

I. SOURCE

SOURCE				
SOURCE NAME	WATER WITHDRAWAL NUMBER	PERMITTED AMOUNT (MGD)	IS CAPACITY ADEQUATE?	ARE THERE WATER QUALITY ISSUES?
Pirtle Spring	0924	3.10 MGD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Head of Rough River overflow spring	1162	1.152 MGD (May-Nov) 2.88 MGD (Dec-Apr)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Upstream land uses (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input type="checkbox"/> Residential <input type="checkbox"/> Other _____				
Upstream discharges within 5 miles (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Recreation <input type="checkbox"/> Residential <input type="checkbox"/> Water/Wastewater Discharge <input type="checkbox"/> Other _____				
Is there a source water protection plan in place? (Call ADD if no one at plant knows.)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there any sources of Cryptosporidium in the watershed?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the sources: <u>Cattle</u>				
Is the system drought-vulnerable? (Has the system ever been on water conservation or dealt with a dwindling water source during warm weather?)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the system perform both source and finished water quality monitoring as required?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What type of water quality monitoring is done on the source water (✓ all that apply): <input checked="" type="checkbox"/> Alkalinity <input type="checkbox"/> BacTs <input checked="" type="checkbox"/> Hardness <input checked="" type="checkbox"/> Iron <input type="checkbox"/> Manganese <input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Temperature <input checked="" type="checkbox"/> Turbidity <input type="checkbox"/> None				
If multiple sources are available, is the one in use the "best" in terms of both water quality and quantity?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there any factors that have limited the capacity of raw water source(s) within the last 10 years?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If the capacity of a raw source has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any unaddressed factors that have reduced the quality of raw water source(s) in the last 10 years?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If the quality of the raw water source(s) has been reduced within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any unaddressed factors that have limited the water available for purchase from contracted source(s) in the last 10 years?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If water available for purchase through contracted source(s) has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>
COMMENTS:				

INTAKE STRUCTURE							
LOCATION			TYPE	# of INLETS	SCREEN GRID SIZE	IS FLOODING A PROBLEM?	IS SILT BUILD-UP A PROBLEM?
ROAD/AREA	LATITUDE	LONGITUDE					
Shipley Rd	37.695939	-86.108147	Fixed	2	33	NO	NO
Gray Ln	37.719117	-86.078537	Fixed	1	33	NO	NO

Number of raw water mains: <u>2</u> which are: PUMPED <input checked="" type="checkbox"/> or GRAVITY FED <input type="checkbox"/>								
Is raw water flow measured?							Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, when was the meter last calibrated? <u>4/26/2017</u>								
List any chemicals fed at the source: <u>Powder Activated Carbon</u>								
If source is a reservoir, is it aerated?							Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
List depths of intake levels (normal pool): <u>62'</u>								
Screens are: STATIONARY <input checked="" type="checkbox"/> or MECHANICAL <input type="checkbox"/>								
Is screen clogging a problem?							Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
How are screens cleaned? _____								
Are Zebra mussels a problem?							Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, list actions taken: _____								
How often are the submerged portions of the intake inspected? <u>As needed</u>								
When was the date of the last inspection? <u>1/2019: New pump and shaft, camera/video inspection of well</u>								
COMMENTS:								

II. TREATMENT/PUMPS

PRE-SEDIMENTATION			
N/A			
CAPACITY (gallons)	FLEXIBILITY TO BYPASS	CHEMICAL FEED CAPABILITY	LIST CHEMICALS FED
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are treatment chemicals fed at the inlet to the pre-sedimentation basin?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, is the chemical fed: ALL THE TIME <input type="checkbox"/> or INTERMITTENTLY <input type="checkbox"/> ?			
Is algae growth a problem?			Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are the pre-sedimentation basin(s) cleaned? _____			
COMMENTS:			

AERATION		
N/A		
TYPE	CAPACITY (gallons)	REASON FOR AERATION
COMMENTS:		

RAPID MIX
N/A

TYPE	NUMBER	VOLUME (gallons)	PHYSICAL CONDITION
Mechanical Mixer	2	3789	

List chemicals in the order they are fed at the rapid mix: Coagulant, Potassium Permanganate

Is adequate mixing of chemicals taking place? Yes No

Are there flow splits after the rapid mix? Yes No

If so, is the flow distribution even? Yes No

COMMENTS:

