

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):
- a. Sampling Methods or Schedules _____
 - b. System-wide unilateral flushing _____
 - c. Disinfectant levels in distribution system _____
 - d. Current problems within your system _____

Section I: Technical Assistance

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

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