



Certified Operator Monthly Inspection Form
 For use by Grade 1 or Grade 2 water treatment plants or distribution systems that produce and distribute groundwater

1. General Public Water System (PWS) Information:

PWS Name: _____ **PWS ID Number:** AZ04 - _____
PWS Type: CWS NTNCWS TNCWS **Population Served:** _____
PWS Source Types: Groundwater Surface Water GUDI
 Purchased Ground Water Purchased Surface Water
Certified Operator: _____ **Operator ID:** OP _____
Grade: _____ **Expiration Date:** _____
E-Mail Address: _____ **Phone Number:** _____

2. Inspection

Inspection Date: _____ **Arrival Time:** _____ **Departure Time:** _____
Person Conducting Inspection: _____
Owner/Responsible Party: _____ **Present at Inspection** Y N

Well Head:	Yes	No	N/A	Comments
Does the well site have a building or a security fence that is properly locked and secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the area around the well properly graded for drainage and is the site clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the well slab direct water away from the well? Is the slab free of cracks or defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the well sanitary seal intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a well vent installed and is the vent protected with a #16 non corrodible mesh screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the well pressure relief valve operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the well have a raw water sampling tap installed prior to treatment or disinfection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Storage Tanks	Yes	No	N/A	Comments
Are the storage tank bedding ring and foundation intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the storage tank bedding ring free of weeds and vegetation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the overflow pipe terminate at least two feet above erosion control (concrete slab, riprap, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the overflow pipe have a working flap gate or is it protected with a #16 non-corrodible mesh screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the vents on the storage tank protected with a #16 non-corrodible mesh screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the roof hatch sealed and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Booster Pumps:	Yes	No	N/A	Comments
Pump piping is intact, corrosion free and not leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump wiring is enclosed and conduits are not leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valves are operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump exterior coatings are intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Booster pumps condition is adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection Equipment:	Yes	No	N/A	Comments
Disinfectant meets the ANSI/NSF standard 60 and is labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfectant injection system is operational and calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate back-up supply of disinfectant is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test kit are available to test for Maximum Residual Disinfectant Level/ Residual Disinfectant Level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily log is properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paperwork/Reporting Requirements	Yes	No	N/A	Comments
Have monthly/quarterly sampling requirements been fulfilled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all sampling/operations plans up to date and in an accessible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Summary of observations, recommendations and corrective actions required:

I certify that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Operator Signature: _____ **Date:** _____

Date form provided to owner or responsible party: _____