


Division of Water Supply
FY 2006 Public Water System Capacity Assessment Form

PRIVATE FORM

NOTE: This form must be completed whenever a routine sanitary survey of a public water system is conducted by a regional engineer of the Division of Water Supply.

PWS ID#: _____ Class: ____ Survey Date: _____ County: _____

Public Water System: _____ Conn: _____

Certified Waterworks Operator: _____ Pop: _____

CAPACITY RATING DETERMINATION

Technical (T) Capacity Rating: [____] Managerial (M) Capacity Rating [____] Financial (F) Capacity Rating [____]

$$\text{Capacity Rating} = \frac{T + M + F}{3} = \frac{\quad}{3} =$$

Overall Capacity Rating = _____

Completed by _____ on _____

Comments: _____

Technical Capacity Assessment	Point Scale	Point Award
[T1] 1) Was the water treatment process functioning properly? [Y N] (i.e. Is ph, iron, free chlorine, etc. within acceptable range?) 2) Does the water system have an effective cross connection control program in compliance with MSDH regulations? [Y N] 3) Were records available to the regional engineer clearly showing that all water storage tanks have been inspected and cleaned or painted (if needed) within the past 10 years? [Y N NA] (NOTE: All YESs required to receive point)	All Y - 1 pt. Else - 0 pt.	
[T2] Is water system overloaded? (i.e. serving customers in excess of MSDH approved design capacity)? [Y N]	N - 1pt. Y - 0pt.	
[T3] 1) Was the certified waterworks operator or his/her authorized representative present for the survey? [Y N] 2) Was log book up do date and properly maintained and did it show that AOA commitments were being met? [Y N] 3) Was the water system properly maintained at time of survey? [Y N] 4) Did operator satisfactorily demonstrate to the regional engineer that he/she could fully perform all water quality tests required to properly operate this water system? [Y N] (NOTE: All YESs required to receive point)	All Y - 1 pt. Else - 0 pt.	
[T4] 1) Was needed water system equipment in place and functioning properly at time of survey (no significant deficiencies/adequacy of security)? [Y N] (NOTE: Equipment deficiencies must be identified in survey report.) 2) Does water system routinely track water loss and were acceptable water loss records available for review by the regional engineer? [Y N] 3) Was a copy of this system's MSDH approved bacti site plan and lead/copper site plan available for review during the survey and do bacti results clearly show this approved site plan is being used for all bacti monitoring? [Y N] (NOTE: All YESs required to receive point)	All Y - 1 pt. Else - 0 pt.	
[T5] Was there any indication that the water system is/has been experiencing pressure problems in any part(s) of the distribution system? [Y N] (based on operator information, customer complaints, MSDH records, other information) (NOTE: Must be documented on survey report)	N - 1pt. Y - 0pt.	
TECHNICAL CAPACITY RATING = [____] (Total Points)		

Management Capacity Assessment	Point Scale	Point Award
[M1] Were all SDWA required records maintained in a logical and orderly manner and available for review by the regional engineer during the survey? [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
[M2] Have acceptable written policies and procedures for operating this water system been formally adopted and were these policies available for review during the survey? [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
[M3] Has the water system had any SDWA violations in the past 24 months? [<u>Y</u> <u>N</u>]	N - 1pt. Y - 0pt.	
[M4] Has the water system developed a long range improvements plan and was this plan available for review during the survey? [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
[M5] Does the water system have the ability to provide water during power outages? (i.e. generator, emergency tie-ins, etc.) [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
MANAGEMENT CAPACITY RATING = [_____] (Total Points)		

Financial Capacity Assessment	Point Scale	Point Award
[F1] Does the water system have a PSC issued certificated service area? [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
[F2] Has the water system petitioned PSC for a rate increase within the past five years? (NOTE: Point may be awarded if the water system provides acceptable documentation clearly showing that a rate increase is not needed, i.e., revenue has consistently exceeded expenditures by at least 10%, etc.) [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
[F3] Does the water system have an officially adopted cut-off policy for customers who do not pay their water bills, was a copy of this policy available for review by the regional engineer, and do system records (cut-off lists, etc.) <u>clearly</u> show that the water system effectively implements this cut-off policy? [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
[F4] Was a copy of the water system's officially adopted annual budget available for review by the regional engineer and does the water system's financial accounting system clearly and accurately track the expenditure and receipt of funds? [<u>Y</u> <u>N</u>]	Y - 1pt. N - 0pt.	
[F5] 1) Are annual financial reports routinely filed with the Public Utility Staff and were copies of these reports available for review by the regional engineer at the time of the survey? [<u>Y</u> <u>N</u>] 2) Does the latest financial report show that system receipts exceed expenditures? [<u>Y</u> <u>N</u>] (NOTE: Yes answer to both questions required to receive point)	All Y - 1 pt. Else - 0 pt.	
FINANCIAL CAPACITY RATING = [_____] (Total Points)		