical storage tanks have adequate containment?	YesNo	Yes

Treatment / Inhibitor Addition

Bimetallic Phosphate:

1		Must answer all general questions for this category	None	None
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Treatment / Inhibitor Addition

Hexametaphosphate:

1		Must answer all general questions for this category	None	None
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Treatment / Inhibitor Addition

Orthophosphate:

1		Must answer all general questions for this category	None	None
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Treatment / Inhibitor Addition

Polyphosphate:

1		Must answer all general questions for this category	None	None
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Treatment / Inhibitor Addition

Silica:

1	Must answer all general questions for this category	None	None
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Treatment / Ion Exchange

General:

1	4	What is the ion-exchange system removing?	Text	None
2	3	Is a by-pass installed on the unit? (By-pass not allowed if installed due to MCL)	YesNo	None
3	3	Is regular maintenance/servicing completed on the treatment unit (recommend annually)?	YesNo	Yes

Treatment / Ion Exchange

Ion Exchange:

1	3	Are salt brine tanks covered and corrosion-resistant?	YesNo	Yes
2	3	Where is the filter backwash waste sent?	Text	None
3	2	Is there a proper air gap?	YesNo	Yes

Treatment / PH Adjustment

General:

1	Has the system been in compliance with the lead and copper rule?	YesNo	None
2	If a chemical is being used is it NSF 61 certified?	YesNo	Yes
3	Are Monthly Operating Reports being completed and submitted to the DWP by the 10th of the following month?	YesNo	None
4	Do the chemical day tanks and or chemical storage tanks have adequate containment?	YesNo	None
5	Is all chemical feed equipment operable and in good condition?	YesNo	None
6	Are the pH levels at an optimal range?	YesNo	None

Treatment / PH Adjustment

PH Adjustment:

1	3	Must answer all general questions for this category.	None	None
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Treatment / PH Adjustment

Post Adjustment:

1	3	Must answer all general questions for this category.	None	None
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Treatment / PH Adjustment

Pre Adjustment:

1	3	Must answer all general questions for this category.	None	None
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Treatment / Reverse Osmosis

Reverse Osmosis:

1	3	What is the treatment objective for this particular membrane?	Text	None
2	3	Is pretreatment being utilized?	YesNo	Yes
3	3	Is the system serviced annually and is a maintenance log kept?	Text	None
4	3	Where is the waste stream disposed of?	Text	None
5		Is the location of the waste stream an acceptable location?	YesNo	None
6		Is there a proper air gap?	Text	None

Treatment / Ultraviolet Radiation

General:

1	1	Was UV system installed after 2006?	YesNoLeadi	None
1.01	1	If yes, was this system approved in conjunction with DWP 2006 UV policy?	YesNo	Yes
2	2	What model is the UV system?	Text	None

Treatment / Ultraviolet Radiation

Ultraviolet Radiation:

1	2	Was the UV installed due to bacterial contamination of the system?	YesNo	None
2	2	If the PWS is a seasonal system, is the UV cleaned and inspected prior to seasonal start-up each year?	YesNo	Yes
3		Is there a maintenance log? Is it up to date?	YesNo	Yes
4	3	Is the bulb replaced annually or per manufacturers recommendations?	YesNo	Yes
5	2	Has the UV system operated uninterrupted while water was being process or gone into alarm?	YesNo	No
6	2	Does the UV unit have an automatic shut down if the unit goes into alarm?	YesNo	Yes
7	2	Is there a pre-filter installed?	YesNo	Yes
8		Is there a by-pass?	YesNo	None

Pump Stations / General

1	2	Is all of the pumping equipment operable and in good condition? (includes submersible, centrifugal, verticle, chemical pumps)(ex. Leaking water from aparatus, excessive vibration, noise)	YesNo	Yes
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Distribution / General

1	3	Does the facility have a raw water sampling point and is it adequate? (Will be needed for Ground Water Rule 2009)	YesNo	None
2	2	Is the sample site plan completed, up to date, and reviewable?	YesNo	Yes

