MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER PROGRAM
COMPLIANCE & OPERATIONAL INSPECTION

CLASS 2 INSPECTION FORM

INTERVIEWED >	Jake Cook - Operator	DATE 3/12/2015
ID NUMBER MO3031290	SYSTEM NAME Cimarron Bay Subdivision	COUNTY Camden

ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER

COMMENTS AND RECOMMENDATIONS FOR CORRECTION
The following comments are referenced to the applicable checklist items attached to this form.

135- PWS does not have a distribution maps
213- Well house does not have adequate lighting
227- Well casing needs to be painted
229- PWS does not have a source of emergency power
234- PWS does not have a well water level monitoring program
435- 35,000-gal pressure tank has a small leak from a valve on the sight glass assembly
507- Not all connections are metered - per last inspection report, the condo units have meters in the building crawl space, but their orientation make them unreadable

Both bacti samples were TC absent.

FREE & TOTAL CHLORINE RESIDUAL 0 & 0 mg/l ☑ Sample Collected & LOCATION BLDG D HARBOR BAY

INSPECTOR'S SIGNATURE	TITLE
Paul C. Bd	ENV. SPEC. III

MO 780-1617 (2-01)

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Schedule JC-S2

COMPLIANCE & OPERATIONAL CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

☐ NA ***ITEM #1 ADMINISTRATION***

C ok NA

- ☐ ☑ ☐ **101. Permit to Dispense status** 10CSR60-3.010
- ☐ ☑ ☐ **102. Construction permits** 10CSR60-3.010(1)(A)
- ☐ ☑ ☐ **103. Final approvals** 10CSR60-3.010(1)(B)
- ☐ ☐ ☑ **104. Owner supervised program** 10CSR60-10.010(2)(C)
- ☐ ☑ ☐ **105. Certified Chief Operator** 10CSR60-14.010(4)
- ☐ ☑ ☐ **106. Emergency operations plan** 10CSR60-12.010
- ☐ ☑ ☐ **107. Lead ban ordinance** 10CSR60-10.040
- ☐ ☑ ☐ **108. Backflow prevention program** 10CSR60-11.010
- ☐ ☑ ☐ **109. Backflow device records** 10CSR60-11.010(7)(B)
- ☐ ☑ ☐ **110. Primacy fees** 10CSR60-16.010
- ☐ ☑ ☐ **111. Laboratory & administration fees** 10CSR60-16.030
- ☐ ☑ ☐ **112. Coliform sampling plan** 10CSR60-4.020(1)(A)
- ☐ ☑ ☐ **113. Pb/Cu Sampling plan** 10CSR60-15.070
- ☐ ☐ ☑ **114. Turbidity reporting** 10CSR60-7.010(4)
- ☐ ☐ ☑ **115. Disinfection reporting** 10CSR60-7.010(5)
- ☐ ☑ ☐ **116. Private lab coliform results** 10CSR60-7.010
- ☐ ☑ ☐ **117. Public notification requirements** 10CSR60-8.010
- ☐ ☐ ☑ **118. Exemption/ variance requirements** 10CSR60-6.030
- ☐ ☐ ☑ **119. Sludge management permit or plan** 10CSR20-8.170
- ☐ ☐ ☑ **120. NPDES Permit on plant discharge** 10CSR20-6.010(5)
- ☐ ☑ ☐ **121. Monitoring reports due by 10th** 10CSR60-7.010(1)
- ☐ ☑ ☐ **122. Reporting regulation violations** 10CSR60-7.010(2)
- ☐ ☐ ☑ **123. Reporting DBP & IESWTR** 10CSR60-7.010(6)
- ☐ ☐ ☑ **124. Enhanced Filtration & Disinf. Reporting** 10CSR60-7.010(7)
- ☐ ☐ ☑ **125. DBP Monitoring Plan** 10CSR60-4.090(3)
- ☐ ☑ ☐ **126. Reporting for Lead & Copper** 10CSR60-7.020(4)
- ☐ ☑ ☐ **127. Coliform results (5 yrs)** 10CSR60-9.010(1)(A)

C ok NA

- ☐ ☑ ☐ **128. Operational records** 10CSR60-9.010(1)(A)
- ☐ ☑ ☐ **129. Chemical results (10 yrs)** 10CSR60-9.010(1)(A)
- ☐ ☑ ☐ **130. Violation actions (3 yrs)** 10CSR60-9.010(1)(B)
- ☐ ☑ ☐ **131. Inspection Reports (10 yrs)** 10CSR60-9.010(1)(C)
- ☐ ☐ ☑ **132. Variance/exemption records (5 yrs)** 10CSR60-9.010(1)(D)
- ☐ ☑ ☐ **133. CCR** CFR 141.153
- ☐ ☑ ☐ **134. Any system records requested** 10CSR60-9.010(2)

- ☑ ☐ ☐ 135. Updated distribution map
- ☐ ☑ ☐ 136. Individual valve records
- ☐ ☐ ☑ 137. Individual fire hydrant records
- ☐ ☑ ☐ 138. Individual flush hydrant records
- ☐ ☑ ☐ 139. Main Brk/Leak Repair Program
- ☐ ☑ ☐ 140. Valve Maintenance Program
- ☐ ☑ ☐ 141. Main Flushing Program
- ☐ ☑ ☐ 142. Operational/Maint. records
- ☐ ☐ ☐ 143. Other _____

ITEM #2 SOURCE

☐ NA **Groundwater**

C ok NA

- ☐ ☑ ☐ **201. Source of supply approved** 640.115(1)
- ☐ ☑ ☐ **202. Well driller's permit (drilled after 1987)** 10CSR23-1.090
- ☐ ☑ ☐ **203. Construction requirements** 10CSR60-10.010
- ☐ ☑ ☐ **204. Sanitary construction defects** 10CSR60-4.080(5)
- ☐ ☑ ☐ **205. Siting requirements** 10CSR60-10.020
- ☐ ☑ ☐ **206. GWUDI determination** 10CSR60-4.055(1)
- ☐ ☑ ☐ **207. Plugging abandoned wells** 10CSR23-3.110

- ☐ ☑ ☐ 208. Adequate number of wells
- ☐ ☑ ☐ 209. Weather protection
- ☐ ☑ ☐ 210. Security
- ☐ ☑ ☐ 211. Floor Drain
- ☐ ☑ ☐ 212. Heating/venting/dehumidification
- ☑ ☐ ☐ 213. Lighting
- ☐ ☑ ☐ 214. Chemicals in well house
- ☐ ☑ ☐ 215. Top of well at least:
  - *4' above flood level
  - *above floor 12" min.
  - *above ground 18" min.
  - *approved casing & grout

