

USET PEER REVIEW SELF ASSESSMENT

Water System Name: _____
Address: _____
County: _____
Phone: _____
Date: _____

WATER SYSTEM MANAGEMENT & OPERATIONS

1. Do you have a compliance monitoring schedule? Yes No Not Sure
2. Are reporting requirement 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 _____

Water System Management & Operations
Peer Review Self Assessment

11. Do you track the following?

Finances Yes No

Operation Data Yes No

Maintenance practices Yes No

12. Does the system have a written safety program in place that meets requirements?

Yes No Not Sure

If yes, is the program being followed? Yes No Not Sure

Comments:
