



MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER PROGRAM
COMPLIANCE & OPERATIONAL INSPECTION

CLASS 2 INSPECTION FORM

INTERVIEWED >		JIM HEPLER - OPERATOR			DATE	2/5/2015
ID NUMBER	SYSTEM NAME			COUNTY		
MO3071205	CEDAR GLEN CONDOMINIUMS			CAMDEN		
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER	

COMMENTS AND RECOMMENDATIONS FOR CORRECTION

The following comments are referenced to the applicable checklist items attached to this form.

- 207- Abandoned well has not been properly plugged
- 208- PWS needs a second well (serves more than 500 people)
- 227- Well casing and piping needs to be painted
- 229- PWS does not have a source of emergency power
- 234- PWS has not established a well water level monitoring program
- 429- Exterior of storage tank needs to be cleaned & painted
- 430-431 - Use of hydro-pneumatic storage not recommended as the only storage for systems serving more than 50 connections
- 435- PWS has not established a tank inspection & cleaning program
- 506- Flush hydrants are needed
- 507- Approximately 40 of the 214 connections aren't metered
- 509- Plastic valves greater than 2 inches don't meet AWWA standards

FREE & TOTAL CHLORINE RESIDUAL 0 & 0 mg/l Sample Collected & LOCATION BLDG 306 (END)

INSPECTOR'S SIGNATURE [Signature] TITLE ENV. SPEC. III

COMPLIANCE & OPERATIONAL CHECKLIST

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

NA **ITEM #1 ADMINISTRATION**

- C ok NA
- 101. **Permit to Dispense status**
10CSR60-3.010
 - 102. **Construction permits**
10CSR60-3.010(1)(A)
 - 103. **Final approvals**
10CSR60-3.010(1)(B)
 - 104. **Owner supervised program**
10CSR60-10.010(2)(C)
 - 105. **Certified Chief Operator**
10CSR60-14.010(4)
 - 106. **Emergency operations plan**
10CSR60-12.010
 - 107. **Lead ban ordinance**
10CSR60-10.040
 - 108. **Backflow prevention program**
10CSR60-11.010
 - 109. **Backflow device records**
10CSR60-11.010(7)(B)
 - 110. **Primacy fees**
10CSR60-16.010
 - 111. **Laboratory & administration fees** 10CSR60-16.030
 - 112. **Coliform sampling plan**
10CSR60-4.020(1)(A)
 - 113. **Pb/Cu Sampling plan**
10CSR60-15.070
 - 114. **Turbidity reporting**
10CSR60-7.010(4)
 - 115. **Disinfection reporting**
10CSR60-7.010(5)
 - 116. **Private lab coliform results**
10CSR60-7.010
 - 117. **Public notification requirements** 10CSR60-8.010
 - 118. **Exemption/ variance requirements** 10CSR60-6.030
 - 119. **Sludge management permit or plan** 10CSR20-8.170
 - 120. **NPDES Permit on plant discharge** 10CSR20-6.010(5)
 - 121. **Monitoring reports due by 10th** 10CSR60-7.010(1)
 - 122. **Reporting regulation violations** 10CSR60-7.010(2)
 - 123. **Reporting DBP & IESWTR**
10CSR60-7.010(6)
 - 124. **Enhanced Filtration & Disinf. Reporting** 10CSR60-7.010(7)
 - 125. **DBP Monitoring Plan**
10CSR60-4.090(3)
 - 126. **Reporting for Lead & Copper**
10CSR60-7.020(4)
 - 127. **Coliform results (5 yrs)**
10CSR60-9.010(1)(A)

- C ok NA
- 128. **Operational records**
10CSR60-9.010(1)(A)
 - 129. **Chemical results (10 yrs)**
10CSR60-9.010(1)(A)
 - 130. **Violation actions (3 yrs)**
10CSR60-9.010(1)(B)
 - 131. **Inspection Reports (10 yrs)**
10CSR60-9.010(1)(C)
 - 132. **Variance/exemption records (5 yrs)** 10CSR60-9.010(1)(D)
 - 133. **CCR CFR 141.153**
 - 134. **Any system records requested** 10CSR60-9.010(2)
 - 135. Updated distribution map
 - 136. Individual valve records
 - 137. Individual fire hydrant records
 - 138. Individual flush hydrant records
 - 139. Main Brk/Leak Repair Program
 - 140. Valve Maintenance Program
 - 141. Main Flushing Program
 - 142. Operational/Maint. records
 - 143. Other _____

