|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Source Name** |  | | | | | | |
| Date | Bar Screens  Inspection | Pump Tested and Checked | Water Depth  Above Intake | Visual Inspection Intake | Action Required | | Date Action  Completed |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |
|  | YES  NO | YES  NO |  | YES  NO | YES  NO |  |  |

**Acknowledgement**

Date:

Operator

Date:

Town Manager/Administrator

Date:

Council