|  |  |
| --- | --- |
| **Source Name** |  |
| Date | Bar ScreensInspection | Pump Tested and Checked | Water Depth Above Intake | Visual Inspection Intake | Action Required | Date ActionCompleted |
|  |  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