

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