

# **PENNVEST Capability Approval Sheet**

# PENNVEST Capability Approval Sheet

(Internal Use Only)

PWSID:		System Name:	
Evaluator Name:		Phone Number:	

### PRS and ETT Criteria

Is the System's Capability Priority Rating Score (PRS) < 200?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System's PRS score at time of evaluation:	Date Scored:	
Is the System's Enforcement Tracking Tool Score (ETT) < 11	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System's ETT score at time of evaluation:	Date Scored:	
System's water loss percentage:	Reporting Year:	

### TMF Self-Assessment and DEP Onsite Assessment\*

<b>Note:</b> If the answer to either of the above questions in "No", a DEP onsite technical, managerial and financial (TMF) capability assessment is required. The "PENNVEST Capability Checklist" must be completed and attached to this sheet.	
The system conducted a TMF Self-Assessment and their Self-Assessment Score was:	%
The attached "PENNVEST Capability Checklist" identifying any significant capability weaknesses was shared with:	
Name:	Date Shared:

### Documented Water Supplier Commitment

Attach any water supplier correspondence that documents their commitment to addressing capability weaknesses identified in the "PENNVEST Capability Checklist".
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### Capability Enhancement Facilitator Approval

TMF capability approval status ( <i>Initial and date the following as appropriate</i> ):		
<i>Initials</i>	<i>Date</i>	
		This system is TMF capable based on meeting both of the above PRS and EET criteria.
		All significant TMF capability weaknesses identified in the attached PENNVEST Capability Checklist have been or will be addressed as part of the funded project.
Evaluator's Approval Signature:		Date:

This approval is valid for a period of 12 calendar months following the above approval date.

\* A full assessment of all identified capability weaknesses is available upon request from DEP's Bureau of Safe Drinking Water.

# **TMF Self-Assessment Tool**

Commonwealth of Pennsylvania  
**Department of *E*nvironmental *P*rotection**  
Bureau of Safe Drinking Water  
Division of Training, Technical and Financial Services



Drinking Water System Technical, Financial and Managerial Survey

Date: \_\_\_\_\_ (MM/DD/YYYY)

Water System Name: \_\_\_\_\_

Water System ID (7 digit PWSID): \_\_\_\_\_

System Contact Name(s) & Title(s): \_\_\_\_\_

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

Email: \_\_\_\_\_

- 1 What is your facility average daily flow (MGD)?
  - a Equal to or less than 0.1 MGD
  - b Greater than 0.1 but no greater than 1.0 MGD
  - c Greater than 1.0 MGD but no greater than 5.0 MGD
  - d Greater than 5.0 MGD
  
- 2 What is your facility design capacity (MGD)?
  - a Equal to or less than 0.1 MGD
  - b Greater than 0.1 MGD but no greater than 1.0 MGD
  - c Greater than 1.0 MGD but no greater than 5.0 MGD
  - d Greater than 5 MGD
  
- 3 What is the source of your drinking water?
  - a Ground water (wells/springs that passed Surface Water Identification Protocol)
  - b Groundwater under the influence of surface water
  - c Surface water (river, stream, lake or other surface impoundment)
  - d both surface and ground water
  - e we purchase all of our finished water from another system
  
- 4 Do you have a DEP approved source water (or well head) protection plan in place? (Maximum 1 points)
  - a Yes (0)
  - b No (1)
  - c N/A - we purchase all of our water (0)
  
- 5 Do you conduct regular surveillance or inspections of your watershed or source area? (Maximum 2 points)
  - a No, not on a regular basis (2)
  - b Yes, on an annual basis (1)
  - c Yes, on a quarterly or more frequent basis (0)
  - d N/A - we purchase all of our water (0)
  
- 6 Based upon surveillance of your source water area do you identify and monitor any activity that has potential to affect your source water such as mining, drilling, logging, etc...? (Maximum 1 point)
  - a No (1)
  - b Yes, we identify potential sources of contamination; however we do not regularly monitor these sources (1)
  - c We identify potential sources of contamination and regularly monitor them (0)
  - d N/A - we purchase all of our water (0)
  
- 7 Have you experienced any contamination of your source water that has impacted the water