C ok NA

- ☐ ☐ ☑ 216. Grand fathered
- ☐ ☑ ☐ 217. Vent screen/down turned
- ☐ ☑ ☐ 218. Vent 18" above floor
- ☐ ☑ ☐ 219. Vent adequate size
- ☐ ☑ ☐ 220. Pump capacity
  - _____ gpm @ _____ psi
  - _____ gpm @ _____ psi
- ☐ ☑ ☐ 221. Well meter, operable
- ☑ ☑ ☐ 222. Drawdown measuring equip.
- ☐ ☑ ☐ 223. Pressure Gauge-operable
- ☐ ☑ ☐ 224. Shutoff Valve
- ☐ ☑ ☐ 225. Check Valve
- ☐ ☑ ☐ 226. Wellhead sealed
- ☑ ☐ ☐ 227. Piping condition
- ☐ ☑ ☐ 228. Raw water sample tap past check valve
- ☑ ☐ ☐ 229. Auxiliary power supply
- ☐ ☐ ☑ 230. Pitiless Unit, no adapter
- ☐ ☐ ☑ 231. Valve vault adequate size, drained, & provide safe access
- ☐ ☐ ☑ 232. Vertical Shaft Turbine Pumps Air Release - screened, down turned, 18" above floor
- ☐ ☑ ☐ 233. Security
- ☑ ☐ ☐ 234. Other DRAW DOWN READINGS

☒ NA **Reservoirs**

C ok NA

- ☐ ☐ ☐ **235. Source of supply approved** 640.115(1)
- ☐ ☐ ☐ **236. Dam safety permit (dams >35' tall)** 10CSR22-2.020(4)
- ☐ ☐ ☐ **237. Dam maintenance & monitoring** 10CSR22-3.030(1)(B)
- ☐ ☐ ☐ **238. Recreational use plan** 10CSR60-10.030
- ☐ ☐ ☐ **239. Siting requirements** 10CSR60-10.020

- ☐ ☐ ☐ 240. Quality of water
- ☐ ☐ ☐ 241. Capacity adequate for drought
- ☐ ☐ ☐ 242. Does system have storage curves
- ☐ ☐ ☐ 243. Stadial marker & weekly records
- ☐ ☐ ☐ 244. Siltation control structure condition
- ☐ ☐ ☐ 245. Watershed management plan
- ☐ ☐ ☐ 246. Algae control program
- ☐ ☐ ☐ 247. Dam maintenance (mowing, brush, rodents)
- ☐ ☐ ☐ 248. Erosion control
- ☐ ☐ ☐ 249. No flow obstructions in spillway entrance
- ☐ ☐ ☐ 250. Condition of spillway
- ☐ ☐ ☐ 251. Spillway discharge condition

COMPLIANCE & OPERATION CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

ITEM #2 SOURCE (CONT.)

☒ NA **Groundwater**

C ok NA

- ☐☐☒ 252. Discharge stream erosion
- ☐☐☐ 253. Discharge stream obstructions
- ☐☐☐ 254. Emergency spillway condition
- ☐☐☐ 255. Other _____

☒ NA **Rivers & Streams**

C ok NA

- ☐☐☐ **256. Source of supply approved** 640.115(1)
- ☐☐☐ 257. Quality of Water
- ☐☐☐ 258. Capacity during drought
- ☐☐☐ 259. Raw water storage capacity & condition
- ☐☐☐ 260. Coffer dam condition
- ☐☐☐ 261. Intake protection
- ☐☐☐ 262. Vandalism control
- ☐☐☐ 263. Other _____

☒ NA **Intakes**

C ok NA

- ☐☐☐ 264. Adequacy of water withdrawal levels
- ☐☐☐ 265. Capacity of water inlets
- ☐☐☐ 266. Water Inlets screened
- ☐☐☐ 267. Condition of intake control valves
- ☐☐☐ 268. Intake tower condition
- ☐☐☐ 269. Safety cable on intake hoses
- ☐☐☐ 270. Floats properly anchored
- ☐☐☐ 271. Wench and cable condition
- ☐☐☐ 272. Discharge pipe capacity
- ☐☐☐ 273. Vandalism control
- ☐☐☐ 274. Intake protected from flood damage
- ☐☐☐ 275. Zebra mussel control program
- ☐☐☐ 276. Other _____

ITEM #3 PUMPING STATIONS

☒ NA **Raw & Finish Water Pumping**

C ok NA

- ☐☐☐ 301. Pumping capacity
- ☐☐☐ 302. Adequate number of pumps
- ☐☐☐ 303. Pump operable during flooding
- ☐☐☐ 304. Sized for pump maintenance
- ☐☐☐ 305. Pump room access
- ☐☐☐ 306. Adequate safety equipment
- ☐☐☐ 307. Heating and venting
- ☐☐☐ 308. Drains and sumps
- ☐☐☐ 309. Lighting (int&ext)
- ☐☐☐ 310. Power supply
- ☐☐☐ 311. Telemetry & pump control
- ☐☐☐ 312. Pressure Gauges
- ☐☐☐ 313. Metering-operable
- ☐☐☐ 314. Pump piping condition
- ☐☐☐ 315. Other _____

☒ NA **Finished Water Pumping**

C ok NA

- ☐☐☐ 316. Pressure _____ psi
- ☐☐☐ 317. Flow _____ gpm
- ☐☐☐ 318. HP _____; Phase 3__ or 1__
- ☐☐☐ 319. Other _____

ITEM #4 STORAGE

☒ NA **Unpressurized Storage**

C ok NA

- ☐☐☐ **401. Storage covered & vented** 10CSR60-4.080(7)
- ☐☐☐ **402. Approved chemicals, materials, & coatings** 10CSR60-4.080(8)
- ☐☐☐ **403. Sanitary Defects** 10CSR60-4.080(5)
- ☐☐☐ 404. Adequate capacity
- ☐☐☐ 405. Overflow
  *12" to 24" above ground
  *Screened or flap valve
- ☐☐☐ 406. Vent screened
- ☐☐☐ 407. Access hatch locked
  2" overlap, 4" to 6" curbing
- ☐☐☐ 408. Manway
- ☐☐☐ 409. Access ladder & appurtenances condition
- ☐☐☐ 410. Exterior paint condition
- ☐☐☐ 411. Unsealed openings
- ☐☐☐ 412. Security
- ☐☐☐ 413. Isolation for maintenance
- ☐☐☐ 414. Roof watertight & properly drained
- ☐☐☐ 415. Adequate drain
- ☐☐☐ 416. Inspection Program
- ☐☐☐ 417. Protection-vandalism, animals, etc.
- ☐☐☐ 418. Condition of valve vault
- ☐☐☐ 419. Sample Tap
- ☐☐☐ 420. Trees/Brush cleared
- ☐☐☐ 421. Other _____

☐ NA **Pressure Tanks**

C ok NA

- ☐☑☐ 422. Drain
- ☐☑☐ 423. Water sight glass
- ☐☑☐ 424. Manway
- ☐☑☐ 425. Pressure Gauge
- ☐☑☐ 426. Compressor
- ☐☑☐ 427. Air blow off
- ☐☑☐ 428. Controls
- ☐☑☐ 429. Exterior paint condition
- ☐☑☐ 430. Capacity
  No. of Tanks 1, Dia.____,
  Circ. ____, Ht/Length ____/____
  Volume Ea. 35,000 gal
- ☐☑☐ 431. Total Capacity 35,000 gal
- ☐☑☐ 432. Water logged
- ☐☑☐ 433. Exterior paint condition
- ☐☐☑ 434. Bladder tank drawdown
  Capacity _____ ea. _____ gal
  Capacity _____ ea. _____ gal
  Capacity _____ ea. _____ gal
- ☑☐☐ 435. Other Small leak
- ☐☐☐ 436. Other _____