ITEM #2 SOURCE

Groundwater

- NA
- C ok NA
- 201. **Source of supply approved**
640.115(1)
 - 202. **Well driller's permit (drilled after 1987)** 10CSR23-1.090
 - 203. **Construction requirements**
10CSR60-10.010
 - 204. **Sanitary construction defects**
10CSR60-4.080(5)
 - 205. **Siting requirements**
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 - 206. **GWUDI determination**
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 - 207. **Plugging abandoned wells**
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 - 208. Adequate number of wells
 - 209. Weather protection
 - 210. Security
 - 211. Floor Drain
 - 212. Heating/venting/dehumidification
 - 213. Lighting
 - 214. Chemicals in well house
 - 215. Top of well at least:
*4' above flood level
*above floor 12" min.
*above ground 18" min.
*approved casing & grout

- C ok NA
- 216. Grand fathered
 - 217. Vent screen/down turned
 - 218. Vent 18" above floor
 - 219. Vent adequate size
 - 220. Pump capacity
_____ gpm @ _____ psi
_____ gpm @ _____ psi
 - 221. Well meter, operable
 - 222. Drawdown measuring equip.
 - 223. Pressure Gauge-operable
 - 224. Shutoff Valve
 - 225. Check Valve
 - 226. Wellhead sealed
 - 227. Piping condition
 - 228. Raw water sample tap past check valve
 - 229. Auxiliary power supply
 - 230. Pitiless Unit, no adapter
 - 231. Valve vault adequate size, drained, & provide safe access
 - 232. Vertical Shaft Turbine Pumps
Air Release - screened, down turned, 18" above floor
 - 233. Security
 - 234. Other DRAWDOWN READINGS

NA **Reservoirs**

- C ok NA
- 235. **Source of supply approved**
640.115(1)
 - 236. **Dam safety permit (dams >35' tall)** 10CSR22-2.020(4)
 - 237. **Dam maintenance & monitoring**
10CSR22-3.030(1)(B)
 - 238. **Recreational use plan**
10CSR60-10.030
 - 239. **Siting requirements**
10CSR60-10.020
 - 240. Quality of water
 - 241. Capacity adequate for drought
 - 242. Does system have storage curves
 - 243. Stadal marker & weekly records
 - 244. Siltation control structure condition
 - 245. Watershed management plan
 - 246. Algae control program
 - 247. Dam maintenance (mowing, brush, rodents)
 - 248. Erosion control
 - 249. No flow obstructions in spillway entrance
 - 250. Condition of spillway
 - 251. Spillway discharge condition

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 1, Dia. _____,
 Circ. _____, Ht/Length _____
 Volume Ea. 35,000 gal
 431. Total Capacity 35,000 gal

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

ITEM #5 DISTRIBUTION

- NA**
 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 PLASTIC BALL VALVES

ITEM #6 MCL/MONITORING

- NA**
 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**
C ok NA
ITEM #7 DISINFECTION
- 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**
C ok NA
Liquid Chlorinator
- 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**
C ok NA
Gas Chlorinator
- 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**
C ok NA
Other Types
- 737. _____
- 738. _____
- 739. _____

- NA**
C ok NA
ITEM #8 TREATMENT
- 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**
C ok NA
Fluoride
- 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**
C ok NA
Ion Exchange Softening
- 821. Adequate size
- 822. Condition of softener
- 823. Metered for bypassing
- 824. Condition of salt storage
- 825. Other _____

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

- NA**
C ok NA
Flocculation
- 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**
C ok NA
Sedimentation
- 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