FLOCCULATION BASINS

N/A

TYPE	# of TRAINS / STAGES	VARIABLE SPEED DRIVE	VOLUME (gallons)	PHYSICAL CONDITION
	/	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	/	Yes <input type="checkbox"/> No <input type="checkbox"/>		

List any chemicals fed in the flocculation process: _____

What is the size and appearance of the floc? Size: N/A & Appearance: N/A

How often are flocculation basins cleaned? _____

Are the flocculation speeds tapered (decreased) through the flocculation stages? Yes No

Are there flow splits after flocculation? Yes No

Is flow distribution even? Yes No

COMMENTS:

SEDIMENTATION BASINS

N/A

TYPE	TRAINS / STAGES	VOLUME (gallons)	SQ. FT. AREA PER BASIN	% WITH TUBE SETTLERS	PHYSICAL CONDITION
Upflow Clarifier	1 / 1	169,194	1,259	None	
Upflow Clarifier	1 / 1	169,194	1,259	None	

List any chemicals fed in the sedimentation process: _____

What is the sedimentation turbidity goal? < 1.2

Where is this sample taken? Top of Filter

What is the overflow rate of the basins? 9.7 gpm/ft²

If system has an Actiflo process, what is the rise rate? _____

How often are the basins cleaned? As needed

How often is sludge removed from the basins? As needed

Sludge removal is: MECHANICAL or MANUAL

What was the sludge depth at the time of this inspection? N/A

What was the settled water turbidity at the time of this inspection? _____

Is there evidence of short-circuiting (flow or density currents)? Yes No

Is baffling present in the basins? Yes No

If yes, describe the baffling: _____

If multiple sedimentation basins, describe the piping from the basins to the filters: _____

Is there evidence of floc carryover to the filters? Yes No

COMMENTS:

FILTERS Total Number of Filters: 3 <i>Plant flow rate divided by total square footage of filters in service at the time of inspection.</i>							
TYPE	MEDIA TYPE	FILTER RATE (at insp.)	FILTER CONTROL	SURFACE WASH TYPE	FILTER TO WASTE	FILTER AREA	PHYSICAL CONDITION
Conventional	Mixed Media	3.1 gpm/ft ²	Rate of Flow	Air Scour	Yes	210	
		gpm/ft ²					

List any chemicals fed in the filtration process: _____

What is the filtered water turbidity goal? ≤ 0.04

Does this apply to the combined filter effluent? Yes No

To individual filter effluents? Yes No

What criteria are used for filter backwash? Daily (midnight shift), or based on turbidity and head loss

What is the backwash rate in gallons per minute? 1,660 GPM to > 4,100 GPM

Is filter backwash rate ramped up and down? Yes No

Is backwash flow rate measured? Yes No

Are filters ever bumped? Yes No

Is air scouring used? Yes No

What was the combined filter effluent turbidity at time of inspection? _____

Are individual filters monitored for turbidity? Yes No

Are the IFE turbidimeters calibrated per the manufacturer's instructions? (inspect documentation) Yes No

Is this turbidity continuously recorded? Yes No

Can this data be retrieved in usable form from storage (tape or CDs)? Yes No

Is filter to waste (rewash) present? Yes No

Is it used? Yes No

Can turbidity be measured while filtering to waste? Yes No

Are flows adjusted on remaining in-service filters during a backwash? Yes No

COMMENTS:

MEMBRANE FILTRATION
N/A
What type of membrane filtration is used? <u>N/A</u>
The membrane filtration process is PRESSURE <input type="checkbox"/> or VACUUM <input type="checkbox"/> driven.
What is the designed membrane flux (flow per unit of membrane area)? _____

Are pre-filters used ahead of the membranes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the direct integrity testing procedure. _____		
Describe how membrane breaks are isolated and repaired. _____		
How are the membranes "backwashed"? _____		
What type of chemical cleaning is used? _____		
How is this waste handled? _____		
Have there been any operational or maintenance issues with the membranes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain: _____		
COMMENTS:		