QuestionNum	er	Sanitary Survey Questions	---	NTNC &
Small Community	Response Type	Correct	Response	
3	3	Is the TCR sample point adequate?	YesNo	Yes
4	3	Is the TCR sampling procedure adequate?	YesNo	Yes
5		Are any Cross-connections present in the distribution system (mop sinks, hose's, soap dispensers etc)?	YesNo	No

Storage / Gravity

Design:

1	2	Is the elevation of the tank sufficient to maintain distribution pressure throughout the system?	YesNo	Yes
2	2	Is the storage structure secure from unauthorized access?	YesNo	Yes
3	2	Does the storage reservoir have a watertight roof or cover and is it sloped so that water will drain?	YesNo	Yes
4	3	What is the tanks usable capacity (volume)? ALWAYS change this question to read "0" then proceed to next question to add correct tank	Numeric	None
5	3	What is the storage tanks usable capacity (volume)? (Add correct volume here under Measures table)	Numeric	None
6	3	What is the volume measured unit? ALWAYS change this question to read "blank" then proceed to next question to add correct measured unit.	DropDown	None
7	3	What is the effective volume measured unit? (Add correct measured unit (gallons) here under Measures table)	DropDown	None
8	3	What is the tank material?	DropDown	None

Storage / Gravity

Components:

1	2	Does the tank appear to be structurally sound?	YesNo	Yes
2		Are overflow pipes:	Header	None
2.01	3	Terminated 12 to 24 inches above the ground?	YesNo	Yes
2.02	3	Screened or fitted with a flapper gate?	YesNo	Yes
2.03	2	Directly connected to a storm sewer or sanitary sewer?	YesNo	No
3		Are air vents:	Header	None
3.01		Turned downward or covered from rain?	YesNo	Yes
3.02	2	Screened?	YesNo	Yes
4		Are access opening covers sealed properly and water tight?	YesNo	
5	2	Are outside access hatches locked?	YesNo	Yes
6		Are water level / pressure control systems reliable and properly protected?	Text	None

Storage / Gravity

Maintenance:

1	2	Are there cracks in the walls or covers of the in-ground concrete storage tanks?	YesNo	No
2		What is the frequency of interior inspection and cleaning?	DropDown	None
3	2	Is leakage evident at time of inspection?	YesNo	No

Storage / Clear-Wells

Design:

1	3	Is the clear-well constructed with baffles?	YesNo	Yes
2	2	Does the storage reservoir have a watertight roof or cover and is it sloped so that water will drain?	YesNo	Yes
3	2	Is the storage structure secure from unauthorized access?	YesNo	Yes
4	3	What is the tanks usable capacity (volume)? ALWAYS change this question to read "0" then proceed to next question to add correct tank	Numeric	None
5	3	What is the storage tanks usable capacity (volume)? (Add correct volume here under Measures table)	Numeric	None
6	3	What is the volume measured unit? ALWAYS change this question to read "blank" then proceed to next question to add correct measured unit.	DropDown	None
7	3	What is the effective volume measured unit? (Add correct measured unit (gallons) here under Measures table)	DropDown	None
8	3	What is the construction material?	DropDown	None

Storage / Clear-Wells

Components:

1	2	Does the tank appear to be structurally sound?	YesNo	Yes
2	2	Are water level / pressure control systems reliable and properly protected?	YesNo	Yes
3		Are overflow pipes:	Header	None
3.01	3	Terminated 12 to 24 inches above the ground?	YesNo	Yes
3.02	3	Screened or fitted with a flapper gate?	YesNo	Yes
4		Are air vents:	Header	None
4.01	2	Turned downward or covered from rain?	YesNo	Yes
4.02	2	Screened?	YesNo	Yes
5		Are access opening covers sealed properly and water tight?	YesNo	
6	2	Are outside access hatches locked?	YesNo	Yes

Storage / Clear-Wells

Maintenance:

1	2	Are there cracks in the walls or covers of the in-ground concrete storage tanks?	YesNo	No
2		What is the frequency of interior inspection and cleaning?	DropDown	None
3	2	Is leakage evident at time of inspection?	YesNo	No
4		Can the tank be isolated from the system?	YesNo	None

Storage / Hydropneumatic

Design:

1	3	Is the tank located above the ground surface and completely housed?	YesNo	Yes
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Sanitary Survey Questions --- NTNC &

QuestionNum	er	Response Type	Correct	Response
Small Community				
2	1	What is the tanks usable capacity (volume)?	ALWAYS change this question to read "0" then proceed to next question to add correct tank	Numeric None
3	3	What is the storage tanks usable capacity (volume)? (Add correct volume here under Measures table)		Numeric None
4		What is the volume measured unit?	ALWAYS change this question to read "blank" then proceed to next question to add correct measured unit.	DropDown None
5	3	What is the effective volume measured unit? (Add correct measured unit (gallons) here under Measures table)		DropDown None
6		What is the construction material?		DropDown None
7	2	Is the tank one that has a compressor? If yes, is food grade lubricant used?		YesNo None

Storage / Hydropneumatic

Maintenance:

1	3	Is leakage evident at time of inspection?		YesNo None
2	3	Are there provisions designed in for draining and cleaning of the storage tank?		YesNo None
3	3	Are the interior and exterior surfaces in good condition?		YesNo Yes
4	3	Are tank supports adequate and structually sound?		YesNo Yes

Storage / Under Ground

Design:

1	2	Does the storage reservoir have a watertight roof or cover and is it sloped so that water will drain?		YesNo Yes
2	2	Is the storage structure secure from unauthorized access?		YesNo Yes
3	1	What is the tanks usable capacity (volume)?	ALWAYS change this question to read "0" then proceed to next question to add correct tank	Numeric None
4	3	What is the storage tanks usable capacity (volume)? (Add correct volume here under Measures table)		Numeric None
5		What is the volume measured unit?	ALWAYS change this question to read "blank" then proceed to next question to add correct measured unit.	DropDown None
6	3	What is the effective volume measured unit? (Add correct measured unit (gallons) here under Measures table)		DropDown None
7		What is the construction material for the tank		DropDown None

Storage / Under Ground

Components:

1	2	Does the tank appear to be structurally sound?		YesNo Yes
2		Are overflow pipes:		Header None
2.01	3	Terminated 12 to 24 inches above the ground?		YesNo Yes
2.02	3	Screened or fitted with a flapper gate?		YesNo Yes
2.03	2	Directly connected to a storm sewer or sanitary sewer?		YesNo No
3		Are air vents:		Header None
3.01	2	Turned downward or covered from rain?		YesNo Yes
3.02	2	Screened?		YesNo Yes
4		Are access opening covers sealed properly and water tight?		YesNo

Storage / Under Ground

Maintenance:

1	2	Are there cracks in the walls or covers of the in-ground concrete storage tanks?	YesNo	No
2		What is the frequency of interior inspection and cleaning?	DropDown	None
3	2	Is leakage evident at time of inspection?	YesNo	No
4		Can the tank be isolated from the system?	YesNo	None

Management / General

1	4	Are administrators familiar with SDWA requirements and system needs?	YesNo	Yes
2	2	Are routine operation and maintenance records kept?	YesNo	Yes
3	2	Does the system maintain an operations Manual or Policy (Written SOP's - standard operating procedures)?	YesNo	Yes
4	2	Are there sufficient personnel for operation and maintenance of the water system?	YesNo	None
5	2	Does the PWS have a workable written emergency response plan?	YesNo	Yes
6		For small communities only: Does the system have an emergency generator at needed locations?	Text	None
7		For small communities only: What is the maximum day design flow? (If answer is unknown recommend PWS to provide info in 120 days from the date of the inspection).	Text	None
8		For small communities only: What percent of the maximum day design flow will the emergency generator provide?	Text	None
9		For small communities only: How long can the system provide safe water with the emergency generator while providing the average day demand? (record as a number in days)	Text	None

Security / Management

Physical Security:

1	1	Are facilities fenced, including sources, wellhouses and pump pits, and are gates locked where appropriate?	YesNo	None
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