- delivered to your customers? (Maximum 2 points)
- a No, never had any problems (0)
  - b Yes, have experienced isolated problems (1)
  - c Yes, we have ongoing issues, and the required additional treatment has not been installed (2)
  - d Yes, we have ongoing issues, and the required additional treatment has been installed (1)
  - e N/A - we purchase all of our water (0)
- 8 How would you describe the quantity of water available from your water source? (Maximum 2 points)
- a We have frequent problems with running out of water, especially during drought conditions (2)
  - b We have occasional problems during drought conditions (1)
  - c our supply is adequate, we rarely or never have problems (0)
  - d N/A - we purchase all of our water (0)
- 9 Is the treatment provided at your water system adequate based upon your source water quality? (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A - we purchase all of our water (0)
- 10 If you have a surface water source or groundwater under the direct influence of surface water (GUDI) source, is it appropriately filtered? (Maximum 2 points)
- a No (2)
  - b Yes (0)
  - c N/A - we do not have a surface water or GUDI source (0)
- 11 Do you have a list and location of your system assets? This would include all equipment, piping, structures and physical assets at the treatment facility as well as the distribution system? (Maximum 2 points)
- a No (2)
  - b Yes, we have a partial list (1)
  - c Yes, we have a complete list (0)
- 12 Do you document the age, condition and expected life of all your system assets? (Maximum 2 points)
- a No (2)
  - b Yes, we have some information in regard to the age and condition of the assets (1)
  - c Yes, we have a complete list of assets and we know the age, condition and expected life of all of them (0)
- 13 Do you have a documented asset management or capital improvement plan to rebuild or replace assets as they near the end of their expected life cycle? (Maximum 2 points)

- a No (2)
  - b Yes, for some of the assets but not an all-inclusive plan (1)
  - c Yes, a plan is in place to deal with all assets that reach the end of their life cycle (0)
- 14 Do you have a prioritized list of your assets and an assessment of the criticality of those assets? (Example: If you have one main pump station that, if out of service, shuts down your entire water system. This would be considered a critical asset and a high priority) (Maximum 2 points)
- a No (2)
  - b Yes, for major assets but not for smaller or less critical assets (1)
  - c Yes, all assets are ranked for criticality and prioritized accordingly (0)
- 15 Would you consider the condition of your assets a potential or real threat to public health and safety? (Maximum 2 points)
- a Yes, we currently have problems or are incurring violations due to worn out or inadequate structures, equipment or piping (2)
  - b Yes, we have sporadic problems or violations due to the condition of the system assets (1)
  - c We are experiencing minor problems, that if continued would pose a threat or incur violations (1)
  - d No, there are no current problems or violations, nor any anticipated threats to public health due to the condition of system assets (0)
- 16 Do you know how much it will cost to replace your assets when they wear out or reach the end of their expected life cycle? (Maximum 1 point)
- a No (1)
  - b For major assets only(1)
  - c We have a detailed listing along with anticipated replacement costs (0)
- 17 Do you have redundancy or back-up for your major critical assets? (Maximum 1 point)
- a No (1)
  - b In some cases, yes (1)
  - c Yes, we have back-up for all major units (0)
- 18 Do you have a DEP permitted alternate source or interconnection with another system or a DEP approved plan in place to fully supply your customers with potable water in the event of a failure in your system? (Maximum 1 point)
- a No (1)
  - b Yes (0)
- 19 Is there potential for your system to be consolidated with, or acquired by, a more viable system? (Maximum 1 point)
- a No (0)
  - b Yes, and we are willing to investigate consolidation (0)
  - c Yes, but we are not interested in consolidating (1)
- 20 Over the last 3 year period, how many times did you have to notify the public of a critical

- problem or violation (boil water advisory, do not drink notice, do not use notice)? (Maximum 2 points)
- a None (0)
  - b Once (1)
  - c Between 2 and 4 times where public notification was necessary (1)
  - d 5 or more times (2)
- 21 Have you had any outbreaks of waterborne illness due to the consumption of water from your system within the last 5 years? (Maximum 2 points)
- a Not that we are aware of (0)
  - b There was an allegation to that effect but no proof of it (1)
  - c Yes, there was a documented case of waterborne illness (2)
- 22 Was your most recent Filter Plant Performance Evaluation (conducted by PA DEP) rated as "Needs Improvement"? (Maximum 1 point)
- a Not applicable, we have groundwater or purchase all of our water (0)
  - b No (0)
  - c Yes (1)
- 23 Do you currently have any active orders issued by the PA DEP, US EPA, or any Health Department in regard to your water system? (Maximum 2 points)
- a No (0)
  - b Yes (2)
- 24 Do you have at least one properly certified operator for your water system? (Maximum 2 points)
- a No (2)
  - b Yes (0)
- 25 Has your water system submitted its most recent annual form designating your available certified operator to the PA DEP? (Maximum 1 point)
- a No (1)
  - b Yes (0)
- 26 Does your facility have detailed Standard Operating Procedures (SOP's) that were approved by a properly certified operator to be used if a certified operator is not available? (Maximum 1 point)
- a No (1)
  - b All of our shifts are covered by properly certified operators therefore SOP's are not required (0)
  - c We have some detailed SOP's, but not for all possible process control decisions (1)
  - d Yes, we have an extensive set of SOP's (0)
- 27 A process control decision can be defined as any action that changes the quality or quantity of water produced by your system. Are ALL process control decisions made by properly certified operators? (Maximum 1 point)

- a No (1)
  - b Yes (0)
  - c Some uncertified personnel change the quality or quantity of water, but only if the process is defined in a detailed Standard Operating Procedures document created and approved by the certified operator(0)
- 28 Do your treatment plant operators have a system in place (and do they use that system) to communicate to system owners about any real or potential problems that may be or are causing violations? (Maximum 2 points)
- a No, there is no process for reporting these issues (2)
  - b Yes, there is a process in place but it is rarely used when needed (1)
  - c Yes, the process in place is utilized to report issues (0)
- 29 Do you have a detailed job description for all facility operators? (Maximum 1 point)
- a No (1)
  - b Yes (0)
- 30 Are ALL of your shifts staffed by certified operators? (Maximum 1 point)
- a No (1)
  - b Yes (0)
- 31 Are all of your facility operators completely familiar with your facility permits as well as applicable state or federal laws and regulations concerning compliance, proper operation and maintenance? (Maximum 1 point)
- a No (1)
  - b Somewhat familiar (1)
  - c Yes, completely familiar (0)
- 32 Are there potential opportunities to consolidate functions (ex. Sharing spare parts inventories, purchasing supplies and chemicals or purchasing mobile equipment) with nearby systems? (Maximum 1 point)
- a We have not explored whether there are any opportunities to consolidate functions (1)
  - b There are opportunities present but we have not pursued any options (1)
  - c We are currently participating in cooperative practices with nearby systems (0)
  - d There are no cooperative options present (0)
- 33 How does your system bill the customers? (Maximum 1 point)
- a Flat rate or fee (1)
  - b There is no charge for water service (1)
  - c Based on consumption (metered) (0)
  - d None of the above (0)
- 34 Does your system supply a water bill to customers separate from any other utility or fee (For example, separate from lot rent, association fees, or other utility bills)? (Maximum 1 point)

- a Customers receive a bill for water service separate from all others (0)
  - b The cost for water service is combined with another bill or fee (1)
  - c There is no charge for water service (0)
- 35 How often do you bill your customers for water service? (Maximum 2 points)
- a Less often than quarterly (2)
  - b Quarterly (1)
  - c bi-monthly (0)
  - d Monthly (0)
  - e We do not bill our customers for water (0)
- 36 What is the average monthly water bill for a typical customer (if your system bills other than monthly, adjust for monthly rate)? (Maximum 1 point)
- a Less than \$20/month (1)
  - b \$20 - \$40 / month (1)
  - c \$40 - \$60 / month(0)
  - d \$60 - \$80 / month (0)
  - e \$80 or more (0)
- 37 Approximately how many residential connections does your system serve? (Maximum 0 point)
- a Less than 25 connections
  - b 26 - 75 connections
  - c 76 - 500 connections
  - d 500 - 2,000 connections
  - e Greater than 2,000 connections
- 38 When was your last rate increase? (Maximum 1 point)
- a within the last 1 year (0)
  - b Within the last 2 years (0)
  - c 3-5 years ago (1)
  - d more than 5 years ago (1)
- 39 Do you regularly adjust your customer rates to account for all system needs including eventual replacement of facilities and future growth considerations? (Maximum 2 points)
- a We do not evaluate the rates and only adjust if we are in deficit or close to a deficit (2)
  - b No, increasing rates is not an option (2)
  - c Yes, we evaluate the rates annually and adjust based upon current and future system needs (0)
  - d Yes, we evaluate the rates every few years and adjust based upon current and future system needs (1)
- 40 Do you have a detailed annual budget document? (Maximum 2 points)
- a No, we keep track of our balances and use funds when needed (1)
  - b No, we have no budget and we do not track expenses or revenues (2)

- c Yes, we budget all planned expenses and revenues (0)
- 41 Do you have a Capital Reserve Account that can be used for replacement of worn out equipment or installation of newly needed equipment? (Maximum 1 point)
- a No (1)
  - b Yes (0)
- 42 Are the funds available in your Capital Reserve Account adequate enough to pay for all projected capital expenditures? (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A - We have no Capital Reserve Account (1)
- 43 Do you look for ways to reduce consumption on utility bills such as electric or gas? (Maximum 2 points)
- a No (2)
  - b We have done some work here, we could do more (1)
  - c Yes, we have audited our energy usage and make the most efficient use of electricity and other utilities (0)
- 44 What percentage of your customers are more than 90 days past due (or considered delinquent) on their water bill or rental fee you charge in which water service is considered? (Maximum 2 points)
- a 5% or less (0)
  - b between 5% and 10% (1)
  - c between 10% and 15% (1)
  - d more than 15% (2)
  - e We do not provide a water bill and we do not consider water services on any other fees to customers (0)
- 45 Do you use the revenues generated by your water system to fund other non-water system needs? (Maximum 1 point)
- a Yes (1)
  - b No (0)
- 46 Are revenues generated by the water system sufficient to fund annual expenses associated with the system? (Maximum 1 point)
- a Yes (0)
  - b No (1)
- 47 If you have a program to shut off water for non-payment of bills, how long till you shut off the water? (Maximum 2 points)
- a We shut off the water within 90 days (or less) of being delinquent (0)
  - b We shut off the water between 90 days and six months of being delinquent (1)
  - c We only shut off water occasionally (1)

- d We do not shut off water for non-payment of bills (2)
  
- 48 Do you calculate how much it costs you to produce your water (including ALL costs such as utilities, chemicals, labor, administrative, operations and maintenance, etc...) (Maximum 1 point)
  - a No (1)
  - b Yes (0)
  
- 49 Do you have an Operations and Maintenance (O&M) Plan that has been reviewed by PA DEP? (Maximum 1 point)
  - a No (1)
  - b Yes (0)
  
- 50 Do you have owners and/or operations manuals for all equipment and facilities critical to the quantity and quality of water in your system (monitoring equipment, pumps, treatment units, etc...)? (Maximum 1 point)
  - a No (1)
  - b Yes (0)
  
- 51 Do you have the names, addresses and contact information for all equipment and facilities critical to the quantity and quality of water in your system (monitoring equipment, pumps, treatment units, etc...)? (Maximum 1 point)
  - a No (1)
  - b Yes (0)
  
- 52 Do you have adequate spare parts and supplies in house to carry out routine maintenance tasks? (Maximum 1 point)
  - a No (1)
  - b Yes (0)
  
- 53 Is maintenance scheduled and performed on your equipment at least as often as recommended by the manufacturer? (Maximum 1 point)
  - a No (1)
  - b Yes (0)
  
- 54 Is your system flow monitored with a master meter either at the source, the treatment plant, or a purchasing interconnection with another system? (Maximum 1 point)
  - a No (1)
  - b Yes (0)
  
- 55 If you monitor flow in your system with a master meter, is the flow meter calibrated based on manufacturer recommendations? (Maximum 2 points)
  - a No (2)
  - b Yes, and it has been calibrated within the last 5 years (0)
  - c Yes, but it has been more than 5 years since the last calibration (1)