RESIDUALS HANDLING		
What percent of plant production is used for in-plant processes (backwash, chemical feed, sanitary)? <u>2%</u>		
How are spent backwash water and other liquid residuals handled? <u>Lagoons</u>		
If applicable, is the spent backwash holding tank/lagoon volume adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the plant discharge water from this tank/lagoon back to a body of water?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the plant have a KPDES discharge permit? If so, what is the permit number? <u>KYG640051</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the discharge meeting permit requirements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the discharge point upstream of the intake?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, how far upstream is the discharge point from the intake? _____		
Is spent backwash water recycled?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, is the spent backwash water recycled as a: "SLUG" <input type="checkbox"/> or as a CONSTANT FLOW <input type="checkbox"/> ?		
What percent of the flow is recycled? _____%		
Are chemical feed rates adjusted during recycling?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are raw water flows adjusted during recycling?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are all recordkeeping requirements of the <i>Filter Backwash Rule</i> being followed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
How are solid residuals handled? <u>Land application to HCWD1 property</u>		
COMMENTS:		

CHEMICAL FEED EQUIPMENT				
CHEMICAL NAME	PURPOSE	FEEDER TYPE	FEED POINT	NUMBER & CONDITION
Polyaluminum Cl/SO4	Coagulation	Metering Pump	Pre Quick/Flash Mix	2
KMnO4	Taste Odor	Metering Pump	Pre Quick/Flash Mix	2
Powdered Activated Carbon	Taste Odor	Volumetric	Intake	2
Hydrofluosilicic Acid	Dental Health	Metering Pump	Clearwell	2
Caustic Soda	pH Adjustment	Metering Pump	Clearwell	2

How are chemical feeders calibrated? <u>Sight tubes</u>					
How often are chemical feeders calibrated? <u>Daily</u>					
Are chemical dosages calculated?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
How often are dosages calculated? <u>Daily</u>					
Are chemicals NSF or United Laboratories certified and approved by DOW prior to use?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do the bulk liquid feed systems have day tanks?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there at least two feeders provided for essential processes (such as coagulation and disinfection)?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are spare parts available?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there enough storage for at least a 30-day supply of chemicals used?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there containment areas around the chemicals in case of spills or leaks?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are in-plant water supplies protected from backflow (cross connections)?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does a certified tester test backflow prevention devices?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes: What is the testing frequency? <u>Annually</u> Last Tested: <u>6/18/2019</u>					
COMMENTS:					

GAS CHLORINE SAFETY		
N/A		
Is the chlorine room enclosed and separate from other operating areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does it provide one complete air change per minute?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does it exhaust from floor level?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the ceiling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there an external audible and visual alarm?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are chlorine tanks secured?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the scales operational?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is automatic switchover of chlorine cylinders provided?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a shatterproof viewing window in chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the door open out and to the exterior of the building?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the chlorine room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the "buddy system" practiced when changing or moving chlorine cylinders?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is leak detection provided?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is ammonia available for chlorine leak detection?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a chlorine tank repair kit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained and certified to use the kits?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

COMMENTS:

CHLORINE DIOXIDE SAFETY

N/A

Many materials will catch fire and burn violently when in contact with chlorite.

Is sodium chlorite stored in a separate room? Yes No

Is sodium chlorite stored away from organic material? Yes No

COMMENTS:

GAS (ANHYDROUS) AMMONIA SAFETY

N/A

Is the ammonia room enclosed and separate from other operating areas? Yes No

Is there a working exhaust fan in the ammonia room? Yes No

If there is a working exhaust fan, does it provide one complete air change per minute? Yes No

Does the exhaust fan exhaust from ceiling level? Yes No

Is intake air near the floor? Yes No

Are switches located outside the ammonia room? Yes No

Are ammonia tanks secured? Yes No

Is there a shatterproof viewing window in ammonia room? Yes No

Is there a crash bar on the door of the ammonia room? Yes No

Does the ammonia room door open out and to the exterior of the building? Yes No

Is there a SCBA unit meeting NIOSH standards outside the ammonia room? Yes No

Are personnel trained to use the SCBA? Yes No

Is leak detection provided? Yes No

If leak detection is provided, is there an external audible and visual alarm? Yes No

How are ammonia leaks detected? _____

COMMENTS:

DISINFECTION

TYPE	APPLICATION POINT	REDUNDANCY AVAILABLE	FEEDER TYPE
Chlorine Gas	Pre-Filter	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chlorinator
Chlorine Gas	Pre-Clearwell	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chlorinator
Chloramine	Post-Clearwell	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Metering Pump

