

COMPLIANCE & OPERATIONAL CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

<p><input type="checkbox"/> NA ITEM #1 ADMINISTRATION</p> <p>C ok NA</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 101. Permit to Dispense status 10CSR60-3.010</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 102. Construction permits 10CSR60-3.010(1)(A)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 103. Final approvals 10CSR60-3.010(1)(B)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 104. Owner supervised program 10CSR60-10.010(2)(C)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 105. Certified Chief Operator 10CSR60-14.010(4)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 106. Emergency operations plan 10CSR60-12.010</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 107. Lead ban ordinance 10CSR60-10.040</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 108. Backflow prevention program 10CSR60-11.010</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 109. Backflow device records 10CSR60-11.010(7)(B)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 110. Primacy fees 10CSR60-16.010</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 111. Laboratory & administration fees 10CSR60-16.030</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 112. Coliform sampling plan 10CSR60-4.020(1)(A)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 113. Pb/Cu Sampling plan 10CSR60-15.070</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 114. Turbidity reporting 10CSR60-7.010(4)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 115. Disinfection reporting 10CSR60-7.010(5)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 116. Private lab coliform results 10CSR60-7.010</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 117. Public notification requirements 10CSR60-8.010</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 118. Exemption/ variance requirements 10CSR60-6.030</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 119. Sludge management permit or plan 10CSR20-8.170</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 120. NPDES Permit on plant discharge 10CSR20-6.010(5)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 121. Monitoring reports due by 10th 10CSR60-7.010(1)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 122. Reporting regulation violations 10CSR60-7.010(2)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 123. Reporting DBP & IESWTR 10CSR60-7.010(6)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 124. Enhanced Filtration & Disinf. Reporting 10CSR60-7.010(7)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 125. DBP Monitoring Plan 10CSR60-4.090(3)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 126. Reporting for Lead & Copper 10CSR60-7.020(4)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 127. Coliform results (5 yrs) 10CSR60-9.010(1)(A)</p>	<p>C ok NA</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 128. Operational records 10CSR60-9.010(1)(A)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 129. Chemical results (10 yrs) 10CSR60-9.010(1)(A)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 130. Violation actions (3 yrs) 10CSR60-9.010(1)(B)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 131. Inspection Reports (10 yrs) 10CSR60-9.010(1)(C)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 132. Variance/exemption records (5 yrs) 10CSR60-9.010(1)(D)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 133. CCR CFR 141.153</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 134. Any system records requested 10CSR60-9.010(2)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 135. Updated distribution map</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 136. Individual valve records</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 137. Individual fire hydrant records</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 138. Individual flush hydrant records</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 139. Main Brk/Leak Repair Program</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 140. Valve Maintenance Program</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 141. Main Flushing Program</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 142. Operational/Maint. records</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 143. Other _____</p> <p align="center">ITEM #2 SOURCE</p> <p><input type="checkbox"/> NA</p> <p>C ok NA</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 201. Source of supply approved 640.115(1)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 202. Well driller's permit (drilled after 1987) 10CSR23-1.090</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 203. Construction requirements 10CSR60-10.010</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 204. Sanitary construction defects 10CSR60-4.080(5)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 205. Siting requirements 10CSR60-10.020</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 206. GWUDI determination 10CSR60-4.055(1)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 207. Plugging abandoned wells 10CSR23-3.110</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 208. Adequate number of wells</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 209. Weather protection</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 210. Security</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 211. Floor Drain</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 212. Heating/venting/dehumidification</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 213. Lighting</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 214. Chemicals in well house</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 215. Top of well at least: *4' above flood level *above floor 12" min. *above ground 18" min. *approved casing & grout</p>	<p>C ok NA</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 216. Grand fathered</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 217. Vent screen/down turned</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 218. Vent 18" above floor</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 219. Vent adequate size</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 220. Pump capacity _____ gpm @ _____ psi _____ gpm @ _____ psi</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 221. Well meter, operable</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 222. Drawdown measuring equip.</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 223. Pressure Gauge-operable</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 224. Shutoff Valve</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 225. Check Valve</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 226. Wellhead sealed</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 227. Piping condition</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 228. Raw water sample tap past check valve</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 229. Auxiliary power supply</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 230. Pitiless Unit, no adapter</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 231. Valve vault adequate size, drained, & provide safe access</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 232. Vertical Shaft Turbine Pumps Air Release - screened, down turned, 18" above floor</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 233. Security</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 234. Other _____</p> <p><input type="checkbox"/> NA Reservoirs</p> <p>C ok NA</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 235. Source of supply approved 640.115(1)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 236. Dam safety permit (dams >35' tall) 10CSR22-2.020(4)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 237. Dam maintenance & monitoring 10CSR22-3.030(1)(B)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 238. Recreational use plan 10CSR60-10.030</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 239. Siting requirements 10CSR60-10.020</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 240. Quality of water</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 241. Capacity adequate for drought</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 242. Does system have storage curves</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 243. Stadal marker & weekly records</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 244. Siltation control structure condition</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 245. Watershed management plan</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 246. Algae control program</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 247. Dam maintenance (mowing, brush, rodents)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 248. Erosion control</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 249. No flow obstructions in spillway entrance</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 250. Condition of spillway</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 251. Spillway discharge condition</p>
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COMPLIANCE & OPERATION CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

ITEM #2 SOURCE (CONT.)

- NA** **Groundwater**
 C ok NA
 252. Discharge stream erosion
 253. Discharge stream obstructions
 254. Emergency spillway condition
 255. Other _____

- NA** **Rivers & Streams**
 C ok NA
 256. **Source of supply approved**
 640.115(1)
 257. Quality of Water
 258. Capacity during drought
 259. Raw water storage capacity &
 condition
 260. Cofferdam condition
 261. Intake protection
 262. Vandalism control
 263. Other _____

- NA** **Intakes**
 C ok NA
 264. Adequacy of water withdrawal
 levels
 265. Capacity of water inlets
 266. Water Inlets screened
 267. Condition of intake control valves
 268. Intake tower condition
 269. Safety cable on intake hoses
 270. Floats properly anchored
 271. Wench and cable condition
 272. Discharge pipe capacity
 273. Vandalism control
 274. Intake protected from flood damage
 275. Zebra mussel control program
 276. Other _____

ITEM #3 PUMPING STATIONS

- NA** **Raw & Finish Water Pumping**
 C ok NA
 301. Pumping capacity
 302. Adequate number of pumps
 303. Pump operable during flooding
 304. Sized for pump maintenance
 305. Pump room access
 306. Adequate safety equipment
 307. Heating and venting
 308. Drains and sumps
 309. Lighting (int&ext)
 310. Power supply
 311. Telemetry & pump control
 312. Pressure Gauges
 313. Metering-operable
 314. Pump piping condition
 315. Other _____

- NA** **Finished Water Pumping**
 C ok NA
 316. Pressure _____ psi
 317. Flow _____ gpm
 318. HP _____; Phase 3__ or 1__
 319. Other _____

ITEM #4 STORAGE

- NA** **Unpressurized Storage**
 C ok NA
 401. **Storage covered & vented**
 10CSR60-4.080(7)
 402. **Approved chemicals, materials,**
& coatings 10CSR60-4.080(8)
 403. **Sanitary Defects**
 10CSR60-4.080(5)
 404. Adequate capacity
 405. Overflow
 *12" to 24" above ground
 *Screened or flap valve
 406. Vent screened
 407. Access hatch locked
 2" overlap, 4" to 6" curbing
 408. Manway
 409. Access ladder &
 appurtenances condition
 410. Exterior paint condition
 411. Unsealed openings
 412. Security
 413. Isolation for maintenance
 414. Roof watertight & properly drained
 415. Adequate drain
 416. Inspection Program
 417. Protection-vandalism, animals, etc.
 418. Condition of valve vault
 419. Sample Tap
 420. Trees/Brush cleared
 421. Other _____

- NA** **Pressure Tanks**
 C ok NA
 422. Drain
 423. Water sight glass
 424. Manway
 425. Pressure Gauge
 426. Compressor
 427. Air blow off
 428. Controls
 429. Exterior paint condition
 430. Capacity
 No. of Tanks _____, Dia. _____,
 Circ. _____, Ht/Length _____/
 Volume Ea. _____ gal
 431. Total Capacity _____ gal

432. Water logged
 433. Exterior paint condition
 434. Bladder tank drawdown
 Capacity _____ ea. _____ gal
 Capacity _____ ea. _____ gal
 Capacity _____ ea. _____ gal
 435. Other _____
 436. Other _____

