PERIOD Start Date: End Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Visual inspection done of watershed boundary  | YES  | NO | N/A |
| 2 | Watershed signage inspected (if necessary)  | YES  | NO | N/A |
| 3 | Access gate secure  | YES  | NO | N/A |
| 4 | Intake inspected and cleaned (checked quarterly) Date last checked: | YES  | NO | N/A |
| 5 | Intake screen cleaned regularly (checked quarterly)Date last checked: | YES  | NO | N/A |
| 6 | Well head seal inspected  | YES  | NO | N/A |
| 7 | Pumping equipment working properly  | YES  | NO | N/A |
| 8 | Flow metering equipment working properly  | YES  | NO | N/A |
| 9 | Treatment equipment working properly  | YES  | NO | N/A |
| 10 | Chlorine residual checked daily  | YES  | NO | N/A |
| 11 | Water main flushing done in the distribution piping system  | YES  | NO | N/A |
| 12 | Leak detection survey undertaken during reporting period  | YES  | NO | N/A |
| 13 | Valve Exercising Program conducted during period  | YES  | NO | N/A |
| 14 | Boil water advisory issued  | YES  | NO | N/A |
| 15 | All known leaks repaired  | YES  | NO | N/A |
| 16 | All outstanding operational issues resolved  | YES  | NO | N/A |
| 17 | Water distribution system being operated in compliance with Dept. of Environment & Conservation’s Permit to Operate  | YES  | NO | N/A |

REVIEWED System Operator:

 Signature:

 Date:

 Date reviewed by Town Manager:

 Town Manager:

 Signature:

 Mayor:

 Signature: