



Public Water System Sanitary Survey Evaluation Form Surface Water Systems Compliance Assurance Division

Site Name: _____



System Number:

Survey Date (M/D/Y): / /

Please rate each of the 39 items below as:
Satisfactory / Unsatisfactory / Needs Improvement / Not Applicable

- | | |
|--|--|
| <p style="text-align: center;">SOURCE</p> <p>1. Quantity..... <input type="checkbox"/></p> <p>2. Protection from Contamination..... <input type="checkbox"/></p> <p>3. Security..... <input type="checkbox"/></p> <p>4. Raw Water Pumping..... <input type="checkbox"/></p> <p>5. Raw Water Line..... <input type="checkbox"/></p> <p style="text-align: center;">TREATMENT</p> <p>6. Flash Mix..... <input type="checkbox"/></p> <p>7. Flocculation..... <input type="checkbox"/></p> <p>8. Sedimentation/ Clarification..... <input type="checkbox"/></p> <p>9. Filtration..... <input type="checkbox"/></p> <p>10. Equipment O & M..... <input type="checkbox"/></p> <p>11. Chemical Storage..... <input type="checkbox"/></p> <p>12. Chemical Feed Rooms..... <input type="checkbox"/></p> <p>13. Chemical Injection Pt/Sampling..... <input type="checkbox"/></p> <p style="text-align: center;">DISTRIBUTION</p> <p>14. Quality..... <input type="checkbox"/></p> <p>15. Finished Water Pumping Capacity..... <input type="checkbox"/></p> <p>16. Adequate Pressure..... <input type="checkbox"/></p> <p>17. Fire Flow..... <input type="checkbox"/></p> <p>18. Cross Connection Control..... <input type="checkbox"/></p> <p>19. Valve/Hydrant Maintenance..... <input type="checkbox"/></p> <p>20. Flushing Program..... <input type="checkbox"/></p> <p>21. Leak Detection and Repair..... <input type="checkbox"/></p> <p>22. System Map..... <input type="checkbox"/></p> <p>23. Sample Siting Plan..... <input type="checkbox"/></p> <p>24. Disinfectant Residual..... <input type="checkbox"/></p> | <p style="text-align: center;">STORAGE</p> <p>25. Capacity..... <input type="checkbox"/></p> <p>26. Sanitary Protection..... <input type="checkbox"/></p> <p>27. Security..... <input type="checkbox"/></p> <p>28. Bypass/Drain/Sample Tap..... <input type="checkbox"/></p> <p>29. Maintenance..... <input type="checkbox"/></p> <p style="text-align: center;">GENERAL O&M</p> <p>30. Plant Security..... <input type="checkbox"/></p> <p>31. Facility Maintenance..... <input type="checkbox"/></p> <p>32. Supplies/Spare Parts Inventory..... <input type="checkbox"/></p> <p>33. Waste Disposal..... <input type="checkbox"/></p> <p>34. Procedures Manual..... <input type="checkbox"/></p> <p style="text-align: center;">OPERATIONAL CONTROL</p> <p>35. Certified Operator..... <input type="checkbox"/></p> <p>36. Testing Equipment..... <input type="checkbox"/></p> <p>37. Monitoring/Reporting/Records..... <input type="checkbox"/></p> <p style="text-align: center;">EMERGENCY OPERATION</p> <p>38. Stand-by Power..... <input type="checkbox"/></p> <p>39. Emergency Plan..... <input type="checkbox"/></p> <p>A. CCR (Y/N) <input type="checkbox"/></p> <p>B. RMP (Y/N)..... <input type="checkbox"/></p> <p>C. SWPP (Y/N)..... <input type="checkbox"/></p> <p>D. AWOP Goals (Y/N)..... <input type="checkbox"/></p> <p>E. Is a Disinfection Profile Required? (Y/N)..... <input type="checkbox"/></p> <p style="padding-left: 20px;">If Required, has the Profile been Completed? (Y/N)..... <input type="checkbox"/></p> <p>F. Drought Response Plan (Y/N)*..... <input type="checkbox"/></p> |
|--|--|

- G. Plant Group (I-VII).....
- H. Operator Grade
- A.....
- B.....
- C.....
- D.....
- T.....
- I. Dist. Group (I-V).....
- J. Dist. Op. Grade
- A.....
- B.....
- C.....
- D.....
- T.....
- G.....
- K. Field Tests
- Chlorine.....
- pH.....
- psi.....
- Other: _____
- L. Type Inspection.....
- M. Is System Presently Under Order?
- If Yes, Is System Complying With Order?.....
- N. Follow Up Scheduled?.....
- Date / /
- O. Overall Rating.....
- _____
- DHEC Representative
- _____
- System Representative

*Applicable for part 1 and 2 systems only.

Purpose: This form is to be used by Department personnel during a sanitary survey inspection of a public surface water system.

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

Enter the site name in the first space. Enter the total number of pages included in the space to the right (for ex. pg. 1 of 3). Enter the system number in the seven (7) boxes under system name. Enter the date (mm/dd/yy) in the six (6) boxes to the right.

Items 1-39 should be filled out using the following ratings: **S** for Satisfactory, **U** for Unsatisfactory, **I** for Needs Improvement, and **N** for Not Applicable. Department personnel should fill in the corresponding box for each item 1-39 with one of the above symbols (**S, U, I, or N**).

Items A through F should be filled out using **Y** for yes and **N** for no concerning the availability of the item.

Items G through O (located on the right column of the form) should be filled out in the corresponding box as follows:

G. Enter the plant group (I-V)

H. Enter the total number of operators on staff with each certification (A, B, C, D, or T).

I. Enter the distribution group (I-V)

J. Enter the total number of operators on staff with each certification (A, B, C, D, T, or G).

K. Enter Y for yes or N for no, depending on whether or not the corresponding field test was performed.

L. Enter R for routine, or F for follow-up.

M. Enter Y for yes or N for no, depending on whether or not the water system is under order.

-If letter M. was Yes, Enter Y for yes or N for no, depending on whether or not the system is complying with order. If letter M. Was NO, go to letter N.

N. Enter Y for yes or N for no, depending on whether or not a follow-up inspection is necessary.

-If letter N. was YES, enter the date of the follow-up in the boxes.

O. Enter **S** for Satisfactory, **U** for Unsatisfactory, **I** for Needs Improvement, or **N** for Not Applicable.

DHEC Representative signs on the first signature line.

Water System Representative signs on the second signature line.

Office Mechanics and Filing: This form should be filed in the Drinking Water File Room according to the facility permit number.