

7. Do(es) the well(s) have treatment besides chlorination? Please list treatment type and chemicals. _____

8. Do(es) the well(s) enter the distribution at a single entry point? ☐ Yes ☐ No

9. What is the distance from the well(s) to entry point? _____

Section B: Waterlines

1. How many miles of waterlines make up your system? _____ ☐ Don't Know

2. What is the approximate distance between the point of entry and farthest point in the system? _____

3. What is the current water loss of your system? _____ ☐ Don't Know

4. What is the age of the waterlines? Newest: _____ Oldest: _____

5. What type(s) of materials make up your system's waterlines? _____

6. During the three months prior to the last DBP sampling, did you add any new waterlines or meters? ☐ Yes ☐ No

If yes, how much or many? _____

7. Was there an ☐ increase or ☐ decrease in water demand during the three months prior to the last DBP sampling?

Do you know the cause of the change? _____

8. How many waterline breaks did your system have during the three months prior to the last DBP sampling? _____

9. Did any of those waterline breaks cause a loss of water pressure (below 25 psi)? ☐ Yes ☐ No ☐ Don't Know

If yes, for how long? _____

Did you receive any dirty water complaints after the loss of water pressure? ☐ Yes ☐ No ☐ Don't Know

10. When is the last time you flushed all of your system's dead ends? _____ ☐ Don't Know

11. When is the last time you performed a system wide unidirectional flushing? _____ ☐ Don't Know

Attach copy of flush log

12. How many dead ends does your system have? _____ ☐ Don't Know

13. How many dead ends have flush valves? _____ ☐ Don't Know

14. Does your system add chemicals to coat or clean waterlines? ☐ Yes ☐ No ☐ Don't Know

If yes, name of

chemical(s). _____

Section C: Testing Within the Distribution System

1. Are you testing for DBPs at other locations besides what is required for compliance? ☐ Yes ☐ No

If yes, please list recent results, dates, and general locations in the system: _____

2. Are you testing for chlorine residual, temperature, pH and alkalinity in the distribution system? ☐ Yes ☐ No

If yes, fill out the table or attach sample logs.

| Test | Date | Beginning | Middle | End |
|-------------------|------|-----------|--------|-----|
| Chlorine residual | | | | |
| Temperature | | | | |
| pH | | | | |
| Alkalinity | | | | |

*Please include sample results from the same day at different parts of the distribution system so that the results can be compared.

3. Are you tracking water age? ☐ Yes ☐ No

If yes, what was the average water age at the farthest point in the system during the three months prior to the last DBP sampling?

Section D: Chlorine Booster Station

1. Does your system have a chlorine booster station in the distribution system? ☐ Yes ☐ No

If no, please skip to section E. Any recent additions? ☐ Yes ☐ No

2. On average, what was the chlorine residual before the booster station(s)? _____ mg/L ☐ Free or ☐ Total

On average, what was the chlorine residual after the booster station(s)? _____ mg/L ☐ Free or ☐ Total

3. Did you test for DBPs directly before and after the booster station(s)? ☐ Yes ☐ No If yes, what was the result before the station _____ and after the station _____.
4. Did you need to ☐ increase or ☐ decrease the amount of chlorine being added during the three months prior to the last DBP sampling?

Section E: Finished Water Storage

1. Does your system have finished water storage in the distribution system? ☐ Yes ☐ No
If no, please skip to section F.

2. Please provide information about each finished water storage(s):

| Tower Name | Date of Last Inspection | Date of Last Cleaning | Single Inlet/Outlet pipe | Drained Recently? | Tower height or Storage capacity | Additional treatment? |
|------------|-------------------------|-----------------------|--|--|----------------------------------|-----------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

3. Did you test for DBPs before or after the finished water storage(s)? ☐ Yes ☐ No If yes, what were the results before _____ or after _____

Section F: Alternative Treatment

1. Does your system have other treatment processes, which were not covered in previous sections? ☐ Yes ☐ No
If yes, please list the type: _____

Section G: Minimizing Future DBP Formation and Returning to Compliance

1. What is your system's plan to decrease DBP formation and return to compliance? _____

Section H: Communication

1. Since your PWS exceedance, has your PWS communicated with your purchase water systems about any of the following topics (list the PWSs and when):
- Sampling Methods or Schedules _____
 - System-wide unilateral flushing _____
 - Disinfectant levels in distribution system _____
 - Current problems within your system _____

Section I: Technical Assistance

Do you need technical assistance from DEQ for any of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Disinfectant Control/ Monitoring | <input type="checkbox"/> Treatment Plant/TOC Removal | <input type="checkbox"/> Storage Tank Maintenance |
| <input type="checkbox"/> Flushing Program | <input type="checkbox"/> Financial/ Rate Analysis | <input type="checkbox"/> Sample Point/Schedule |
| <input type="checkbox"/> Water Age | <input type="checkbox"/> Asset Management | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> O & M Plan Development | <input type="checkbox"/> Source Water Protection Plan Development | |