

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