

United South and Eastern Tribes, Inc.
Natural Resources Committee Tribal Peer Review Self Assessment

Water System Name: _____ Date: _____

Address: _____

Tribe: _____ Contact: _____

Phone: _____ Email: _____

MONITORING, REPORTING AND DATA VERIFICATION

1. Do you have a compliance monitoring schedule? Yes No Not Sure
2. Are reporting requirements followed? Yes No Not Sure
3. Are records of the monitoring program adequately maintained? Yes No Not Sure
4. Are the water system testing facilities adequate? Yes No Not Sure
5. Is the water system analysis equipment adequate and calibrated? Yes No Not Sure
6. Is a certified lab used? Yes No Not Sure
If yes, what is the lab name? _____
7. Have you had any violations in the past year? Yes No Not Sure
8. If you have had violations, have they been corrected? Yes No Not Sure
9. If the violations have not been corrected, explain why. _____

10. Do monthly operating reports (MOR's) and daily bench sheets report any of the following?
 - CT calculations
 - MCLs
 - filter run
 - filter rates
 - backwash rates
 - clearwell capacity
 - chemical ppm
 - chemical amounts used
 - residuals
 - pumping amounts
 - Other _____

“Because there is strength in Unity”

11. Do you track the following?
Finances Yes No
Operation Data Yes No
Maintenance SOPs Yes No
12. Are records maintained for:
Microbiological analyses for 5 years? Yes No
Chemical analyses for 10 years? Yes No
Actions taken to correct violations for 3 years after the last action was taken? Yes No
Copies of written reports, summaries, or communications relating to sanitary surveys for 10 years?
 Yes No
For variances or exceptions for 5 years? Yes No
Lead and copper records for 12 years? Yes No
13. Does the system have a written safety program in place that meets OSHA requirements?
 Yes No Not Sure
If yes, is the program being followed? Yes No Not Sure

Comments: _____