- d N/A - We do not monitor flow with a meter (2)
- 56 Are chemical feeds in your plant adjusted whenever plant flow or water quality conditions change (Maximum 2 points)
- a Chemical feed pumps are adjusted based upon water quality changes only (1)
  - b Chemical feed pumps are adjusted based upon plant flow only (1)
  - c Chemical feed pumps are adjusted based upon both plant flow and water quality changes (0)
  - d Our chemical feed pumps do not need adjusted because both the water quality and plant flow never changes (2)
  - e N/A - Chemical feed pumps are not used by our system (0)
- 57 Do you regularly calibrate and maintain your chemical feed pumps (in accordance with Manufacturer's recommendations) and do you document the calibration with a calibration curve? (Maximum 2 points)
- a No, we do not calibrate as often as recommended by the manufacturer and do not produce a calibration curve (2)
  - b We do not calibrate as often as recommended but, when we do, we produce a calibration curve (1)
  - c We calibrate as often as recommended but do not produce a calibration curve (1)
  - d Yes, we calibrate as often as recommended and produce a calibration curve (0)
- 58 Does your facility have detailed (documented) Standard Operating Procedures for mixing of day tank chemical solutions to insure appropriate solution concentrations? (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A we do not create a day tank solution for chemical feeds or do not treat with chemicals at all (0)
- 59 Do your monthly operational records include (as applicable): the amount of water produced daily, chemicals added daily, and daily monitoring results? (Maximum 1 point)
- a No (1)
  - b Yes, all that apply (0)
- 60 Is the location, size, and material of all distribution piping and valves documented on maps or GIS? (Maximum 2 points)
- a No (2)
  - b We have some mapping for the system but not all (1)
  - c Yes, we have complete mapping or GIS locations (0)
- 61 Does your system have an interconnect, valve, and blow-off exercise program that you implement? (Maximum 2 points)
- a No (2)
  - b We do not have it documented but we do exercise our interconnects, valves and blow-offs

- occasionally (1)
  - c We do have a plan but we do not implement it (2)
  - d Yes, we have a documented plan that we implement (0)
- 62 If you have an interconnect with another system, do you exercise the interconnection valve at least annually (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A - we do not have an interconnection (0)
- 63 Do you have a documented flushing program that you implement? (Maximum 2 points)
- a Yes, we implement as noted in our plan (0)
  - b We have a plan but do not flush as noted (1)
  - c We only flush when we receive complaints (1)
  - d No, we have no program and do not flush (2)
- 64 What percentage of water purchased or produced annually by your system is not billed to customers? (Maximum 2 points)
- a 0% - 19% (0)
  - b 20% - 29% (1)
  - c 30% - 39% (1)
  - d 40% or more (2)
  - e Our system does not calculate water loss or non-revenue water (2)
- 65 Do you regularly monitor processes for key operating parameters in order to maximize the effectiveness of your treatment process (such as jar testing, contaminant concentrations, etc...) (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A - we do not treat our water at all (0)
- 66 Are Material Safety Data Sheets (MSDS) maintained for all chemicals and are they readily accessible? (Maximum 1 point)
- a No (1)
  - b Yes (0)
- 67 Are all of your employees trained on safety procedures and equipment in the work place (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A - our system has no facilities where safety issues would arise from chemicals or equipment (0)
- 68 Do you have appropriate safety equipment and supplies for operation and maintenance of the

water system? (Maximum 1 point)

- a No (1)
- b Yes (0)

69 Do you have an Emergency Response Plan that has been reviewed by PA DEP? (Maximum 1 point)

- a No (1)
- b Yes (0)

70 Is access to key areas that may impact water quality or quantity limited to those granted permission by the water system? (Maximum 1 point)

- a No (1)
- b Yes (0)

71 Do you have an alarm system or automatic phone dialer that monitors critical facilities, processes and areas, that if compromised could impact public health. (This would include process control monitoring, intrusion detection, fire, loss of power or other conditions that may impact system integrity or water quality)? (Maximum 1 point)

- a No (1)
- b Yes (0)
- c For some processes and facilities, not all (1)

72 Are emergency response agencies (fire, police, EMS, etc..) familiar with your system (water source, treatment plant, storage tanks, etc...) and prepared to respond to emergencies or situations that could impact public health, water quality, system integrity or employee safety? (Maximum 1 point)

- a No (1)
- b Yes (0)
- c Some are informed but more preparation is needed in this area (1)

73 Are chemicals (especially hazardous materials) stored in secure locations with secondary containment that are monitored for leaks and intrusions? (Maximum 1 point)

- a No (1)
- b Yes (0)
- c Only in some cases (1)

74 Have you identified areas, or received consistent complaints from areas in your distribution system where water pressure or water quality is an issue? (Maximum 1 point)

- a No (0)
- b Yes (1)

75 Does your water system governing body (Ex. board or owner) attend any technical, managerial, or financial trainings as it applies to the water industry? (Maximum 1 point)

- a No (1)
- b Yes (0)

- 76 Does your water system governing body conduct regular meetings? (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A - the system is privately owned (0)
- 77 If your water system conducts regular meetings, is an agenda prepared beforehand? (Maximum 1 point)
- a No (1)
  - b Yes (0)
  - c N/A - the system does not conduct meetings (1)

# **PENNVEST Capability Checklist**

**Department of Environmental Protection**  
**Bureau of Safe Drinking Water - Capability Enhancement Program**  
**Technical-Managerial-Financial (TMF) Capability Weaknesses**

PWSID:		System Name:			
Evaluator Name:		Phone Number:		Email:	

A capability score is calculated based on a system’s compliance history. Systems having a capability score of  $\geq 200$  have been identified as having capability weaknesses based on their inability to consistently comply with safe drinking water regulations. The Department of Environmental Protection (Department) conducts onsite TMF capability assessments at these systems as part of their PENNVEST capability review. Capability weaknesses are root cause issues that prevent water systems from maintaining compliance or maintaining long term viability. The capability weaknesses marked below with an “X” in column C were identified at your water system. These capability weaknesses are required to be addressed prior to receiving Drinking Water State Revolving Fund (DWSRF) funding or as part of the DWSRF funded project. Note that all acute violations must be addressed immediately. A prompt response is requested in order to complete the PENNVEST capability review in a timely manner.

**Table of Capability Weaknesses**

A. Item No	B. Capability Weakness	C. Must Address Prior to Funding or as Part of the Funded Project	D. Regulatory Citation
<b>Significant Capability Weaknesses</b>			
1.	Imminent Threat Violations: (A2) <ul style="list-style-type: none"> <li>• Failure of key water treatment processes</li> </ul> Acute violations (A3) <ul style="list-style-type: none"> <li>• Surface or GUDI system without filtration</li> </ul>	<input type="checkbox"/>	109.202 MCLs, MRDLs or Treatment Technique Requirements

2.	<p>Priority Violations:</p> <p>(B1)</p> <ul style="list-style-type: none"> <li>• Failure to provide an adequate supply of water</li> <li>• System is having problems with water quantity, meeting demand, inadequate supply</li> <li>• If excessive water loss leads to water outages, could qualify as B1</li> </ul> <p>(B2)</p> <ul style="list-style-type: none"> <li>• Failure to provide an adequate min residual in dist</li> <li>• Inadequate Disinfection in Distribution System</li> </ul> <p>(B3)</p> <ul style="list-style-type: none"> <li>• Water system is not in compliance with MCLs, MRDLs or Treatment Technique Requirements</li> </ul> <p>(B4)</p> <ul style="list-style-type: none"> <li>• Not in compliance with Department order</li> </ul> <p>(B5)</p> <ul style="list-style-type: none"> <li>• System has unpermitted source(s) connected to the system</li> </ul>	<input type="checkbox"/>	<p>109.607 Pressures (related to design); 109.4 General Requirements;</p> <p>109.710 Disinfectant residual in the distribution system;</p> <p>109.202 MCLs, MRDLs or Treatment Technique Requirements;</p> <p>109.603 Source quality and quantity;</p> <p>Per Department order;</p> <p>109 Subchapter E. Permit Requirements</p>
3.	<p>Operation/Administrative Violations (C,D,E) that are contributing to an imminent threat or priority violation, or when the violation is chronic/persistent</p> <p>(C1)</p> <ul style="list-style-type: none"> <li>• Chemicals, materials and/or equipment do not meet ANSI/NSF 60 or 61</li> </ul> <p>(C4)</p> <ul style="list-style-type: none"> <li>• If lack of financial planning is contributing to the failure to properly operate or maintain the PWS</li> <li>• Water treatment plant is unattended during periods of operation and alarms do not allow for fast response to water quality problems</li> </ul> <p>(C7)</p> <ul style="list-style-type: none"> <li>• System has outstanding permit violations</li> </ul>	<input type="checkbox"/>	<p>109.606 Chemicals, materials and equipment;</p> <p>109 Subchapter E. Permit Requirements;</p> <p>109.703 Facilities Operation</p> <p>109.701 (a)(3)(iii) Circumstances exist which may adversely affect the quality or quantity of drinking water</p>
4.	<p>Process control decisions are being made without an SOP by someone other than the operator in responsible charge</p>	<input type="checkbox"/>	<p>302.1203 Process Control Decisions</p>
5.	<p>System refuses TMF Capability Assessment, other department inspection, or fails to produce requested items covered under 109.6</p>	<input type="checkbox"/>	<p>109.6 Inspection Authorization</p>
6.	<p>System has not conducted disinfection profiling and benchmarking when required</p>	<input type="checkbox"/>	<p>109.204 Disinfection Profiling and Benchmarking</p>

7.	System is not in compliance with monitoring and reporting requirements	<input type="checkbox"/>	109.301 General Monitoring Requirements 109.701 Reporting and record keeping
8.	EPA analytical method not being followed for sampling, analysis or calibration	<input type="checkbox"/>	109.304 Analytical requirements
9.	System has not submitted Available Operator Report and/or fee	<input type="checkbox"/>	302.1206 Operator in responsible charge 302.202 Operator certification program fees
10.	System has failed to identify an owner or responsible official	<input type="checkbox"/>	109.4 General Requirements
11.	System has not submitted a Primary Facilities Report, a Sub-facilities Report, or a Water Allocations Report	<input type="checkbox"/>	Water Rights Act Act 220-Chapter 110, Subchapter C 109.701 (b) (2)
12.	System does not have necessary SOPs	<input type="checkbox"/>	109.702 Operation and Maintenance Plan 302.1204 Standard operating procedures
13.	System does not have an Operation and Maintenance (O&M) Plan, O&M Plan needs updated, or system is not implementing their O&M Plan	<input type="checkbox"/>	109.702 Operation and Maintenance Plan
14.	Funded project will cause a significant change to disinfection process, disinfection practice, or will affect disinfection efficacy and system has not conducted disinfection profiling and benchmarking	<input type="checkbox"/>	109.204 Disinfection Profiling and Benchmarking
15.	System has not corrected significant deficiencies identified in a Sanitary Survey	<input type="checkbox"/>	109.705 Sanitary Surveys; 109.4 General Requirements
16.	No properly certified operator	<input type="checkbox"/>	109.704
17.	Violation(s) that contributed to an ETT Score $\geq 11$ remain unaddressed	<input type="checkbox"/>	Per memo from Cynthia C. Dougherty w/ EPA's interpretation of SDWA 1452(a)(3) requirements
18.	No ERP or ERP needs updated	<input type="checkbox"/>	109.707 Emergency response plan
<b>Weaknesses Contributing to a Significant Deficiency</b>		The following capability weaknesses may be included in the above list of weaknesses needing to be addressed if contributing to a significant deficiency and adversely affecting operations.	
1.	Cross-Connection present or no Cross-Connection Control Program	<input type="checkbox"/>	109.709 Cross-connection control program (at the direction of DEP) 109.608 Cross-connections
2.	System has a history of noncompliance, consolidation/interconnection is an option, and the system has not evaluated whether consolidation/interconnection is the most feasible/viable option.	<input type="checkbox"/>	109.4 General Requirements
3.	System does not have an Asset Management Plan	<input type="checkbox"/>	109.4 General Requirements
4.	Inadequate record keeping & maintenance of records	<input type="checkbox"/>	109.701 Reporting and record keeping
5.	System is not maintaining a Monthly Operations Report (MOR)	<input type="checkbox"/>	109.701 Reporting and recordkeeping

6.	Water system has not conducted a Sanitary Survey	<input type="checkbox"/>	109.705 Sanitary Surveys
7.	No Distribution System Map	<input type="checkbox"/>	109.706 System Distribution Map
8.	Lack of resources adversely affecting operations	<input type="checkbox"/>	109.701 (a)(3)(iii)(H)—lack of resources that adversely affect operations, such as staff shortages 109.704 (a) & (b) Operator Certification
9.	System is not practicing full cost pricing which is adversely impacting operations	<input type="checkbox"/>	109.4 General Requirements
10.	System only has one source of water	<input type="checkbox"/>	109.602 & PWS Manual-Part II
11.	System does not have redundant processes or backup treatment	<input type="checkbox"/>	109.602 & PWS Manual-Part II
12.	Last FPPE evaluation rating was “needs improvement” and priority comments have not been addressed (surface and GUDI systems only)	<input type="checkbox"/>	N/A
13.	Lack of in house training is adversely affecting operations	<input type="checkbox"/>	N/A
14.	Chemical feed pumps are not routinely calibrated and/or dosage charts are not used or available and is adversely affecting operations	<input type="checkbox"/>	109.4 General Requirements
15.	System exercises interconnect valve less frequent than annually; if one exists	<input type="checkbox"/>	109.4 General Requirements 109.702 Operation and maintenance plan

Narrative description of identified capability weaknesses:

Evaluator Name	Signature	Date