☐ NA **ITEM #5 DISTRIBUTION**

C ok NA

- ☐☑☐ **501. Minimum Pressure** 10CSR60-4.080(9)
- ☐☑☐ **502. New mains & repairs disinfected** 10CSR60-4.080(6)
- ☐☑☐ **503. Main & sewer separation** 10CSR60-10.010(2)
- ☐☑☐ **504. Approved Chemicals, materials, & coatings** 10CSR60-4.080(8)
- ☐☐☑ 505. Water loss ≤ 10%
- ☐☑☐ 506. Adequate cleanouts, valves, and hydrants to flush system
- ☑☐☐ 507. Individual customer meter
- ☐☑☐ 508. Portable shoring available
- ☐☐☐ 509. Other _____

☐ NA **ITEM #6 MCL/MONITORING**

C ok NA

- ☐☑☐ **601. Microbiological MCL** 10CSR60-4.020(7)
- ☐☑☐ **602. Total Coliform Monitoring** 10CSR60-4.020
- ☐☑☐ **603. Inorganic chemicals** 10CSR60-4.030
- ☐☑☐ **604. Nitrates/Nitrites** 10CSR60-4.030(2)(C) & (D)
- ☐☑☐ **605. Synthetic organic chemicals** 10CSR60-4.040
- ☐☐☑ **606. Monthly turbidity MCL** 10CSR60-4.050(2)(A)1 small or 10CSR60-4.050(3)(B)1 large
- ☐☐☑ **607. Acute turbidity MCL** 10CSR60-4.050(2)(A)2 small or 10CSR60-4.050(3)(B)2 large
- ☐☐☑ **608. Report acute turbidity MCL** 10CSR60-4.050(2)(D) small or 10CSR60-4.050(3)(D) large
- ☐☐☑ **609. Continuous turbidity monitoring** 10CSR60-4.040(3)(E)1
- ☐☐☑ **610. Disinfection Profiling** 10CSR60-4.055(6)(C)
- ☐☑☐ **611. Radio- nuclides** 10CSR60-4.060
- ☐☑☐ **612. Secondary contaminants** 10CSR60-4.070

COMPLIANCE & OPERATIONAL CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

☐ ☐ ☑ **613. Fluoride supplementation** 10CSR60-4.080(11)

☐ ☐ ☑ **614. Disinfection By-Products (DBP) TTHM & HAA5** 10CSR60-4.090(3)(B)

☐ ☐ ☑ **615. DBP Chlorite** 10CSR60-4.090(3)(B)2

☐ ☐ ☑ **616. DBP Bromate** 10CSR60-4.090(3)(B)3

☐ ☐ ☑ **617. DBP Precursors TOC & Alkalinity** 10CSR60-4.090(3)(D)

☐ ☑ ☐ **618. Volatile organic chemicals** 10CSR60-4.100

☐ ☑ ☐ **619. Unregulated chemicals** 10CSR60-4.110

☐ ☑ ☐ **620. Exceed Pb/Cu levels** 10CSR60-15.020-15.050

☐ ☑ ☐ **621. Operational Monitoring** 10CSR60-4.080(3)

☐ ☐ ☑ **622. Disinfection Requirements** 10CSR60-4.055

☒ **NA** ***ITEM #7 DISINFECTION***

C ok NA

☐ ☐ ☐ **701. Minimum residual - entry** 10CSR60-4.055(3)

☐ ☐ ☐ **702. Maximum residual - Dist. System** 10CSR60-4.055(5)

☐ ☐ ☐ **703. Minimum residual - Dist. System** 10CSR60-4.055(4)

☐ ☐ ☐ **704. Cl_2 Monitoring - Dist. System** 10CSR60-4.055(4)(E)

☐ ☐ ☐ **705. Monitoring frequency** 10CSR60-4.055(3)(F)

☐ ☐ ☐ **706. Low residual reporting** 10CSR60-4.055(3)(E)

☐ ☐ ☐ **707. CT study done** 10CSR60-4.055(2)(D)

☐ ☐ ☐ **708. Meeting CT requirement** 10CSR60-4.055(2)(C)

☐ ☐ ☐ **709. Add Cl prior to ammonia** 10CSR60-4.055(3.A)

☐ ☐ ☐ **710. Add Cl prior to filters** 10CSR60-4.055(3.C)

☐ ☐ ☐ **711. Operated/Supervised adequately/Operational Monitoring** 10CSR60-4.080(5)

☒ **NA** **Liquid Chlorinator**

C ok NA

☐ ☐ ☐ 712. Physical condition of feeder

☐ ☐ ☐ 713. Adequate detention

☐ ☐ ☐ 714. Corrosion in room

☐ ☐ ☐ 715. Adequate feed control

☐ ☐ ☐ 716. Adequate venting, heating, lighting

☐ ☐ ☐ 717. Security

☐ ☐ ☐ 718. Other _____

☒ **NA** **Gas Chlorinator**

C ok NA

☐ ☐ ☐ 719. Adequate detention

☐ ☐ ☐ 720. Separate Cl_2 room

☐ ☐ ☐ 721. Interior wall view window

☐ ☐ ☐ 722. Panic bar door

☐ ☐ ☐ 723. Fan suction near floor

☐ ☐ ☐ 724. Inlet near ceiling

☐ ☐ ☐ 725. Chains n Cl_2 cylinders

☐ ☐ ☐ 726. Cylinders on scales

☐ ☐ ☐ 727. Exterior fan/light switch

☐ ☐ ☐ 728. SCBA

☐ ☐ ☐ 729. Ammonia bottle

☐ ☐ ☐ 730. Leak detection/repair kit

☐ ☐ ☐ 731. Shower & eye wash

☐ ☐ ☐ 732. Hydrocarbons in room

☐ ☐ ☐ 733. Sample tap Past Cl_2

☐ ☐ ☐ 734. Condition of room

☐ ☐ ☐ 735. Security

☐ ☐ ☐ 736. Other _____

☒ **NA** **Other Types**

C ok NA

☐ ☐ ☐ 737. _____

☐ ☐ ☐ 738. _____

☐ ☐ ☐ 739. _____

☒ **NA** ***ITEM #8 TREATMENT***

C ok NA

☐ ☐ ☐ **801. Approved chemicals, materials & coatings** 10CSR60-4.080(8)

☐ ☐ ☐ **802. Aeration** 10CSR60-4.080(5)

☐ ☐ ☐ **803. Chemical Application** 10CSR60-4.080(5)

☐ ☐ ☐ **804. Corrosion Control Treatment** 10CSR60-15.010(4)

☐ ☐ ☐ **805. Mixing** 10CSR60-4.080(5)

☐ ☐ ☐ **806. Settling** 10CSR60-4.080(5)

