



**Vermont Department of Environmental Conservation
Drinking Water and Groundwater Protection Division**

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Agency of Natural Resources

Water System Identification Number (WSID):	Water System Name:	Water System Type: C NTNC
Water System Representative Name (Administrative Contact or Operator):		Date:
Water System Representative Name (Administrative Contact or Operator): Signature:		

The following is a pre-sanitary survey questionnaire and Water System self-certification form. This completed pre-sanitary survey questionnaire and system self-certification is used in conjunction with the Division's file review and onsite sanitary survey inspection to produce the Sanitary Survey Letter that summarizes observations of compliance with State and Federal Rules.

GENERAL WATER SYSTEM INFORMATION:

1. Has the Water System had a change in Ownership, Administrative Contact, or Designated Operator since the last sanitary survey (approximately the past three years)? (If Yes, please explain below)	Yes	No
2. Total number of service connections served by the Water System as defined by subchapter 21-2 of the Water Supply Rule.		
3. Approximate population currently served.		
4. Are all connections metered?	Yes	No
5. Current Water System rates and billing frequency.		
6. Does the Water System have Ordinances and/or Bylaws? If Yes, date of last update	Yes	No
7. Does the Water System have an Asset Management Plan?	Yes	No
	Component Inventory and Assessment Yes No	Asset Replacement Schedule Yes No
8. Does the Water System have a Capital Reserve Fund?	Yes	No

9. Is the Water System planning for improvements? If yes, please explain below.	Yes	No
10. Does the Water System own and control the land around its source(s) by deed or other conveyance?	Yes	No
11. Does the Water System have a Service Area and Facility Map?	Yes	No
12. Does the Water System have an Emergency Response Plan?	Yes	No
13. Does the Water System have a backup Operator?	Yes	No
14. Does the Water System have emergency power?	Yes	No
If yes, what components of the Water System are covered by emergency power?		
15. Estimate of the number of distribution line leaks/breaks in the past 3 years		
Have the leaks/breaks been trended to a particular section or piping or materials?	Yes	No
16. Has the Water System encountered any lead service lines or goosenecks in the past 3 years?	Yes	No
If so, how does the Water System address their removal/replacement?		
17. Does the Water System have a cross connection control plan?	Yes	No
Has each testable backflow prevention assembly installed for premises isolation been tested by a certified backflow assembly tester (BAT) within the past 12 months?	Yes	No
18. When was the Water System's last comprehensive storage tank inspection(s)?		
Were there any findings or recommendations in the inspector's report? If yes, please explain below what corrective actions have been taken.	Yes	No
19. When was the Operation and Maintenance (O&M) manual last updated? (please have O&M manual readily available at survey for inspection).		
20. Does the Water System's distribution system contain any asbestos cement pipe?	Yes	No

Pre-Sanitary Survey Questionnaire and Water System Self-Certification Form

21. If the Water System provides fire protection, how many fire hydrants are connected to the system?			
22.	Does the Water System have an ISO rating?	Yes	No
	If yes, what is the rating?		
23. How many flushing hydrants does the Water System have?			
24. When was the last comprehensive distribution system flushing?			
25. Unresolved sanitary deficiencies from the last sanitary survey		Yes	No
	Unresolved Deficiency:	Explanation:	
26. Unresolved Permit to Operate Compliance Items		Yes	No
	Unresolved Compliance Item:	Explanation:	