COMPLIANCE & OPERATIONAL CHECKLIST

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 _____

Number of Active Services 214

Avg. Daily Produced _____ gal/Purchased _____ gal

Max. Daily Produced _____ gal/Purchased _____ gal

Water Loss UNIS %

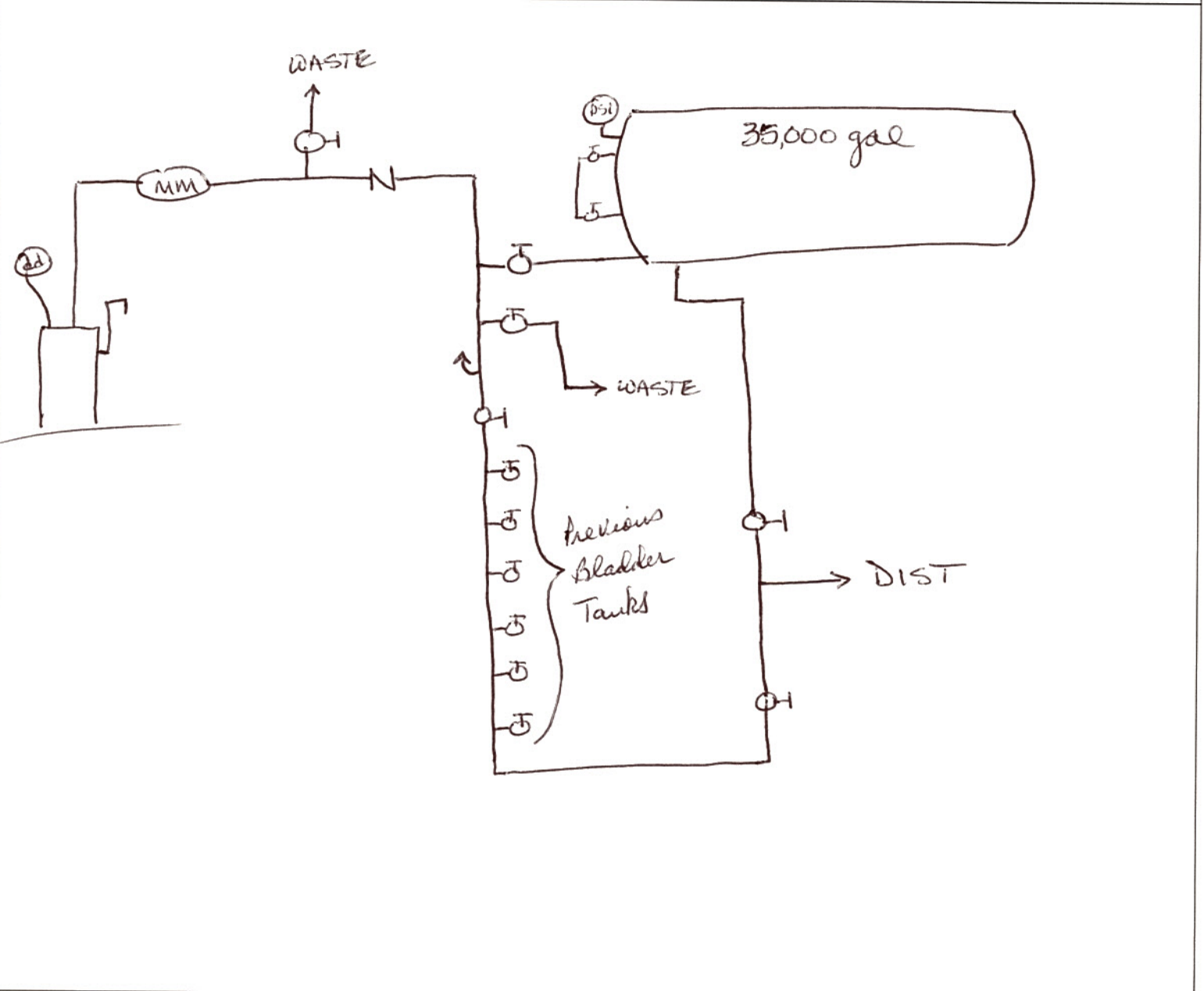
System Information for 12 Months

Population Served 535

Avg. Daily Supplied to Secondary Systems 0 gal

Max. Daily Supplied to Secondary Systems 0 gal

Total Storage 35,000 gal





MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER PROGRAM
COMPLIANCE & OPERATIONAL INSPECTION

CLASS 2 INSPECTION FORM

INTERVIEWED >		JIM HEPLER - OPERATOR			DATE 8/24/2017
ID NUMBER M03071205	SYSTEM NAME CEDAR GLEN CONDOMINIUMS			COUNTY CAMDEN	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER

COMMENTS AND RECOMMENDATIONS FOR CORRECTION

The following comments are referenced to the applicable checklist items attached to this form.

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- 227 - Well Casing & Piping needs to be painted
- 229 - PWS does not have a source of emergency electrical power
- 234 - PWS has not established a well water level monitoring program
- 429 - Exterior of 35,000-gal hydropneumatic pressure tank needs to be cleaned and painted
- 430/431 - Use of hydropneumatic storage not recommended as the only storage for systems serving more than 50 connections. This PWS serves 214 connections
- 435 - PWS has not established a tank inspection & cleaning program
- 436 - Trees/bush need to be removed or cut back around storage tank & well house. Particularly the large Sycamore tree that is leaning over the top of the well house
- 506 - Flush hydrants are needed in the distribution system
- 507 - Approximately 40 of the 214 connections aren't metered
- 509 - Piping in the well house includes 4" PVC piping & valves

Boati sample collected from sample site 02 was TC absent

FREE & TOTAL CHLORINE RESIDUAL _____ & ϕ mg/l Sample Collected & LOCATION 02 (BODG 172)

INSPECTOR'S SIGNATURE 	TITLE ENV. SPEC. III
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COMPLIANCE & OPERATIONAL CHECKLIST

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- C ok NA
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*above ground 18" min.
*approved casing & grout

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 - 248. Erosion control
 - 249. No flow obstructions in spillway entrance
 - 250. Condition of spillway
 - 251. Spillway discharge condition

COMPLIANCE & OPERATION CHECKLIST

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ITEM #2 SOURCE (CONT.)

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

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 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 1, Dia. _____, Circ. _____, Ht/Length 1
 Volume Ea. 35,000 gal
 431. Total Capacity 35,000 gal

432. Water logged
 433. Exterior paint condition
 434. Bladder tank drawdown
 Capacity _____ ea. _____ gal
 Capacity _____ ea. _____ gal
 Capacity _____ ea. _____ gal
 435. Other TANK INSPECT / CLEAN
 436. Other TREES / BRUSH NEAR TANK & WELL HOUSE

ITEM #5 DISTRIBUTION

- NA**
 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 4" PVC VALVES IN WELL HOUSE

ITEM #6 MCL/MONITORING

- NA**
 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.

<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 613. Fluoride supplementation 10CSR60-4.080(11)	<input checked="" type="checkbox"/> NA C ok NA	Gas Chlorinator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 815. Adequate lab equipment
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 614. Disinfection By-Products (DBP) TTHM & HAA5 10CSR60-4.090(3)(B)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 719. Adequate detention <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 720. Separate Cl ₂ room <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 721. Interior wall view window <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 722. Panic bar door <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 723. Fan suction near floor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 724. Inlet near ceiling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 725. Chains n Cl ₂ cylinders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 726. Cylinders on scales <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 727. Exterior fan/light switch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 728. SCBA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 729. Ammonia bottle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 730. Leak detection/repair kit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 731. Shower & eye wash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 732. Hydrocarbons in room <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 733. Sample tap Past Cl ₂ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 734. Condition of room <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 735. Security <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 736. Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 816. Fluoride pump operable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 817. Sample tap 100 pipe dia. past feed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 818. Day tank <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 819. Vented to outside <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 820. Other _____	<input checked="" type="checkbox"/> NA C ok NA Ion Exchange Softening <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 821. Adequate size <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 822. Condition of softener <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 823. Metered for bypassing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 824. Condition of salt storage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 825. Other _____
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 615. DBP Chlorite 10CSR60-4.090(3)(B)2	<input checked="" type="checkbox"/> NA C ok NA Other Types <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 737. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 738. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 739. _____	<input checked="" type="checkbox"/> NA C ok NA Aeration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 826. Capacity <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 827. By-passing for maintenance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 828. Side access & drainage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 829. Access to inlet distributor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 830. Condition of air screens <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 831. Access for screen cleaning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 832. Condition of media or trays <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 833. Condition fan & drive motor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 834. Condition support structure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 835. Condition of paint <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 836. Other _____	<input checked="" type="checkbox"/> NA C ok NA Rapid Mixing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 837. Mixing detention <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 838. Adequate mixer capacity <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 839. Condition of mixer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 840. Mixer maintenance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 841. Other _____
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 616. DBP Bromate 10CSR60-4.090(3)(B)3	<input checked="" type="checkbox"/> NA C ok NA ITEM #8 TREATMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 801. Approved chemicals, materials & coatings 10CSR60-4.080(8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 802. Aeration 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 803. Chemical Application 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 804. Corrosion Control Treatment 10CSR60-15.010(4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 805. Mixing 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 806. Settling 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 807. Filtration 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 808. H.S. pumps 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 809. Other pumps 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 810. Control equipment 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 811. Plant water storage 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 812. Operational Monitoring 10CSR60-4.080(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 813. Carbon feed room separate/explosion proof 10CSR60-4.080(5)	<input checked="" type="checkbox"/> NA C ok NA Flocculation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 842. Adequate capacity <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 843. Provisions for cleaning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 844. Provisions for draining <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 845. Mixer condition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 846. Mixer capacity <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 847. Mixer access for maintenance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 848. Short circuiting thru basin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 849. Condition of basin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 850. SS testing at taps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 851. Other _____	<input checked="" type="checkbox"/> NA C ok NA Sedimentation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 852. Pre-sed. condition & capacity <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 853. Regular sed. purpose & cap. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 854. Condition of structure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 855. Maintain units w/ continuous operation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 856. Condition Inf. & Eff. facilities
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 617. DBP Precursors TOC & Alkalinity 10CSR60-4.090(3)(D)	<input checked="" type="checkbox"/> NA C ok NA Fluoride <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 814. Sample submittal 10CSR60-4.080(11)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 701. Minimum residual - entry 10CSR60-4.055(3)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 618. Volatile organic chemicals 10CSR60-4.100		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 702. Maximum residual - Dist. System 10CSR60-4.055(5)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 619. Unregulated chemicals 10CSR60-4.110		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 703. Minimum residual - Dist. System 10CSR60-4.055(4)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 620. Exceed Pb/Cu levels 10CSR60-15.020-15.050		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 704. Cl ₂ Monitoring - Dist. System 10CSR60-4.055(4)(E)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 621. Operational Monitoring 10CSR60-4.080(3)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 705. Monitoring frequency 10CSR60-4.055(3)(F)	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 622. Disinfection Requirements 10CSR60-4.055		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 706. Low residual reporting 10CSR60-4.055(3)(E)	
<input checked="" type="checkbox"/> NA C ok NA ITEM #7 DISINFECTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 707. CT study done 10CSR60-4.055(2)(D)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 708. Meeting CT requirement 10CSR60-4.055(2)(C)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 701. Minimum residual - entry 10CSR60-4.055(3)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 709. Add Cl prior to ammonia 10CSR60-4.055(3.A)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 702. Maximum residual - Dist. System 10CSR60-4.055(5)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 710. Add Cl prior to filters 10CSR60-4.055(3.C)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 703. Minimum residual - Dist. System 10CSR60-4.055(4)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 711. Operated/Supervised adequately/Operational Monitoring 10CSR60-4.080(5)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 704. Cl ₂ Monitoring - Dist. System 10CSR60-4.055(4)(E)		<input checked="" type="checkbox"/> NA C ok NA Liquid Chlorinator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 712. Physical condition of feeder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 713. Adequate detention <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 714. Corrosion in room <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 715. Adequate feed control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 716. Adequate venting, heating, lighting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 717. Security <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 718. Other _____	

COMPLIANCE & OPERATIONAL CHECKLIST

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

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 857. Short circuiting in basin <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 858. Adequacy of sludge removal <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 859. Condition of sludge equipment <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 860. Adequacy of sludge lines <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 861. Other _____	<p><input checked="" type="checkbox"/> NA Filtration</p> <p>C ok NA</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 862. Appropriate type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 863. Adequate number for continuous operation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 864. Condition of media <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 865. Maintenance Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 866. On-line Turbidimeters on each filter/calibrated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 867. Backwash rate & duration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 868. Adequate backwash method <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 869. Other _____	<p><input checked="" type="checkbox"/> NA Plant Information</p> <p>C ok NA</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 870. General Condition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 871. Proper Lab equipment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 872. Calibration standards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 873. Tests according to directions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 874. Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 875. Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 876. Other _____
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System Information for 12 Months	
Number of Active Services <u>214</u>	Population Served <u>535</u>
Avg. Daily Produced _____ gal/Purchased <u>8</u> gal	Avg. Daily Supplied to Secondary Systems <u>0</u> gal
Max. Daily Produced _____ gal/Purchased _____ gal	Max. Daily Supplied to Secondary Systems <u>0</u> gal
Water Loss _____ %	Total Storage <u>35,000</u> gal

