

## EMERGENCY INFORMATION

It is important for the water system users to have accurate information regarding the water system. They also need the manager's contact information, including address and phone number.

Do water system users have current contact information for the water system manager?

☐ Yes ☐ No

How would you contact the water system users in the event of an emergency or other event?

☐ Phone call ☐ In person  
☐ Letter ☐ Door to door  
☐ Door posting ☐ Other: \_\_\_\_\_

### Emergency Contacts:

|                             | Contact Name   | Phone #      |
|-----------------------------|----------------|--------------|
| Water System Owner          |                |              |
| Water System Manager        |                |              |
| Other contact person        |                |              |
| Pump Service & Repair       |                |              |
| Well Driller                |                |              |
| Plumber                     |                |              |
| Electrician                 |                |              |
| Power Company               |                |              |
| Treatment Concerns          |                |              |
| Certified Laboratory        |                |              |
| Satellite Management Agency |                |              |
| Health Department           | General line   | 253-798-6470 |
| Evergreen Rural Water       | 1-800-272-5981 |              |
| General System Repair       |                |              |
| Other:                      |                |              |
| Other:                      |                |              |
| Other:                      |                |              |
| Other:                      |                |              |

## LIST OF WATER SYSTEM CONNECTIONS

It is important to know who is connected to your water system. In an emergency you may need to contact the users to inform them of the problem.

| Site Addresses | Name | Phone Number |
|----------------|------|--------------|
| 1.             |      | Home:        |
|                |      | Work:        |
| 2.             |      | Home:        |
|                |      | Work:        |
| 3.             |      | Home:        |
|                |      | Work:        |
| 4.             |      | Home:        |
|                |      | Work:        |
| 5.             |      | Home:        |
|                |      | Work:        |
| 6.             |      | Home:        |
|                |      | Work:        |
| 7.             |      | Home:        |
|                |      | Work:        |
| 8.             |      | Home:        |
|                |      | Work:        |
| 9.             |      | Home:        |
|                |      | Work:        |
| 10.            |      | Home:        |
|                |      | Work:        |

Date Completed:\_\_\_\_\_ Completed By:\_\_\_\_\_

**Describe your water system's procedures for handling the following emergencies**

Power Outages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Well Pump Failure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A break in a water line: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Electrical Problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Low pressure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment unit stops working: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaints: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

## SYSTEM INVENTORY

The following is a list of items that may pertain to your system. Please take the time to go through your system and fill out the information below.

### WELL INFORMATION

Well depth: \_\_\_\_\_

Date well was drilled: \_\_\_\_\_

Drilled by: \_\_\_\_\_

Well location: \_\_\_\_\_

Model and brand of well pump: \_\_\_\_\_

Horse power of well pump: \_\_\_\_\_

Is there a source meter?      Yes              No

### PRESSURE TANK INFORMATION

Are there pressure tanks?      Yes              No

How many? \_\_\_\_\_

Size of pressure tanks: \_\_\_\_\_

Brand of pressure tanks: \_\_\_\_\_

Normal pressure range of water system: \_\_\_\_\_

### STORAGE INFORMATION

Is there storage?      Yes              No

Location of storage tank? \_\_\_\_\_

Size of storage tank: \_\_\_\_\_

Type of material tank is constructed of: \_\_\_\_\_

Is it an above ground or below ground tank? \_\_\_\_\_

### BOOSTER PUMP INFORMATION

Booster Pump?      Yes              No

How many? \_\_\_\_\_

Model and brand of booster pump: \_\_\_\_\_

Horse power of booster pump: \_\_\_\_\_

### TREATMENT INFORMATION

Is there treatment?    Yes                      No

Type of treatment: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

Parts of treatment unit: \_\_\_\_\_

Manufacturer of system: \_\_\_\_\_

Do you have a service contract with a company for the treatment?    Yes                      No

Contact name and phone number: \_\_\_\_\_

### DISTRIBUTION INFORMATION

Size and type of Water Lines: \_\_\_\_\_

Are there service meters?    Yes                      No

Are there individual shut offs at each of the connections?    Yes                      No

Is there a distribution map?    Yes                      No

Are there any potential cross connections concerns?                      Yes                      No

*(For example: swimming pools, animal troughs, hot tubs, irrigation or sprinkler systems, fire flow or RV sites)*

List potential cross connection concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a generator for the system?    Yes                      No

Size of generator: \_\_\_\_\_

Location of generator: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

## SAMPLING YOUR GROUP B WATER SYSTEM

Testing the water from your system is essential to protecting the health of your customers and family. Regular testing as required by the local health for coliform bacteria and nitrates is an important part of ensuring a safe water supply and is vital to the operation and maintenance of your water system.

### Testing requirement for your system:

BACTERIA:                Yearly testing

NITRATE:                Every three (3) years or as otherwise directed by the Tacoma-Pierce County Health Department

CHLORIDE:              If directed by the Health Department

CONDUCTIVITY:      If directed by the Health Department

### List location of sampling site(s):

BACTERIA:

Primary Sampling Site: \_\_\_\_\_

Alternative Sampling Site: \_\_\_\_\_

Alternative Sampling Site: \_\_\_\_\_

NITRATE:

Primary Sampling Site: \_\_\_\_\_

Alternative Sampling Site: \_\_\_\_\_

Alternative Sampling Site: \_\_\_\_\_

### General testing information:

Who takes water samples: \_\_\_\_\_

Testing lab used for sampling: \_\_\_\_\_

*Phone number:* \_\_\_\_\_

Alternative testing lab: \_\_\_\_\_

*Phone number:* \_\_\_\_\_

## PROCEDURE FOR UNSATISFACTORY BACTERIA SAMPLES

1. Notify users within 48 hours

They will be notified by:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Phone call   | <input type="checkbox"/> In person    |
| <input type="checkbox"/> Letter       | <input type="checkbox"/> Door to door |
| <input type="checkbox"/> Door posting | <input type="checkbox"/> Other:       |

2. Contact the Health Department with a plan of action or for more assistance within 72 hours

Health Department contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

3. Complete a site assessment of the well and pumphouse

- Are there any obvious problems?
- Has there been any new construction?
- Water line breaks?
- Sampling error?
- Poor sampling location?

4. Fix any obvious problem

5. **Notify** users prior to treatment

6. Chlorinate/Flush System

- Refer to “Shock” Chlorination of a public water system in Section 8 of this manual
- Or contact a water system professional

7. Take two repeat samples following removal of chlorine from the system (refer to ‘Shock’ Chlorination sheet in Section 8)

Sample location 1: \_\_\_\_\_

Sample location 2: \_\_\_\_\_

Sample location 3: \_\_\_\_\_

Sample location 4: \_\_\_\_\_

8. Other procedures: \_\_\_\_\_

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## OPERATION AND MAINTENANCE

Briefly describe how your system operates:

For example: well => pressure tank=>treatment=> storage tank=> out to homes

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It is important to perform routine and preventative maintenance on your water system  
(for example read source meters, check water levels in storage tank, check the  
pumphouse, inspect the wellhead, read pressure gauges, check treatment unit, etc.)

**Below is a list of some common maintenance that should be done on the system. Fill in how often you check these items.**

### COMMON MAINTENANCE

### HOW OFTEN YOU CHECK?

(yearly, monthly, weekly, daily)

|                                  |  |
|----------------------------------|--|
| Check pumphouse                  |  |
| Check pressure tank              |  |
| Check for leaks                  |  |
| Check the water source           |  |
| Check the pump cycling frequency |  |

Fill in additional maintenance items that you check

### TYPE OF MAINTENANCE

### HOW OFTEN YOU CHECK?

(yearly, monthly, weekly, daily)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

## **SELF-ASSESSMENT OF YOUR WATER SYSTEM**

Inspecting your water system is an important part of maintaining a safe and reliable drinking water supply.

On the next page is a self-assessment checklist to help you conduct a comprehensive inspection of your water system. TPCHD recommends that you do a complete assessment of your water system every 6 months.

The inspection will focus on following:

- Checking that the source is in sanitary condition
- Checking pressure tanks
- Checking the pumphouse for leaks and rodent infestation

These assessments should be kept in your notebook.

TPCHD also recommends that you do a quick visual inspection of your water system every month to just to be aware of any developing problems.

# WATER SYSTEM SELF-ASSESSMENT CHECKLIST

System Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person conducting assessment: \_\_\_\_\_

Type of Source:      Well              Spring

| SOURCE INFORMATION |                                                | Yes | No | N/A |
|--------------------|------------------------------------------------|-----|----|-----|
| 1                  | Area around source clean                       |     |    |     |
| 2                  | Any opens on top of well casing                |     |    |     |
| 3                  | Standing water or leaks                        |     |    |     |
| 4                  | Screened well vent                             |     |    |     |
| 5                  | Livestock within 100 ft                        |     |    |     |
| 6                  | Spraying of pesticide/fertilizers w/in 100 ft  |     |    |     |
| 7                  | Other sources of contamination w/in 100 ft     |     |    |     |
| 8                  | Source Meter                                   |     |    |     |
| 9                  | Casing minimum 6 inches above ground           |     |    |     |
| 10                 | Pump working properly (not cycling frequently) |     |    |     |

| PUMPHOUSE |                                          | Yes | No | N/A |
|-----------|------------------------------------------|-----|----|-----|
| 1         | Are the pressure tanks working properly? |     |    |     |
| 2         | Is there adequate air in the tank?       |     |    |     |
| 3         | Are the tanks water logged?              |     |    |     |
| 4         | Pressure gauge working properly?         |     |    |     |
| 5         | Rodents?                                 |     |    |     |
| 6         | Are there any leaks?                     |     |    |     |
| 7         | Is pumphouse locked?                     |     |    |     |
| 8         | Is there a sampling tap in pumphouse?    |     |    |     |
| 9         | Is there a booster pump?                 |     |    |     |
| 10        | Is booster pump operating properly?      |     |    |     |

| WATER TREATMENT |                                                             | Yes | No | N/A |
|-----------------|-------------------------------------------------------------|-----|----|-----|
| 1               | Is there treatment?                                         |     |    |     |
| 2               | Type:    Chlorination              Fe/Mn              Other |     |    |     |
| 3               | Is it operational?                                          |     |    |     |
| 4               | Chemical storage adequate/safe?                             |     |    |     |
| 5               | Have there been any problems?                               |     |    |     |
| 6               | Are records kept? (chlorine residuals, testing)             |     |    |     |

| STORAGE |                                                    | Yes | No | N/A |
|---------|----------------------------------------------------|-----|----|-----|
| 1       | Does system have storage?                          |     |    |     |
| 2       | Are all the openings secured? (locked, sealed lid) |     |    |     |
| 3       | Is the overall condition satisfactory?             |     |    |     |

## BUDGET

It is very important to consider creating a budget when operating your water system. You never know when a pump may fail or other problems may arise.

Do you collect money? Yes No

Do you have an account set aside for maintenance and repairs? Yes No

Whose name is the account in? \_\_\_\_\_

Is the account adequate for major repairs? Yes No

Do you know the yearly cost of operating your water system? Yes No

### FILL IN THE ITEMS BELOW TO DETERMINE YOUR YEARLY BUDGET

| Items                                  | Cost      |
|----------------------------------------|-----------|
| Bacteria testing                       | \$        |
| Nitrate testing                        | \$        |
| Annual Health Department permit        | \$        |
| Electricity                            | \$        |
| General Maintenance                    | \$        |
| Chemical/Water Quality Treatment Costs | \$        |
| Satellite Management Agency Costs      | \$        |
| Other:                                 | \$        |
| Other:                                 | \$        |
| Other:                                 | \$        |
|                                        |           |
| <b>Total Yearly Budget</b>             | <b>\$</b> |

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

## RECORD KEEPING:

It is important to keep records on your system. The following are a list of important documents that your water system should have on hand for reference.

**Please check the items below that are in your water system file.**

### ITEM

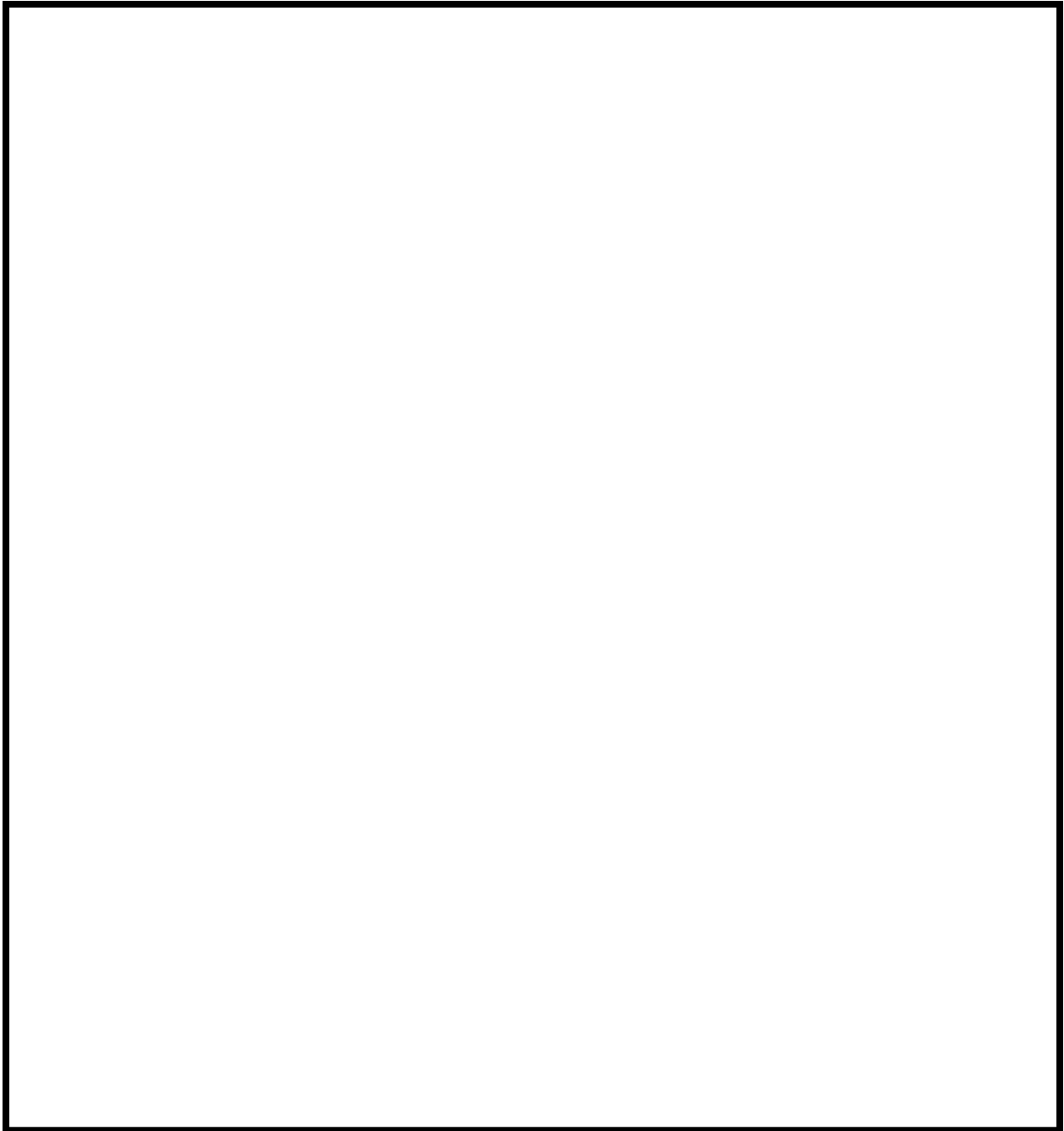
|                                                                                                                                                                                                                        |                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>WATER SAMPLE RESULTS:</b><br>Results of the required tests for your system, which include bacteria and nitrate.                                                                                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>PUMPHOUSE SCHEMATIC:</b><br>A drawing of the inside of the pumphouse and has the parts of the system labeled.                                                                                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>DISTRIBUTION MAP:</b><br>Include the size, type, and location of the water lines, service connections, location of well, and location of the pumphouse.                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>WATER WELL REPORT:</b><br>A well log that is created by the drilling company when the well is drilled. It lists the well depth, construction of the well and other important information.                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>DECLARATION OF COVENANT:</b><br>Protects your well from sources of contamination such as livestock, drainfields, and other harmful items. A declaration of covenant is for the property where the well is located.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>RESTRICTIVE COVENANT:</b><br>This is for the neighboring properties where the well radius overlaps. This protects the water system from sources of contamination from other properties.                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>WATER LINE EASEMENTS:</b><br>An easement that allows the water system to access, service, and fix water lines that may run through other properties.                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>WELL SHARE AGREEMENT:</b><br>This is applicable to community owned systems. It is an important document to have because it explains the responsibilities of the users on the system. To include paying for repairs. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>WATER RIGHTS:</b><br>This is obtained from Department of Ecology and determines how much water can be withdrawn from the water source. Usually in gallons per minute or acre/ft per year.                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |

## **PUMPHOUSE SCHEMATIC**

Sketch in the space provided below or attach a photo of the inside of your pumphouse.

Items may include:

Wellhead, pressure tank(s), source meter, booster pump(s), storage tank, treatment unit, water lines, valves, and other items located in your pumphouse



## **REFERENCE MATERIALS**

1. How to test your well for Bacteria or Nitrate
2. Water sample pick up sites for Pierce County
3. Nitrate fact sheet
4. “Shock” Chlorination
5. List of Satellite Management Agencies
6. Helpful Websites