What is the means used to measure disinfectant chemical usage? Cl2 sight tubes, LAS sight tubes

How is the disinfectant residual monitored? Hach CL17 analyzers, grab samples

Is there an on-line, recording chlorine analyzer on the plant tap (for systems serving >3,300)? Yes No

Are C-Ts calculated daily? Yes No

COMMENTS: 40% Liquid Ammonium Sulfate added after High Service Pumps

CLEARWELLS

VOLUME (gallons)	BAFFLING TYPE	DISINFECTANT RESIDUAL	
		TOTAL	FREE
467,000	Superior (0.7)		

List chemicals in the order in which they are fed into the clearwell: Caustic, Chlorine, Fluoride

If multiple clearwells, are they:

IN SERIES (one following the other) or PARALLEL (side by side and not connected)

Are hatches secured? Yes No

Are vents screened? Yes No

How often are clear wells cleaned? As needed

COMMENTS:

WATER PLANT PUMPS
(Low service/raw water, high service/finished water and backwash)

FLOW STREAM	LOCATION	NUMBER OF PUMPS	CAPACITY (gpm)	PUMP TYPE	FLOW CONTROL METHOD
Primary Raw Water	Pirtle Spring	2	1750-2150	Vertical Turbine	Telemetry
Secondary Raw Source	Gray Lane	1	8000	Vertical Turbine	Telemetry
Backwash Water	Pirtle Spring WTP	1	4100	Vertical Turbine	Telemetry
Finished Water	Pirtle Spring WTP	2	2230	Vertical Turbine	Telemetry

Are documented maintenance and pumping records maintained for all distribution pumping stations? (minimum of pump run times, pump testing, maintenance log) Yes No

Do all pumping facilities have the ability to meet demand with one pump out of service during peak demand? Yes No

COMMENTS:

WATER PLANT ON-LINE INSTRUMENTATION

TYPE	FLOW STREAM (Location)	MANUFACTURER	LAST CALIBRATION DATE
Chlorine	Clearwell	Hach	8/23/20
Chlorine	Settled Water	Hach	8/23/20
Chlorine	Tap	Hach	8/23/20
Flow	Raw Water	Siemens	4/16/17
Flow	Tap	Seametrics	4/16/17
pH	Raw Water	Hach	8/18/20
pH	Combined Filter Effluent	Hach	8/18/20
Turbidity	Individual Filter Effluent	Hach	8/18/20

DISTRIBUTION SYSTEM

Does the system have standard specifications for design and construction of the distribution system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system prohibit new connections where pressure on the discharge side of the meter will be <30 psi?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the system able to meet minimum pressure requirements of DOW and/or other regulating authority?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented leak detection program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the distribution system have a sufficient number of valves to isolate portions of the system (for leak detection, maintenance, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If there are separate distribution system areas, are they interconnected with each other?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If they are not interconnected, how many separate areas are there? _____		
What prevents these systems from being interconnected? _____		
How many pressure zones are there? <u>3</u>		
What is the range of distribution pressures? <u>45-150</u>		
Do any distribution areas require reduced pressure valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What piping materials are included in the distribution system? <u>PVC, Cast Iron, Ductile Iron</u>		
Does the system have a program for flushing water mains?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe the process for sterilizing new mains/main breaks: <u>Cl2 as per DOW</u>		
What types of on-line instrumentation are located at booster or pump stations and tanks? <u>CL17 (chlorine), SC5500 (chloramine)</u>		
Does the system have a documented program for exercising distribution system valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented program for regular testing of water meters including raw water, distributed and customer?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a water meter replacement program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there main break/emergency notification procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented procedure for issuing a boil water advisory and a consumer advisory? The procedure shall identify when (how soon after the occurrence) and how the system shall notify the affected health department, to whom that notification shall be made both during and after normal business hours, and procedures for issuing the advisory to the public. The public notification shall include instructions for the public (including how to properly boil water) and an explanation of steps being taken to correct the problem.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe how the decision is made to issue a Boil Water Advisory: <u>As per DOW regulations</u>		
Does the system have a cross-connection control program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, is the cross-connection control program documented in writing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the cross-connection control program is not documented in writing, describe the process for finding and eliminating cross connections: _____		
Does a certified tester test the backflow prevention devices on a regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a calibrated hydraulic model been developed for the system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: Mains are flushed twice annually.		
Interconnected with HCWD1, Ft. Knox, Louisville Water, and HCWD2		