- NA** **ITEM #5 DISTRIBUTION**
 C ok NA
 501. **Minimum Pressure**
 10CSR60-4.080(9)
 502. **New mains & repairs**
disinfected 10CSR60-4.080(6)
 503. **Main & sewer separation**
 10CSR60-10.010(2)
 504. **Approved Chemicals,**
materials, & coatings
 10CSR60-4.080(8)
 505. Water loss ≤ 10%
 506. Adequate cleanouts, valves,
 and hydrants to flush system
 507. Individual customer meter
 508. Portable shoring available
 509. Other _____

- NA** **ITEM #6 MCL/MONITORING**
 C ok NA
 601. **Microbiological MCL**
 10CSR60-4.020(7)
 602. **Total Coliform Monitoring**
 10CSR60-4.020
 603. **Inorganic chemicals**
 10CSR60-4.030
 604. **Nitrates/Nitrites**
 10CSR60-4.030(2)(C) & (D)
 605. **Synthetic organic chemicals**
 10CSR60-4.040
 606. **Monthly turbidity MCL**
 10CSR60-4.050(2)(A)1 small
 or 10CSR60-4.050(3)(B)1 large
 607. **Acute turbidity MCL**
 10CSR60-4.050(2)(A)2 small
 or 10CSR60-4.050(3)(B)2 large
 608. **Report acute turbidity MCL**
 10CSR60-4.050(2)(D) small
 or 10CSR60-4.050(3)(D) large
 609. **Continuous turbidity monitoring**
 10CSR60-4.040(3)(E)1
 610. **Disinfection Profiling**
 10CSR60-4.055(6)(C)
 611. **Radio- nuclides**
 10CSR60-4.060
 612. **Secondary contaminants**
 10CSR60-4.070

COMPLIANCE & OPERATIONAL CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

- 613. Fluoride supplementation**
10CSR60-4.080(11)
- 614. Disinfection By-Products (DBP) TTHM & HAA5**
10CSR60-4.090(3)(B)
- 615. DBP Chlorite**
10CSR60-4.090(3)(B)2
- 616. DBP Bromate**
10CSR60-4.090(3)(B)3
- 617. DBP Precursors TOC & Alkalinity** 10CSR60-4.090(3)(D)
- 618. Volatile organic chemicals**
10CSR60-4.100
- 619. Unregulated chemicals**
10CSR60-4.110
- 620. Exceed Pb/Cu levels**
10CSR60-15.020-15.050
- 621. Operational Monitoring**
10CSR60-4.080(3)
- 622. Disinfection Requirements**
10CSR60-4.055

- NA** **ITEM #7 DISINFECTION**
C ok NA
- 701. Minimum residual - entry**
10CSR60-4.055(3)
 - 702. Maximum residual - Dist. System** 10CSR60-4.055(5)
 - 703. Minimum residual - Dist. System** 10CSR60-4.055(4)
 - 704. Cl₂ Monitoring - Dist. System**
10CSR60-4.055(4)(E)
 - 705. Monitoring frequency**
10CSR60-4.055(3)(F)
 - 706. Low residual reporting**
10CSR60-4.055(3)(E)
 - 707. CT study done**
10CSR60-4.055(2)(D)
 - 708. Meeting CT requirement**
10CSR60-4.055(2)(C)
 - 709. Add Cl prior to ammonia**
10CSR60-4.055(3.A)
 - 710. Add Cl prior to filters**
10CSR60-4.055(3.C)
 - 711. Operated/Supervised adequately/Operational Monitoring**
10CSR60-4.080(5)

- NA** **Liquid Chlorinator**
C ok NA
- 712. Physical condition of feeder
 - 713. Adequate detention
 - 714. Corrosion in room
 - 715. Adequate feed control
 - 716. Adequate venting, heating, lighting
 - 717. Security
 - 718. Other _____

- NA** **Gas Chlorinator**
C ok NA
- 719. Adequate detention
 - 720. Separate Cl₂ room
 - 721. Interior wall view window
 - 722. Panic bar door
 - 723. Fan suction near floor
 - 724. Inlet near ceiling
 - 725. Chains n Cl₂ cylinders
 - 726. Cylinders on scales
 - 727. Exterior fan/light switch
 - 728. SCBA
 - 729. Ammonia bottle
 - 730. Leak detection/repair kit
 - 731. Shower & eye wash
 - 732. Hydrocarbons in room
 - 733. Sample tap Past Cl₂
 - 734. Condition of room
 - 735. Security
 - 736. Other _____