☐ ☐ ☐ **807. Filtration** 10CSR60-4.080(5)

☐ ☐ ☐ **808. H.S. pumps** 10CSR60-4.080(5)

☐ ☐ ☐ **809. Other pumps** 10CSR60-4.080(5)

☐ ☐ ☐ **810. Control equipment** 10CSR60-4.080(5)

☐ ☐ ☐ **811. Plant water storage** 10CSR60-4.080(5)

☐ ☐ ☐ **812. Operational Monitoring** 10CSR60-4.080(5)

☐ ☐ ☐ **813. Carbon feed room separate/explosion proof** 10CSR60-4.080(5)

☒ **NA** **Fluoride**

C ok NA

☐ ☐ ☐ **814. Sample submittal** 10CSR60-4.080(11)

☐ ☐ ☐ 815. Adequate lab equipment

☐ ☐ ☐ 816. Fluoride pump operable

☐ ☐ ☐ 817. Sample tap 100 pipe dia. past feed

☐ ☐ ☐ 818. Day tank

☐ ☐ ☐ 819. Vented to outside

☐ ☐ ☐ 820. Other _____

☒ **NA** **Ion Exchange Softening**

C ok NA

☐ ☐ ☐ 821. Adequate size

☐ ☐ ☐ 822. Condition of softener

☐ ☐ ☐ 823. Metered for bypassing

☐ ☐ ☐ 824. Condition of salt storage

☐ ☐ ☐ 825. Other _____

☒ **NA** **Aeration**

C ok NA

☐ ☐ ☐ 826. Capacity

☐ ☐ ☐ 827. By-passing for maintenance

☐ ☐ ☐ 828. Side access & drainage

☐ ☐ ☐ 829. Access to inlet distributor

☐ ☐ ☐ 830. Condition of air screens

☐ ☐ ☐ 831. Access for screen cleaning

☐ ☐ ☐ 832. Condition of media or trays

☐ ☐ ☐ 833. Condition fan & drive motor

☐ ☐ ☐ 834. Condition support structure

☐ ☐ ☐ 835. Condition of paint

☐ ☐ ☐ 836. Other _____

☒ **NA** **Rapid Mixing**

C ok NA

☐ ☐ ☐ 837. Mixing detention

☐ ☐ ☐ 838. Adequate mixer capacity

☐ ☐ ☐ 839. Condition of mixer

☐ ☐ ☐ 840. Mixer maintenance

☐ ☐ ☐ 841. Other _____

☒ **NA** **Flocculation**

C ok NA

☐ ☐ ☐ 842. Adequate capacity

☐ ☐ ☐ 843. Provisions for cleaning

☐ ☐ ☐ 844. Provisions for draining

☐ ☐ ☐ 845. Mixer condition

☐ ☐ ☐ 846. Mixer capacity

☐ ☐ ☐ 847. Mixer access for maintenance

☐ ☐ ☐ 848. Short circuiting thru basin

☐ ☐ ☐ 849. Condition of basin

☐ ☐ ☐ 850. SS testing at taps

☐ ☐ ☐ 851. Other _____

☒ **NA** **Sedimentation**

C ok NA

☐ ☐ ☐ 852. Pre-sed. condition & capacity

☐ ☐ ☐ 853. Regular sed. purpose & cap.

☐ ☐ ☐ 854. Condition of structure

☐ ☐ ☐ 855. Maintain units w/ continuous operation

☐ ☐ ☐ 856. Condition Inf. & Eff. facilities

COMPLIANCE & OPERATIONAL CHECKLIST

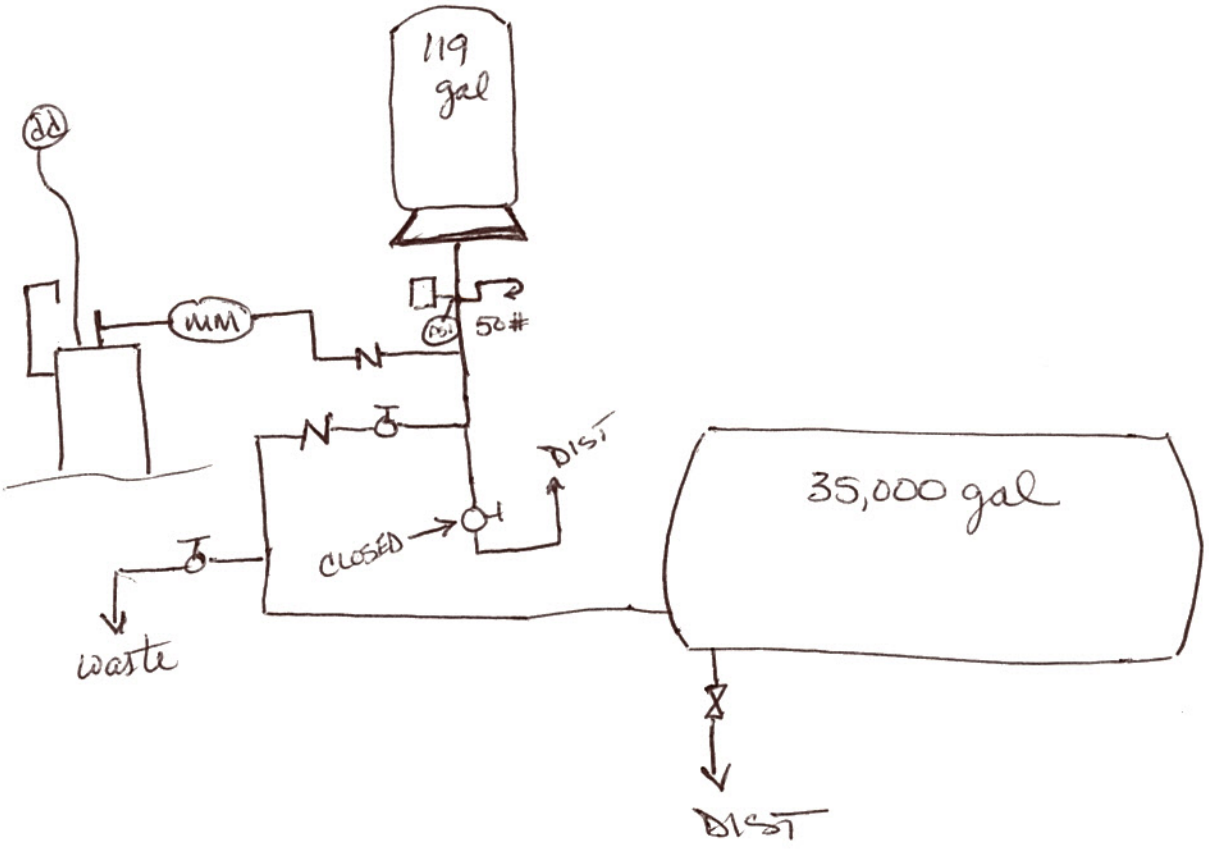
Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

