D H E C

PROMOTE PROTECT PROSPER

Public Water System
Sanitary Survey Evaluation Form
Surface Water Systems
Compliance Assurance Division

BUREAU OF WATER

System Name:_____

System Number: | | | | | | | |

Survey Date (M/D/Y): | | | / | | | / | | |

Please rate each of the 40 items below as:
Satisfactory / **U**nsatisfactory / Needs **I**mprovement / **N**ot Applicable

SOURCE

1. Quantity.....☐
2. Protection from Contamination.....☐
3. Security.....☐
4. Pumping Capacity.....☐
5. Raw Water Line.....☐

TREATMENT

6. Flash Mix.....☐
7. Flocculation.....☐
8. Sedimentation.....☐
9. Filtration.....☐
10. Equipment O & M.....☐
11. Chemical Storage.....☐
12. Chemical Feed Rooms.....☐
13. Chemical Injection Pt/Sampling.....☐

DISTRIBUTION

14. Quality.....☐
15. Finished Water Pumping Capacity.....☐
16. Adequate Pressure.....☐
17. Fire Flow.....☐
18. Cross Connection Control.....☐
19. Valve/Hydrant Maintenance.....☐
20. Flushing Program.....☐
21. Leak Detection and Repair.....☐
22. System Map.....☐
23. Sample Siting Plan.....☐
24. Disinfectant Residual.....☐

STORAGE

25. Capacity.....☐
26. Sanitary Protection.....☐
27. Security.....☐
28. Bypass/Drain/Sample Tap.....☐
29. Maintenance.....☐

GENERAL O&M

30. Plant Security.....☐
31. Facility Maintenance.....☐
32. Supplies/Spare Parts Inventory.....☐
33. Waste Disposal.....☐
34. Procedures Manual.....☐

OPERATIONAL CONTROL

35. Certified Operator.....☐
36. Testing Equipment.....☐
37. Monitoring/Reporting/Records.....☐

EMERGENCY OPERATION

38. Stand-by Power.....☐
39. Emergency Plan.....☐

CONSUMER CONFIDENCE REPORTS

40. CCR.....☐

A. Plant Group (I-V).....☐

B. Operator Grade
- A.....☐
- B.....☐
- C.....☐
- D.....☐
- T.....☐

C. Field Tests
- Chlorine.....☐
- pH.....☐
- psi.....☐
- Other_____☐

D. Samples Taken
- Bacteriological.....☐
- Inorganic.....☐
- Organic.....☐
- Other_____☐

E. Type Inspection.....☐

F. Is System Presently Under Order? ☐

If Yes, Is System Complying with Order? ☐

G. Follow-up Scheduled?.....☐

Date | | | / | | | / | | |

H. Overall Rating.....☐

_____
DHEC Representative

_____
System Representative