- NA** **Other Types**
C ok NA
- 737. _____
 - 738. _____
 - 739. _____

- NA** **ITEM #8 TREATMENT**
C ok NA
- 801. Approved chemicals, materials & coatings**
10CSR60-4.080(8)
 - 802. Aeration** 10CSR60-4.080(5)
 - 803. Chemical Application**
10CSR60-4.080(5)
 - 804. Corrosion Control Treatment**
10CSR60-15.010(4)
 - 805. Mixing** 10CSR60-4.080(5)
 - 806. Settling** 10CSR60-4.080(5)
 - 807. Filtration** 10CSR60-4.080(5)
 - 808. H.S. pumps** 10CSR60-4.080(5)
 - 809. Other pumps**
10CSR60-4.080(5)
 - 810. Control equipment**
10CSR60-4.080(5)
 - 811. Plant water storage**
10CSR60-4.080(5)
 - 812. Operational Monitoring**
10CSR60-4.080(5)
 - 813. Carbon feed room separate/explosion proof**
10CSR60-4.080(5)

- NA** **Fluoride**
C ok NA
- 814. Sample submittal**
10CSR60-4.080(11)

- 815. Adequate lab equipment
- 816. Fluoride pump operable
- 817. Sample tap
100 pipe dia. past feed
- 818. Day tank
- 819. Vented to outside
- 820. Other _____

- NA** **Ion Exchange Softening**
C ok NA
- 821. Adequate size
 - 822. Condition of softener
 - 823. Metered for bypassing
 - 824. Condition of salt storage
 - 825. Other _____

- NA** **Aeration**
C ok NA
- 826. Capacity
 - 827. By-passing for maintenance
 - 828. Side access & drainage
 - 829. Access to inlet distributor
 - 830. Condition of air screens
 - 831. Access for screen cleaning
 - 832. Condition of media or trays
 - 833. Condition fan & drive motor
 - 834. Condition support structure
 - 835. Condition of paint
 - 836. Other _____

- NA** **Rapid Mixing**
C ok NA
- 837. Mixing detention
 - 838. Adequate mixer capacity
 - 839. Condition of mixer
 - 840. Mixer maintenance
 - 841. Other _____

- NA** **Flocculation**
C ok NA
- 842. Adequate capacity
 - 843. Provisions for cleaning
 - 844. Provisions for draining
 - 845. Mixer condition
 - 846. Mixer capacity
 - 847. Mixer access for maintenance
 - 848. Short circuiting thru basin
 - 849. Condition of basin
 - 850. SS testing at taps
 - 851. Other _____

- NA** **Sedimentation**
C ok NA
- 852. Pre-sed. condition & capacity
 - 853. Regular sed. purpose & cap.
 - 854. Condition of structure
 - 855. Maintain units w/ continuous operation
 - 856. Condition Inf. & Eff. facilities

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Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

- 857. Short circuiting in basin
- 858. Adequacy of sludge removal
- 859. Condition of sludge equipment
- 860. Adequacy of sludge lines
- 861. Other _____

- NA** **Filtration**
- C ok NA
- 862. Appropriate type
 - 863. Adequate number for continuous operation
 - 864. Condition of media
 - 865. Maintenance Plan
 - 866. On-line Turbidimeters on each filter/calibrated
 - 867. Backwash rate & duration
 - 868. Adequate backwash method
 - 869. Other _____

- NA** **Plant Information**
- C ok NA
- 870. General Condition
 - 871. Proper Lab equipment
 - 872. Calibration standards
 - 873. Tests according to directions
 - 874. Other _____
 - 875. Other _____
 - 876. Other _____

System Information for 12 Months

Number of Active Services _____

Avg. Daily Produced _____ gal/Purchased _____ gal

Max. Daily Produced _____ gal/Purchased _____ gal

Water Loss _____ %

Population Served _____

Avg. Daily Supplied to Secondary Systems _____ gal

Max. Daily Supplied to Secondary Systems _____ gal

Total Storage _____ gal