☐ 857. Short circuiting in basin	☒ NA	☒ NA
☐ 858. Adequacy of sludge removal	**Filtration**	**Plant Information**
☐ 859. Condition of sludge equipment	C ok NA	C ok NA
☐ 860. Adequacy of sludge lines	☐ ☐ ☐ 862. Appropriate type	☐ ☐ ☐ 870. General Condition
☐ 861. Other _____	☐ ☐ ☐ 863. Adequate number for continuous operation	☐ ☐ ☐ 871. Proper Lab equipment
	☐ ☐ ☐ 864. Condition of media	☐ ☐ ☐ 872. Calibration standards
	☐ ☐ ☐ 865. Maintenance Plan	☐ ☐ ☐ 873. Tests according to directions
	☐ ☐ ☐ 866. On-line Turbidimeters on each filter/calibrated	☐ ☐ ☐ 874. Other _____
	☐ ☐ ☐ 867. Backwash rate & duration	☐ ☐ ☐ 875. Other _____
	☐ ☐ ☐ 868. Adequate backwash method	☐ ☐ ☐ 876. Other _____
	☐ ☐ ☐ 869. Other _____	

System Information for 12 Months

Number of Active Services 624
Avg. Daily Produced _____ **gal/Purchased** _____ **gal**
Max. Daily Produced _____ **gal/Purchased** _____ **gal**
Water Loss UNK **%**

Population Served 1600
Avg. Daily Supplied to Secondary Systems _____ **gal**
Max. Daily Supplied to Secondary Systems _____ **gal**
Total Storage 35,000 **gal**



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH

INVESTIGATION OF COLIFORM- POSITIVE SAMPLES
REVISED TOTAL COLIFORM RULE

PUBLIC WATER SYSTEM (PWS) INFORMATION		
PUBLIC WATER SYSTEM NAME Cimarron Bay Subdivision	PUBLIC WATER SYSTEM ID NUMBER MO3031290	COUNTY Camden
SAMPLE RESULTS RECEIVED VIA: E-mail	DATE RECEIVED: 10/16/2017	MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) **October 2017**

REVISED TOTAL COLIFORM RULE – DISTRIBUTION SYSTEM TOTAL COLIFORM MONITORING

One set of repeat samples required for each total coliform-positive Routine sample.

Sample Type	Date Collected m/d/yyyy	Lab # (Accession#)	Site ID	Location Address	Coliform Results Absent / Present		☒Chlorine Residual ☐Chloramine (mg/L)	
					TC	E Coli	Free	Total
Routine	10/13/2017	OE139071		11- lot 5 outside tap	P	**A**		
Repeat – OR	10/19/2017	OE141024		11 – lot 5 outside tap	P	**A**		0.00
Repeat – UP	10/19/2017	OE141029		14 – Bldg 164 outside tap	P	**A**		0.00
Repeat – DN	10/19/2017	OE141020		07 – Lot 12	A	**A**		0.00
GW Source	10/19/2017	OE141022		WL 13121 (Well #1)	A	**A**		0.00
Other								
Other								
Other								

PWS Contact Called: DAB	Phone # (417) 891-4300	Date(s): 10/16/2017
Date PWS required to collect repeat samples by:	PWS collect valid repeats within approved timeframe? ☒ Yes ☐ No	
1) GW System with population ≤1,000 with one well? ☐ Yes ☐ No	2) If YES, PWS have disinfection treatment? ☐ Yes ☐ No	
3) If YES to (2), do not approve DP Sample.	4) Dual Purpose Sample approved for this GW System? ☐ Yes ☐ No ☐ Not Applicable	

ACTIONS AND OR COMMENTS

10/19/2017 – collected repeat samples; No obvious source of contamination was observed. Water system does not have flush hydrants in the distribution system. Operator has to use standard hose bibs to flush water from the system, but this doesn't generate sufficient velocity to properly removal any scale or sediment in the lines. Also, PWS last inspected and cleaned the interior of the 35,000-gallon pressure tank in 2011. Two of the repeat samples tested positive for total coliform bacteria. The well tested safe.

10/20/2017 – Contacted Betty Boushie at Lake of the Ozarks Water & Sewer with the sample results. Recommended that the operator shock the system with chlorine bleach and run the chlorinated water through the entire distribution system. Once chlorine is out of the system, recommended they take a few special samples before their routine sampling in November.

RTCR TT Exceeded? ☐ No ☒ Yes (Level 1 or 2 Assessment required)	Date of previous RTCR TT exceedance(s):
☐ *E. coli* MCL (1A)Violation ☒ Level 1 TT Trigger-Multiple TC Positives ☐ Level 1 TT Trigger-Failure to Collect All Repeat Samples	
☐ Level 2 TT Trigger-Multiple TT Triggers in 12 months (E. coli MCL or 2+ RTCR TT triggers exceeded in 12 months require Level 2 Ass.)	
Completed by: Darrell Barber	Date: November 16, 2017 / PDWB notified/copied on: _____ (Date)

c: Scott Weckenborg, Public Drinking Water Program

GROUND WATER RULE – TRIGGERED SOURCE WATER MONITORING (IF APPLICABLE)

1) ☐ Ground Water (GW) System (Go to **#3**) ☐ Secondary/purchasing water system (Go to **#2**) ☐ If Surface Water only (STOP)

2) If Secondary/purchasing system, is the Primary (wholesale) system(s): ☐ GW (go to #**4**) or ☐ SW (if SW ONLY, no GW: STOP)

3) Does GW System provide only 4-Log treatment? ☐ YES (STOP) ☐ NO (Triggered source water sampling required. Go to **#6**.)

4) Primary GW system(s) provide only 4-log treatment? ☐ YES (STOP) ☐ NO (Triggered source water sampling required. Go to **#5**.)

5) If Primary (seller) is not a 4-log system, the secondary system (purchaser) must notify the Primary of the Coliform sample within 24-hours.

List the Primary (seller) Groundwater System(s) and ID#'s here(if applicable):

Date Primary GW system(s) were notified to collect Triggered Source Water Samples: (Go to #6)

6) Triggered Source Water Sample Results

A triggered source water sample is required from EACH well used (normally the day of unsafe sample). Also a source water sample is required for EACH total coliform-positive routine sample. Two wells & one TC-positive = one triggered source water sample from each well unless there are two distribution systems that are completely isolated from one another. Two TC-positive routine samples require two triggered source water samples from each well. List Public Water System name & ID# on top row for a primary (wholesale) system selling to the secondary (consecutive or purchasing) system that had the TC-positive.

