**Routine Operational Activities for Small Water System**

**(Groundwater Source with Chlorination)**

**Date of Checklist**:

**System Name**:  **System No.**

**Weekly Activities**

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| --- | --- | --- | --- |
| **Activity** | **Applicable?** | | **Responsible Party** |
| **Yes** | **No** |
| ***Chlorination*** | | | |
| * Measure chlorine residual weekly |  |  |  |
| * Inspect the pump and chlorine reservoir and fill up as needed. Ensure chlorine chemical is NSF approved. |  |  |  |
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**Monthly Activities**

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| **Activity** | | **Applicable?** | | **Responsible Party** |
| **Yes** | **No** |
| ***Operations*** | | | | |
| **Well(s)** | * Check potential sanitary hazards: a) water leaks that could contaminate well, b) unscreened or openings where sealants can be applied, c) electrical hazards, d) chemical hazards (proper use of chemicals around well head). |  |  |  |
| * Check the pump and controls for proper operation of well. |  |  |  |
| * General housekeeping: a) remove animal feces, dirt, vegetation, any standing water, b) control gophers/squirrel burrowing around well head to eliminate potential contamination hazards, etc. |  |  |  |
| **Storage and Pressure Tanks** | * Inspect vents and overflow outlets for proper protection (screens, flapper valve, etc.) to keep out rodents and insects. |  |  |  |
| * Inspect for any leaks or damage and repair as needed. |  |  |  |
| * Record system pressure: a) Record the pressure the pump turns on, b) the pressure the pump turns off and c) the duration of the run time so storage tank does not overflow. |  |  |  |
| **Gauges and Flowmeters** | * Inspect all gauges and flowmeters for leaks and proper function, and repair or replace as necessary. Schedule routine calibration checks to ensure accurate readings are being provided. |  |  |  |
| * Record monthly water production year-round and weekly water production during the summer months. |  |  |  |
| **Valves** | * Inspect valves for leaks, and repair or replace as necessary. |  |  |  |
| **Distribution Facilities** | * Visually inspect the distribution system for leaks. |  |  |  |
| ***Chlorination (for systems chlorinate only)*** | | | | |
| * Inspect the pump and chlorine reservoir and fill up as needed. Ensure chlorine chemical is NSF approved. | |  |  |  |
| ***Water Quality Monitoring*** | | | | |
| * Conduct bacteriological sampling for distribution system. | |  |  |  |
| * Conduct bacteriological sampling for source(s) [only for systems that chlorinate]. | |  |  |  |
| ***Reporting*** | | | | |
| * Record monthly water production year-round and weekly water production during the summer months. | |  |  |  |
| * Submit Bacteriological Report summarizing distribution and/or source water bacteriological results to Division. | |  |  |  |
| * Submit Chlorine Residual Report to Division – only for systems that chlorinate. | |  |  |  |
| * Submit Treatment Report (except chlorination) to Division – only for systems that have treatment (except chlorination). | |  |  |  |
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**Quarterly Activities**

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| **Activity** | **Applicable?** | | **Responsible Party** |
| **Yes** | **No** |
| ***Reporting*** | | | |
| * Carry out activities listed in Compliance Order regularly, including a) sampling the contaminant(s) identified, a) providing public notification to customers and proof of notification to the Division, c) sending Quarterly Progress Report to Division (only for systems that have a Compliance Order for water quality violation). |  |  |  |
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**Annual Activities**

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| **Activity** | **Applicable?** | | **Responsible Party** |
| **Yes** | **No** |
| ***Operations*** | | | |
| * Exercise valves on a schedule. |  |  |  |
| * Flush dead end mains or lines. |  |  |  |
| * Test backflow prevention devices annually and keep records (report in EAR). |  |  |  |
| ***Reporting*** | | | |
| * Fill out and submit Electronic Annual Report (EAR) reporting for the previous year to the EAR Portal by March 1. |  |  |  |
| * Fill out and submit Consumer Confidence Report (CCR) reporting for the previous year to the EAR Portal by July 1; b) Distribute CCR to customers and submit proof of notification to Division |  |  |  |
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**Other Activities**

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| **Activity** | **Applicable?** | | **Responsible Party** |
| **Yes** | **No** |
| ***Operations*** | | | |
| * Scheduled inspection and cleaning of storage tank every 5 years. |  |  |  |
| * Develop and maintain a cross-connection program to prevent contamination of potable water supply from unapproved source. Conduct cross-connection survey every 5 years. |  |  |  |
| * Review and update Bacteriological Sample Siting Plan (BSSP), at minimum of 10 years. |  |  |  |
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