

ATTACHMENT D – DRINKING WATER EVALUATION DATA SHEET

System/Facility Name: _____ System/Facility ID: _____

Evaluation Date/Time: _____ Evaluation Type: ☐ Phone ☐ On Site ☐ E-mail

Lead Evaluator (Team Lead) Name: _____ Affiliation: ☐ TCEQ ☐ EPA ☐ START

1. Was a system POC available? ☐ Yes ☐ No Name: _____ Contact #: _____

2. Characterize the extent of damage to the system/facility and surrounding area:

☐ N/A ☐ Minor ☐ Major ☐ Destroyed

3. What type of damage occurred at the system/facility?

☐ N/A ☐ Critical equipment (tanks, pumps, etc) ☐ Non-critical equipment (fencing, signage, etc)

4. What is the electrical power status?

☐ On Grid ☐ On Generator ☐ No Grid-No Generator (offline) ☐ Part Grid-Part Generator

5. If generator is in use, how much fuel is remaining?

☐ N/A ☐ < 1 day ☐ < 3 days ☐ < 1 week ☐ > 1 week ☐ Unknown

6. Is system/facility fully operational?

☐ Yes, fully ☐ Partial, with issues ☐ No, offline ☐ Unknown, no one available on-site/phone

7. Estimated time frame to restore system/facility to “fully operational” status?

☐ N/A ☐ Hours ☐ Days ☐ Weeks ☐ Months ☐ Unknown

8. At any point, did the system lose pressure (below 20 psi)?

☐ Yes ☐ No ☐ Unknown

9. Has a Boil Water Notice (BWN) been issued? If, Yes Date of Issuance: _____

☐ N/A ☐ Yes ☐ No ☐ BWN Needed

10. What was the reason for the BWN being issued?

☐ N/A ☐ Pressure loss ☐ Line Break ☐ No disinfection ☐ Other (write in comments)

11. Method of BWN issuance:

☐ N/A ☐ Hand delivery of notice to all residents ☐ Posted notice ☐ Media announcement

12. Date BWN lifted: _____ ☐ N/A

13. Are all customers in the system currently being supplied with potable water?

☐ Yes ☐ No ☐ Partial ☐ Unknown

14. Is follow-up needed?

☐ No ☐ 1 Week ☐ 2 Weeks ☐ > 2 Weeks

15. Current Overall Operational Status Code:

☐ OK ☐ CLEAR ☐ DESTROYED ☐ GENOK ☐ GENLP ☐ LP/LT
☐ RESULTS ☐ LEOK ☐ INOP ☐ SITE ☐ OUT