

Group B System Sanitary Survey Checklist

1. Name of System:		3. Contact:		5. Date:	
2. Parcel Number:		4. Email:		6. Phone Number:	
7. Describe Source		Well <input type="checkbox"/>	Spring <input type="checkbox"/>	Other <input type="checkbox"/>	
8. A) DOH Source ID:			SO ID#	SO ID#	
8.B) DOE unique well identifier number (if available)					
9. Is this for permanent or seasonal use?			<input type="checkbox"/> Per <input type="checkbox"/> Sea	<input type="checkbox"/> Per <input type="checkbox"/> Sea	
10. Are there biological contaminants located within 100 ft (i.e. sanitary sewer, drainfield, surface water, waste lagoon, manure pile, storm water, irrigation canal)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are there obvious chemical contaminant hazards located within 100 ft (i.e. gasoline, diesel fuel, pesticides)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Is there a known or obvious risk of the wellhead being covered by flood water?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. A) Is there a sealed well cap?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. B) Is there a properly constructed screened well vent?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. A) Is the well located in a pit or is buried?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. B) If yes, is the pit adequately drained?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Is the distance from the floor or the ground to the top of the casing greater than 6"?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Is a water sampling tap provided at the wellhead?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is the source metered?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Is this source chlorinated? If yes,			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A) Is chlorinator operational?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) Has there been a problem with chemical addition (i.e. maintaining adequate residual, run out of solution, overfeeding)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Are pressure tank(s) in use? If yes,			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A) Is there an ASME relief valve located between the tank and shutoff valve?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) Does the well pump and pressure tank(s) appear to be functioning/operating properly (i.e. does the well pump cycle more frequently than every 10 minutes)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Is there atmospheric storage?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. A) If yes, are openings secured (i.e. locked, tight over-lapping cover on access; screened vents and overflow or hinged flap)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Is Water Quality Monitoring (Bact., NO ₃) current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is a current WFI posted onsite or on file while on inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does the water system have sufficient proof that a reserve account, water well users agreements for all properties connected to the well, or proof that electrical billings are on a separate electrical meter and are equally divided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Please describe any other significant concerns or hazards observed during the site visit (i.e. existing source or storage facilities not listed on current WFI, to your knowledge were any items identified on this form identified in a previous inspection, obvious leaks in distribution system, storage or pumping facilities, unlocked pumphouses, facilities at obvious risk from tampering or vandalism, etc.)		
23. A)		
23. B)		

Inspection Findings:

Reason for Inspection (please circle one of the following):	Routine, Re-inspection, Complaint, Emergency	
Indicate Major Deficiencies Identified (list or circle if none):		None
Indicate Minor Deficiencies Identified (list or circle if none):		None

Timelines for Corrections:

<u>Deficiency Type</u>	<u>Timeline Duration</u>	<u>Correction Required Date</u>	<u>Deadline Extension Options Discussed*</u>
Major Deficiencies:	Within 30 days		
Minor Deficiencies:	Within 90 days		

*Deadline extension requests cannot be made on site. All requests for extensions must be made in writing and approved by KCPHD. KCPHD reserves the right to deny requests for deadline extensions and encourages water systems to apply well in advance to ensure KCPHD can review and approve the request without deficiencies. The signatory of this form or person requesting an extension acknowledges that KCPHD only grants one-time deadline extensions.

Requirements for Correction:

<u>Deficiency Type</u>	<u>Site Re-inspection</u>	<u>Cost of Re-inspection</u>	<u>Required Correction/Documentation</u>
Major Deficiencies:	Yes	Yes	
Minor Deficiencies:			

Water System Manager/

Person Present (please print)*: _____ / Signature: _____ Date: _____

*Requirements for correcting deficiencies by the required deadlines are still enforced even if there is a disagreement or a refusal to sign the inspection report. The health officer or their representatives reserves the right to require additional requirements at their discretion to protect public health and the environment. The inspection report findings and/or requirements may be appealed, please contact KCPHD for appeal procedures.

KCPHD Staff (please print)*: _____ / Signature: _____ Date: _____

*To the best of my knowledge and ability at this time, the aforementioned inspection findings are accurate. If any provision of this inspection report or its application to any person or circumstance is held invalid or unconstitutional, the remainder of this inspection report or the application of the provisions to other persons or circumstances is not affected.