Primary PWS Name						Primary PWS Name				
Lab #	Date	Well # or name	Coliform A/P			Lab #	Date	Well # or name	Coliform A/P	
			TC	E. Coli					TC	E. Coli

Any Triggered (TG) source water sample *E. Coli* positive? ☐ Yes ☐ No | If Yes, (Go to #7)

7) Regional Office issue Boil Water Order/Advisory requiring Tier 1 public notice for detection of *E. coli* in source water? ☐ Yes ☐ No

If any TG source water sample was *E. coli positive*, was Corrective Action Required? ☐ Yes ☐ No

If Yes, date the system notified to take Corrective Action: _____

If no, collect 5 Additional (Confirmation) source water samples. (Go to #8)

8) Additional (Confirmation) Source Water Sample Results (if required)

Primary PWS Name						Primary PWS Name				
Lab #	Date	Well # or name	Coliform A/P			Lab #	Date	Well # or name	Coliform A/P	
			TC	E. Coli					TC	E. Coli

Any of the 5 Confirmation source water sample *E. Coli* positive? ☐ Yes ☐ No | Corrective Action required? ☐ Yes ☐ No

If Yes, date the system notified to take Corrective Action: _____

(Attach additional copies of this page if necessary)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER PROGRAM

COMPLIANCE & OPERATIONAL INSPECTION

CLASS 2 INSPECTION FORM

INTERVIEWED >	TIM RILEY	DATE 10/13/2017
ID NUMBER	SYSTEM NAME	COUNTY
MO3031290	CIMARRON BAY SUBDIVISION	CAMDEN

ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER

COMMENTS AND RECOMMENDATIONS FOR CORRECTION
The following comments are referenced to the applicable checklist items attached to this form.

135/136. - NEED Map of distribution system & valve records
209. - Well house needs repairs - entry door & threshold are in disrepair and parts of the ceiling are being held in place with boards wedged against the floor
227. - Well casing needs to be painted
229. - PWS does not have a source of emergency electrical power
213. - Better lighting is needed in well house - currently using a clip-on reflector light
234. - PWS needs to establish well water level monitoring program
435. - PWS needs to establish a tank inspection & cleaning program - interior of tank was last inspected & cleaned ± 7 years ago.
506. - Flush hydrants are needed in distribution system
507. - Customer connections are not metered
601. - LVI (OCT 2017)

BACTI SAMPLE RESULTS

10-13-2017	SITE #11 - (LOT #5)	TC+	
10-19-2017	SITE #11 (LOT #5)	TC+	Repeats
10-19-2017	SITE #14 (Bldg 164)	TC+	
10-19-2017	SITE #07 (LOT #12)	TC ABSENT	
10-19-2017	WL13121 (WELL #1)	TC ABSENT	

FREE & TOTAL CHLORINE RESIDUAL Ø & Ø mg/l ☑ Sample Collected & LOCATION SEE ABOVE

INSPECTOR'S SIGNATURE | TITLE ENV. SPEC. III

MO 780-1617 (2-01)

Schedule JC-S2

COMPLIANCE & OPERATIONAL CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

☐ NA ***ITEM #1 ADMINISTRATION***

C ok NA

- ☐ ☑ ☐ **101. Permit to Dispense status** 10CSR60-3.010
- ☐ ☑ ☐ **102. Construction permits** 10CSR60-3.010(1)(A)
- ☐ ☑ ☐ **103. Final approvals** 10CSR60-3.010(1)(B)
- ☐ ☐ ☑ **104. Owner supervised program** 10CSR60-10.010(2)(C)
- ☐ ☑ ☐ **105. Certified Chief Operator** 10CSR60-14.010(4)
- ☐ ☑ ☐ **106. Emergency operations plan** 10CSR60-12.010
- ☐ ☑ ☐ **107. Lead ban ordinance** 10CSR60-10.040
- ☐ ☑ ☐ **108. Backflow prevention program** 10CSR60-11.010
- ☐ ☑ ☐ **109. Backflow device records** 10CSR60-11.010(7)(B)
- ☐ ☑ ☐ **110. Primacy fees** 10CSR60-16.010
- ☐ ☑ ☐ **111. Laboratory & administration fees** 10CSR60-16.030
- ☐ ☑ ☐ **112. Coliform sampling plan** 10CSR60-4.020(1)(A)
- ☐ ☑ ☐ **113. Pb/Cu Sampling plan** 10CSR60-15.070
- ☐ ☐ ☑ **114. Turbidity reporting** 10CSR60-7.010(4)
- ☐ ☐ ☑ **115. Disinfection reporting** 10CSR60-7.010(5)
- ☐ ☑ ☐ **116. Private lab coliform results** 10CSR60-7.010
- ☐ ☑ ☐ **117. Public notification requirements** 10CSR60-8.010
- ☐ ☐ ☑ **118. Exemption/ variance requirements** 10CSR60-6.030
- ☐ ☐ ☑ **119. Sludge management permit or plan** 10CSR20-8.170
- ☐ ☐ ☑ **120. NPDES Permit on plant discharge** 10CSR20-6.010(5)
- ☐ ☑ ☐ **121. Monitoring reports due by 10th** 10CSR60-7.010(1)
- ☐ ☑ ☐ **122. Reporting regulation violations** 10CSR60-7.010(2)
- ☐ ☐ ☑ **123. Reporting DBP & IESWTR** 10CSR60-7.010(6)
- ☐ ☐ ☑ **124. Enhanced Filtration & Disinf. Reporting** 10CSR60-7.010(7)
- ☐ ☐ ☑ **125. DBP Monitoring Plan** 10CSR60-4.090(3)
- ☐ ☑ ☐ **126. Reporting for Lead & Copper** 10CSR60-7.020(4)
- ☐ ☑ ☐ **127. Coliform results (5 yrs)** 10CSR60-9.010(1)(A)

C ok NA

- ☐ ☑ ☐ **128. Operational records** 10CSR60-9.010(1)(A)
- ☐ ☑ ☐ **129. Chemical results (10 yrs)** 10CSR60-9.010(1)(A)
- ☐ ☑ ☐ **130. Violation actions (3 yrs)** 10CSR60-9.010(1)(B)
- ☐ ☑ ☐ **131. Inspection Reports (10 yrs)** 10CSR60-9.010(1)(C)
- ☐ ☐ ☑ **132. Variance/exemption records (5 yrs)** 10CSR60-9.010(1)(D)
- ☐ ☑ ☐ **133. CCR** CFR 141.153
- ☐ ☑ ☐ **134. Any system records requested** 10CSR60-9.010(2)

- ☑ ☐ ☐ 135. Updated distribution map
- ☑ ☐ ☐ 136. Individual valve records
- ☐ ☐ ☑ 137. Individual fire hydrant records
- ☐ ☐ ☑ 138. Individual flush hydrant records
- ☐ ☑ ☐ 139. Main Brk/Leak Repair Program
- ☐ ☑ ☐ 140. Valve Maintenance Program
- ☐ ☑ ☐ 141. Main Flushing Program
- ☐ ☑ ☐ 142. Operational/Maint. records
- ☐ ☐ ☐ 143. Other _____

ITEM #2 SOURCE

☐ NA **Groundwater**

C ok NA

- ☐ ☑ ☐ **201. Source of supply approved** 640.115(1)
- ☐ ☑ ☐ **202. Well driller's permit (drilled after 1987)** 10CSR23-1.090
- ☐ ☑ ☐ **203. Construction requirements** 10CSR60-10.010
- ☐ ☑ ☐ **204. Sanitary construction defects** 10CSR60-4.080(5)
- ☐ ☑ ☐ **205. Siting requirements** 10CSR60-10.020
- ☐ ☑ ☐ **206. GWUDI determination** 10CSR60-4.055(1)
- ☐ ☑ ☐ **207. Plugging abandoned wells** 10CSR23-3.110

- ☐ ☑ ☐ 208. Adequate number of wells
- ☑ ☐ ☐ 209. Weather protection
- ☐ ☑ ☐ 210. Security
- ☐ ☑ ☐ 211. Floor Drain
- ☐ ☑ ☐ 212. Heating/venting/dehumidification
- ☑ ☐ ☐ 213. Lighting
- ☐ ☑ ☐ 214. Chemicals in well house
- ☐ ☑ ☐ 215. Top of well at least:
  - *4' above flood level
  - *above floor 12" min.
  - *above ground 18" min.
  - *approved casing & grout

C ok NA

- ☐ ☐ ☑ 216. Grand fathered
- ☐ ☑ ☐ 217. Vent screen/down turned
- ☐ ☑ ☐ 218. Vent 18" above floor
- ☐ ☑ ☐ 219. Vent adequate size
- ☐ ☑ ☐ 220. Pump capacity
  _____ gpm @ _____ psi
  _____ gpm @ _____ psi
- ☐ ☑ ☐ 221. Well meter, operable
- ☐ ☑ ☐ 222. Drawdown measuring equip.
- ☐ ☑ ☐ 223. Pressure Gauge-operable
- ☐ ☑ ☐ 224. Shutoff Valve
- ☐ ☑ ☐ 225. Check Valve
- ☐ ☑ ☐ 226. Wellhead sealed
- ☑ ☐ ☐ 227. Piping condition
- ☐ ☑ ☐ 228. Raw water sample tap past check valve
- ☑ ☐ ☐ 229. Auxiliary power supply
- ☐ ☐ ☑ 230. Pitiless Unit, no adapter
- ☐ ☐ ☑ 231. Valve vault adequate size, drained, & provide safe access
- ☐ ☐ ☑ 232. Vertical Shaft Turbine Pumps Air Release - screened, down turned, 18" above floor
- ☐ ☑ ☐ 233. Security
- ☑ ☐ ☐ 234. Other DRAW DOWN READINGS

☒ NA **Reservoirs**

C ok NA

- ☐ ☐ ☐ **235. Source of supply approved** 640.115(1)
- ☐ ☐ ☐ **236. Dam safety permit (dams >35' tall)** 10CSR22-2.020(4)
- ☐ ☐ ☐ **237. Dam maintenance & monitoring** 10CSR22-3.030(1)(B)
- ☐ ☐ ☐ **238. Recreational use plan** 10CSR60-10.030
- ☐ ☐ ☐ **239. Siting requirements** 10CSR60-10.020

- ☐ ☐ ☐ 240. Quality of water
- ☐ ☐ ☐ 241. Capacity adequate for drought
- ☐ ☐ ☐ 242. Does system have storage curves
- ☐ ☐ ☐ 243. Stadial marker & weekly records
- ☐ ☐ ☐ 244. Siltation control structure condition
- ☐ ☐ ☐ 245. Watershed management plan
- ☐ ☐ ☐ 246. Algae control program
- ☐ ☐ ☐ 247. Dam maintenance (mowing, brush, rodents)
- ☐ ☐ ☐ 248. Erosion control
- ☐ ☐ ☐ 249. No flow obstructions in spillway entrance
- ☐ ☐ ☐ 250. Condition of spillway
- ☐ ☐ ☐ 251. Spillway discharge condition

COMPLIANCE & OPERATION CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

ITEM #2 SOURCE (CONT.)

NA — Groundwater

C ok NA

252. Discharge stream erosion
253. Discharge stream obstructions
254. Emergency spillway condition
255. Other _____

NA — Rivers & Streams

C ok NA

256. Source of supply approved 640.115(1)
257. Quality of Water
258. Capacity during drought
259. Raw water storage capacity & condition
260. Coffer dam condition
261. Intake protection
262. Vandalism control
263. Other _____

NA — Intakes

C ok NA

264. Adequacy of water withdrawal levels
265. Capacity of water inlets
266. Water Inlets screened
267. Condition of intake control valves
268. Intake tower condition
269. Safety cable on intake hoses
270. Floats properly anchored
271. Wench and cable condition
272. Discharge pipe capacity
273. Vandalism control
274. Intake protected from flood damage
275. Zebra mussel control program
276. Other _____

ITEM #3 PUMPING STATIONS

NA — Raw & Finish Water Pumping

C ok NA

301. Pumping capacity
302. Adequate number of pumps
303. Pump operable during flooding
304. Sized for pump maintenance
305. Pump room access
306. Adequate safety equipment
307. Heating and venting
308. Drains and sumps
309. Lighting (int&ext)
310. Power supply
311. Telemetry & pump control
312. Pressure Gauges
313. Metering-operable
314. Pump piping condition
315. Other _____

NA — Finished Water Pumping

C ok NA

316. Pressure _____ psi
317. Flow _____ gpm
318. HP _____; Phase 3__ or 1__
319. Other _____

ITEM #4 STORAGE

NA — Unpressurized Storage

C ok NA

401. Storage covered & vented 10CSR60-4.080(7)
402. Approved chemicals, materials, & coatings 10CSR60-4.080(8)
403. Sanitary Defects 10CSR60-4.080(5)
404. Adequate capacity
405. Overflow
*12" to 24" above ground
*Screened or flap valve
406. Vent screened
407. Access hatch locked
2" overlap, 4" to 6" curbing
408. Manway
409. Access ladder & appurtenances condition
410. Exterior paint condition
411. Unsealed openings
412. Security
413. Isolation for maintenance
414. Roof watertight & properly drained
415. Adequate drain
416. Inspection Program
417. Protection-vandalism, animals, etc.
418. Condition of valve vault
419. Sample Tap
420. Trees/Brush cleared
421. Other _____

NA — Pressure Tanks

C ok NA

422. Drain
423. Water sight glass
424. Manway
425. Pressure Gauge
426. Compressor
427. Air blow off
428. Controls
429. Exterior paint condition
430. Capacity
No. of Tanks 1, Dia.____,
Circ. ____, Ht/Length ____/____
Volume Ea. 35,000 gal
431. Total Capacity 35,000 gal
432. Water logged
433. Exterior paint condition
434. Bladder tank drawdown
Capacity _____ ea. _____ gal
Capacity _____ ea. _____ gal
Capacity _____ ea. _____ gal
435. Other TANK INSPECTION PROGRAM
436. Other _____

ITEM #5 DISTRIBUTION

NA

C ok NA

501. Minimum Pressure 10CSR60-4.080(9)
502. New mains & repairs disinfected 10CSR60-4.080(6)
503. Main & sewer separation 10CSR60-10.010(2)
504. Approved Chemicals, materials, & coatings 10CSR60-4.080(8)
505. Water loss ≤ 10%
506. Adequate cleanouts, valves, and hydrants to flush system
507. Individual customer meter
508. Portable shoring available
509. Other _____

