

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

Water System Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tribe: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**WATER DISTRIBUTION**

1. What are the three most common complaints?
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  
2. What is the water system line pressure?  
Average \_\_\_\_\_ p.s.i.  
Minimum \_\_\_\_\_ p.s.i.  
Maximum \_\_\_\_\_ p.s.i.
  
3. Are plans of the distribution system available and current?  Yes  No  Not Sure
  
4. Do maps contain any of the following information? Check all that apply.
  - Pipe size, type, location
  - Valve and blowoff locations
  - Storage tank size, location, elevations
  - Interconnections with other systems
  - Dead end lines
  - Oldest portion of pipe
  - Proposed construction
  - Hydrant locations
  - Sampling/monitoring sites
  - Other \_\_\_\_\_
  
5. What is the typical free chlorine residual being maintained at the end of line? \_\_\_\_\_ ppm
  
6. Is the booster chlorination required?  Yes  No  Not Sure
  
7. Have you experienced problems maintaining residual chlorine level in the system?  
 Yes  No  Not Sure
  
8. Is the system interconnected with any other water systems?  Yes  No  Not Sure
  
9. Does your system have an active written cross connection prevention program?  Yes  No  Not Sure

*“Because there is strength in Unity”*

- 10. Is water loss calculated and recorded?  Yes  No  Not Sure  
If yes, is calculation performed:  Monthly  Quarterly  Annually  Other \_\_\_\_\_
- 11. Are there written standard operating procedures (SOP's) for all tasks?  Yes  No  Not Sure  
If yes, are the procedures followed?  Yes  No  Not Sure
- 12. Is there a contingency plan for emergency situations? (For example: long term power outages, equipment failure, etc)  Yes  No  Not Sure
- 13. Do you have a Homeland Security Plan?  Yes  No  Not Sure
- 14. Does the system have a meter test program?  Yes  No  Not Sure
- 15. How many service connections? \_\_\_\_\_
- 16. What percentage are nonresidential? \_\_\_\_\_%
- 17. Does your system have a sampling and monitoring plan in place?  Yes  No  Not Sure
- 18. List the types of nonresidential services. (For example: hospitals, funeral parlors, offices, industries, restaurants, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 19. Are there areas of the system that are dead ends or have abnormally low pressure?  
 Yes  No  Not Sure
- 20. Does the system have adequate repair materials on hand?  Yes  No  Not Sure

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_