

# Public Water System Assessment Data Sheet

PWS-ID: TX \_\_\_\_\_ PWS Name: \_\_\_\_\_

Assessment Date/Time: \_\_\_\_\_ Type:  Phone  On-Site  E-Mail

Team Lead: \_\_\_\_\_ Affiliation:  State/Local  Federal  Contractor

POC Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

POC e-mail: \_\_\_\_\_

Was a system POC available?  Yes  No

*If no POC was available, fill in who you tried to contact and phone number(s) then stop here unless entering BWN information*

**➡ If you are only entering Boil Water Notice (BWN) information, skip to Question 10 or for Rescind Notices Q14 ⬅**

**1. Characterize the extent of the damage to the system/facility and surrounding area**

None  Minor  Major  NOAC  Destroyed *(If destroyed, go to Q18 and choose the Destroyed Status Code)*

**2. Is system/facility operational?**

Yes, fully  Partial, with issues  No, offline  NOAC *(no access to the system)*

**3. Is the loss of critical equipment or treatment preventing operation of the system?**

Yes  No *(If YES, provide brief description of equipment and/or treatment needs in comments)*

**4. What is the general electrical power status?**

On Grid  On Generator  No Grid/No Generator (offline)  Part Grid/Part Generator

**5. If generator(s) in use, what is the estimated time the remaining fuel will last?**

N/A  < 1 day  < 3 days  1 week or less  > 1 week  Unknown

**6. Estimated time frame to restore system/facility to "fully operational" status?**

N/A  Hours  Days  Weeks  Months  Unknown

**7. If the Emergency Preparedness Plan (EPP) requirement applies to this water system, Did the system's pressure fall below 20 psi (the rest of Texas) or 35 psi (Fort Bend and Harris County) at any point?**

N/A  Yes  No  Unknown

**8. Is your distribution system impacted?**

Yes  No *(Answer Question 9)*  Partial *(Answer Question 9)*  Unknown

**9. Are all customers currently being provided with potable water?**

Yes  No  Alternate Source/Method  Unknown

# Public Water System Assessment Data Sheet

## Reporting Boil Water Notice (BWN)

10. Has a Boil Water Notice (BWN) been issued?

- Yes       No       Other (explain in comments)

*If NO or OTHER to Question (No. 10), skip to LAST Question (No. 18)*

11. Select the reason that best describes the situation:

- Loss of Pressure (<20 psi)       Loss of Treatment       Other (write in comments section)

12. Date BWN was Issued: \_\_\_\_\_

13. Method of BWN issuance:

- Hand delivery to all residents       Posted notice       Media announcement  
 Other (explain in comments)

## For Rescinded BWN Only (Skip section if no information is available OR not applicable) –

14. Did the system provide TCEQ with copies of bacteriological sample results indicating water is *e. Coli* and Total Coliform free?

- Yes     No

15. Did the water system provide TCEQ a copy of the notice rescinding the BWN that was issued to customers AFTER bacteriological sample results indicating the water is safe to use?

- Yes     No

16. Enter the date the BWN was rescinded: \_\_\_\_\_

17. Does your water system need assistance with any of the following?

- None       Mutual Aid Request       Treatment Chemicals       Other (explain in comments)

---

18. AS DETERMINED BY THE ASSESSOR, the Current OVERALL Operational Status of the PWS is:

*(select only ONE option and use the DW Operational Status Code sheet. This is not determined by the PWS):*

- OK     CLEAR     GENOK     GENLP     LP/LT     RESULTS     LEOK  
 NOP     SITE     NOAC     NC     DESTROYED

**COMMENTS:** *Please start each comment with "Q" followed by the number of the question for which you are providing comments (e.g., Q7-).*