ITEM #6 MCL/MONITORING

NA

C ok NA

601. Microbiological MCL 10CSR60-4.020(7)
602. Total Coliform Monitoring 10CSR60-4.020
603. Inorganic chemicals 10CSR60-4.030
604. Nitrates/Nitrites 10CSR60-4.030(2)(C) & (D)
605. Synthetic organic chemicals 10CSR60-4.040
606. Monthly turbidity MCL 10CSR60-4.050(2)(A)1 small
or 10CSR60-4.050(3)(B)1 large
607. Acute turbidity MCL 10CSR60-4.050(2)(A)2 small
or 10CSR60-4.050(3)(B)2 large
608. Report acute turbidity MCL 10CSR60-4.050(2)(D) small
or 10CSR60-4.050(3)(D) large
609. Continuous turbidity monitoring 10CSR60-4.040(3)(E)1
610. Disinfection Profiling 10CSR60-4.055(6)(C)
611. Radio- nuclides 10CSR60-4.060
612. Secondary contaminants 10CSR60-4.070

COMPLIANCE & OPERATIONAL CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

C ok NA

613. **Fluoride supplementation** 10CSR60-4.080(11)
614. **Disinfection By-Products (DBP) TTHM & HAA5** 10CSR60-4.090(3)(B)
615. **DBP Chlorite** 10CSR60-4.090(3)(B)2
616. **DBP Bromate** 10CSR60-4.090(3)(B)3
617. **DBP Precursors TOC & Alkalinity** 10CSR60-4.090(3)(D)
618. **Volatile organic chemicals** 10CSR60-4.100
619. **Unregulated chemicals** 10CSR60-4.110
620. **Exceed Pb/Cu levels** 10CSR60-15.020-15.050
621. **Operational Monitoring** 10CSR60-4.080(3)
622. **Disinfection Requirements** 10CSR60-4.055

NA ***ITEM #7 DISINFECTION***

C ok NA

701. **Minimum residual - entry** 10CSR60-4.055(3)
702. **Maximum residual - Dist. System** 10CSR60-4.055(5)
703. **Minimum residual - Dist. System** 10CSR60-4.055(4)
704. **Cl_2 Monitoring - Dist. System** 10CSR60-4.055(4)(E)
705. **Monitoring frequency** 10CSR60-4.055(3)(F)
706. **Low residual reporting** 10CSR60-4.055(3)(E)
707. **CT study done** 10CSR60-4.055(2)(D)
708. **Meeting CT requirement** 10CSR60-4.055(2)(C)
709. **Add Cl prior to ammonia** 10CSR60-4.055(3.A)
710. **Add Cl prior to filters** 10CSR60-4.055(3.C)
711. **Operated/Supervised adequately/Operational Monitoring** 10CSR60-4.080(5)

NA **Liquid Chlorinator**

C ok NA

712. Physical condition of feeder
713. Adequate detention
714. Corrosion in room
715. Adequate feed control
716. Adequate venting, heating, lighting
717. Security
718. Other _____

NA **Gas Chlorinator**

C ok NA

719. Adequate detention
720. Separate Cl_2 room
721. Interior wall view window
722. Panic bar door
723. Fan suction near floor
724. Inlet near ceiling
725. Chains n Cl_2 cylinders
726. Cylinders on scales
727. Exterior fan/light switch
728. SCBA
729. Ammonia bottle
730. Leak detection/repair kit
731. Shower & eye wash
732. Hydrocarbons in room
733. Sample tap Past Cl_2
734. Condition of room
735. Security
736. Other _____

NA **Other Types**

C ok NA

737. _____
738. _____
739. _____

NA ***ITEM #8 TREATMENT***

C ok NA

801. **Approved chemicals, materials & coatings** 10CSR60-4.080(8)
802. **Aeration** 10CSR60-4.080(5)
803. **Chemical Application** 10CSR60-4.080(5)
804. **Corrosion Control Treatment** 10CSR60-15.010(4)
805. **Mixing** 10CSR60-4.080(5)
806. **Settling** 10CSR60-4.080(5)
807. **Filtration** 10CSR60-4.080(5)
808. **H.S. pumps** 10CSR60-4.080(5)
809. **Other pumps** 10CSR60-4.080(5)
810. **Control equipment** 10CSR60-4.080(5)
811. **Plant water storage** 10CSR60-4.080(5)
812. **Operational Monitoring** 10CSR60-4.080(5)
813. **Carbon feed room separate/explosion proof** 10CSR60-4.080(5)

NA **Fluoride**

C ok NA

814. **Sample submittal** 10CSR60-4.080(11)
815. Adequate lab equipment
816. Fluoride pump operable
817. Sample tap 100 pipe dia. past feed
818. Day tank
819. Vented to outside
820. Other _____

NA **Ion Exchange Softening**

C ok NA

821. Adequate size
822. Condition of softener
823. Metered for bypassing
824. Condition of salt storage
825. Other _____

NA **Aeration**

C ok NA

826. Capacity
827. By-passing for maintenance
828. Side access & drainage
829. Access to inlet distributor
830. Condition of air screens
831. Access for screen cleaning
832. Condition of media or trays
833. Condition fan & drive motor
834. Condition support structure
835. Condition of paint
836. Other _____

NA **Rapid Mixing**

C ok NA

837. Mixing detention
838. Adequate mixer capacity
839. Condition of mixer
840. Mixer maintenance
841. Other _____

NA **Flocculation**

C ok NA

842. Adequate capacity
843. Provisions for cleaning
844. Provisions for draining
845. Mixer condition
846. Mixer capacity
847. Mixer access for maintenance
848. Short circuiting thru basin
849. Condition of basin
850. SS testing at taps
851. Other _____

NA **Sedimentation**

C ok NA

852. Pre-sed. condition & capacity
853. Regular sed. purpose & cap.
854. Condition of structure
855. Maintain units w/ continuous operation
856. Condition Inf. & Eff. facilities

COMPLIANCE & OPERATIONAL CHECKLIST

Fill in the appropriate box and if "C", explain in the comment section on the front of this form.

C	ok	NA		
			857.	Short circuiting in basin
			858.	Adequacy of sludge removal
			859.	Condition of sludge equipment
			860.	Adequacy of sludge lines
			861.	Other _____

C	ok	NA		Filtration
			862.	Appropriate type
			863.	Adequate number for continuous operation
			864.	Condition of media
			865.	Maintenance Plan
			866.	On-line Turbidimeters on each filter/calibrated
			867.	Backwash rate & duration
			868.	Adequate backwash method
			869.	Other _____

C	ok	NA		Plant Information
			870.	General Condition
			871.	Proper Lab equipment
			872.	Calibration standards
			873.	Tests according to directions
			874.	Other _____
			875.	Other _____
			876.	Other _____

System Information for 12 Months

Number of Active Services 92
Avg. Daily Produced _____ gal/**Purchased** _____ gal
Max. Daily Produced _____ gal/**Purchased** 0 gal
Water Loss UNK %

Population Served 160
Avg. Daily Supplied to Secondary Systems 0 gal
Max. Daily Supplied to Secondary Systems 0 gal
Total Storage 35,000 gal