PERIOD Start Date: End Date:

Council shall indicate which of the following statements are correct. For any “No” responses, Council shall provide a detailed explanation of the circumstances, what corrective action was taken, date problem was corrected. If situation remains unresolved, Council shall provide explanation of what action is being contemplated and when the problem is due to be corrected.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Council conducted route monitoring of its watershed boundary and has maintained restricted access to the watershed, particularly around its well field and/or surface water intake structures.  | YES  | NO | N/A |
| 2 | Council has operated its disinfection and water treatment equipment in accordance with the equipment manufacturer’s specifications and the system’s design parameters.  | YES  | NO | N/A |
| 3 | Council has been providing regular routine maintenance on all its water treatment equipment.  | YES  | NO | N/A |
| 4 | Council has been providing and maintains an adequate stock of spare parts for all equipment.  | YES  | NO | N/A |
| 5 | Council has been performing all prescribed routine water quality testing as required by Department of Environment and Conservation’s Permit to Operate.  | YES  | NO | N/A |
| 6 | Council has provided staff with the necessary analytical test equipment needed to monitor water quality in the Town’s delivery system.  | YES  | NO | N/A |
| 7 | The Town conducts water main flushing programs once a year (spring).  | YES  | NO | N/A |
| 8 | The Town completed a comprehensive leak survey of its water distribution system piping within the previous 12-month period.  | YES  | NO | N/A |
| 9 | Town’s waterworks personnel certification remains current and and personnel have attended one training program within the previous12-month period.  | YES  | NO | N/A |
| 10 | Town’s flow metering equipment has remained functional for the previous 12-month period and metering equipment calibration has been checked with previous 60-month period.  | YES  | NO | N/A |

REVIEWED Mayor:

 Signature:

 Date: