



DRINKING WATER SYSTEM INSPECTION REPORT

Environmental Public Health

SYSTEM NAME		E.H.O. NAME	
ADDRESS		POSTAL CODE	SYSTEM NUMBER
OPERATOR		INSPECTION DATE (DMY) DD / MMM / YYYY	TIME SPENT (Hrs. - nearest 1/4)

SYSTEM TYPE (CHECK ONE)

- > 20,000 (DWP)
 10,001 - 20,000 (DWM)
 301 - 10,000 (DWT)
 15 - 300 (DWC)
 2 - 14 (DWS)
- 1 - SERVES PUBLIC (DWQ)
 1 HAULER (DWH)

TYPE OF INSPECTION

- INITIAL ROUTINE
- COMPLAINT FOLLOW-UP

CRITICAL HAZARD

These items relate to Public Health Safety & **MUST RECEIVE IMMEDIATE ATTENTION**

- 301 Flood
 302 Sewage
 303 Industrial
 304 Agricultural
 305 Other (Specify) _____
 306 Chemical Contamination of Raw Water Supply
 307 Contamination of Finished Water - Reservoir
 308 Contamination of Finished Water - Distribution
 309 Cross-Connection
 310 Use of Unapproved Source
 311 Interruption of Treatment
 312 Inadequate Treatment
 313 Operations and Maintenance / Other (Specify) _____

SANITATION & MAINTENANCE

These items must be corrected within a designated time period

- 314 Improper Maintenance of Distribution System
 315 Improper or No Disinfection of New or Repaired Main
 316 Source Unprotected and Subject to Contamination
 317 Inadequate or Improper Construction of Water Works
 318 Inadequate Microbiological Analysis Data
 319 Inadequate Chemical Analysis Data
 320 Interruption of Treatment
 321 Inadequate Treatment
 322 Emergency Response Plan
 323 Other (Specify) _____

CODE	FINDINGS AND ACTIONS REQUIRED
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At the time of inspection this system has a hazard rating of HIGH
 MODERATE
 LOW
 Issue Permit
 Conditions of Permit

FOLLOW UP VISIT PHONE Date

DD / MMM / YYYY

RECEIVED BY	PRINT NAME	E.H.O.
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