DISTRIBUTION STORAGE FACILITIES

Inspected

LOCATION	VOLUME	TANK TYPE	OVERFLOW	LAST	TELEME	%
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ROAD/AREA	LATITUDE	LONGITUDE	(gallons)		SCREEN/ FLAPPER	>10' FROM TANK	CLEANED/ INSPECTED	-TRY	TURNOVER (Per Day)
Whispering Hills	37.481177	-85.5451111	250,000	Elevated	YES	YES	2017	YES	80%
Longview	37.4714255	-85.5448163	1,200,000	Ground	YES	YES	2017	YES	Not in use
Brizendine	37.4714234	-85.518663	218,000	Elevated	YES	YES	2014	YES	33%
Lincoln Trail	37.4949023	-85.581487	750,000	Elevated	YES	YES	2015	YES	60%
Prichard Tank	37.5315196	-85.5839397	1,250,000	Ground	YES	YES	2016	YES	Varies

Are all storage tanks professionally inspected at least every 5 years (including interior, coating systems, & piping)? How often are tanks: INSPECTED 5 yrs and CLEANED 5 yrs/as needed?

Are all storage tanks and water plants equipped with hatches, covers, screens, vandal guards and locks and all tank sites fenced for security? Yes No

Are all hatches, screens, and overflows on the storage tanks checked at least monthly? Yes No

Is there corrosion protection in the tanks? Yes No

COMMENTS: Whispering Hills, Brizendine, and Lincoln Trail tanks observed at the time of the inspection. All in good condition.

DISTRIBUTION BOOSTER PUMPS AND/OR BOOSTER DISINFECTION FACILITIES

Inspected

LOCATION			PUMP or DISINFECTION	NUMBER & CAPACITY OF PUMPS (gpm)	DISINFECTION TYPE	AUXILIARY POWER
ROAD/AREA	LATITUDE	LONGITUDE				
Bldg 4773 Ft. Knox	37.887140	-85.978111	Pump	3 @ 1800		No
2900 Centennial	37.809084	-85.917443	Pump	2 @ 750		No
275 Drake	37.817365	-86.012227	Pump	2 @ 500		No
Bldg 8057, City of West Point	37.981130	-85.962769	Pump	3 @ 1750		Yes
				@		
				@		
				@		
				@		
				@		
				@		

DISTRIBUTION SAMPLING

(a minimum of N, S, E, W)

SITE	CHLORINE		pH	TURBIDITY	OTHER
	FREE	TOTAL			
N - Lincoln Trail		2.8			

S - 1400 Rogersville Rd		2.7			
E - Whispering Hills		2.3			
W - Brizendine		2.3			

Is the system maintaining the required chlorine (0.2 mg/l) / chloramine (0.5 mg/l) residuals in the distribution system? Yes No

COMMENTS: Whispering Hills location required flushing before TCR reached acceptable levels. Pre-flush levels were 0.4-0.5 mg/L. DOW suggests a more frequent flushing schedule may be needed in this area.

MAINTENANCE

- Is plant housekeeping adequate? Yes No
- Is distribution storage housekeeping adequate? Yes No
- Are adequate supplies of spare parts kept on hand? Yes No
- Are needed tools available? Yes No
- If not, is preventive maintenance performed? Yes No
- Is a lock-out/tag-out system used for electrical repairs? Yes No
- What is the general condition of operating equipment? _____

COMMENTS:

DOCUMENTATION

(✓ all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Samples taken by DEP | <input type="checkbox"/> Photographs obtained by DEP |
| <input type="checkbox"/> Samples taken by outside source | <input type="checkbox"/> Copies of records obtained by DEP |
| <input checked="" type="checkbox"/> Instrument readings taken by DEP | <input type="checkbox"/> Other documentation |

OVERALL TECHNICAL COMPLIANCE STATUS

- No Violations Observed
- No Violations Observed - Advisory Action Taken (Impending trends)
- Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)

INSPECTOR: Sara Stewart	TITLE: Environmental Inspector	DATE: 9/17/2020
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