

Stage 2 D/DBPR Consecutive System Operational Evaluation Questionnaire

PWS Name:

PWS ID:

Individual Sample Site Evaluation

Provide comments or additional documentation for "yes" answers.

A. Review disinfection byproduct calculation reports for the most recent three consecutive quarters using the following questions:

Questions	Site Code(s)	Comments	N/A	YES	NO
1. Did you change sample site locations?					
2. Were the TTHM or HAA5 levels unusually high at a sample site compared to historical data?					

B. If a sample site involves customer plumbing, answer the following questions:

Questions	Site Code(s)	Comments	N/A	YES	NO
1. Did the customer have plumbing work completed?					
2. Did the customer use significantly less water than usual?					
3. Does the customer have multiple taps?					
4. Does the service line from the meter to the tap require greater than 5 minutes of flushing to clear?					

Source Water Quality Evaluation

Provide comments or additional documentation for "yes" answers.

A. Review master meter data for the most recent three consecutive quarters and compare to the historical source water data using the following questions:

Questions	Comments	N/A	YES	NO
1. Was the influent water temperature abnormal?				
2. Was the influent water pH abnormal?				
3. Was the influent disinfectant concentration abnormal?				
4. Were the influent TTHM/HAA5 levels higher than normal?				
6. Did you place another water source on-line?				
7. Did other contaminants or changes in the influent water cause or contribute to the exceedance? <i>e.g. manganese.</i>				
8. Was there a switch from chloramines to free chlorine for a burnout period?				

Treatment Process Evaluation

Provide comments or additional documentation for "yes" answers.

A. If your treatment process included booster disinfection, answer the following question for the most recent three consecutive quarters:

Question	Comments	N/A	YES	NO
1. Was there a sudden increase in the amount of disinfectant fed?				

B. If your treatment process included aeration, answer the following questions for the most recent three consecutive quarters:

Questions	Comments	N/A	YES	NO
1. Did you have a failure of the aerator equipment?				
2. Did you bypass the aerator equipment?				
3. Have you recently inspected and/or cleaned the aerator equipment?				

Distribution System Evaluation

Provide comments or additional documentation for "yes" answers.

A. Review disinfectant residuals for the monitoring location(s) or area where the exceedance occurred for the most recent three consecutive quarters using the following question:

Question	Comments	N/A	YES	NO
1. Was the disinfectant residual abnormal for that time of year at that location or area?				

B. Review maintenance records available for the most recent three consecutive quarters using the following questions:

Questions	Comments	N/A	YES	NO
1. Did any line breaks or replacements occur in the vicinity of the exceedance?				
2. Were any storage tanks taken off-line and cleaned?				
3. Did flushing or other hydraulic disturbances (e.g. fires) occur in the vicinity of the exceedance?				
4. Were any valves operated in the vicinity of the exceedance?				

C. If your system is metered, review water use records available for the most recent three consecutive quarters using the following questions:

Questions	Comments	N/A	YES	NO
1. Was overall water use in your system unusually low, indicating higher than normal water age?				
2. Was there a change in water use by a high volume customer?				

D. If there is a finished water storage facility hydraulically upstream of the area where the exceedance occurred, review records available for the most recent three consecutive quarters using the following questions:

Questions	Comments	N/A	YES	NO
1. Did a significant loss of disinfectant residual occur in the tank?				
2. Do you know of any mixing problems within the tank?				
3. Does the storage tank have a single inlet and outlet?				
4. Was the tank drawn down more than usual, indicating a possible discharge of stagnant water?				
5. Was there a change in water level fluctuation that would have resulted in increased water age within the tank?				

E. Review customer complaint records available for the most recent three consecutive quarters using the following question:

Question	Comments	N/A	YES	NO
1. Did you have customer complaints in the vicinity of the exceedance?				

Stage 2 D/DBPR: Consecutive System Operational Evaluation Summary

Complete and provide this summary with the final report.

System Name: _____ PWS ID: _____

Operation Evaluation Level Exceedance(s) Occurred:

Quarter: _____ Year: _____

Did one of the following operational factors cause or contribute to the exceedance(s)? Explain in attached documentation.

Yes	No	Possibly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source Water Quality Changes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment Operational Practices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribution Operational Practices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Provide a written description of the steps considered to minimize future exceedances based on the conclusions drawn from the evaluation. (This is a required component of the Operational Evaluation.) Attach extra pages if necessary.

Number of Pages Including Attachments: _____

I certify that the information in this report is true and accurate to the best of my knowledge. I acknowledge that any knowingly false or misleading information may be punishable under 18 USC 1001 and other applicable laws.

Signature: _____ Date: _____

Printed Name: _____ Position: _____ License #: _____

Submit this cover page and final report to: Engineering Section, Slot 37
Arkansas Department of Health
4815 W. Markham St.
Little Rock, AR 72205