OPERATIONS PLAN FOR *(Name of water system)*

Brief system description: **Example**

The water system is a small community public water system serving approximately 636 people in the community of *(Name)*. The main source is surface water from the north fork of the Big River. There are two groundwater sources, well #1 and well #2). The surface water is treated via a slow sand filter (see sand filter operations manual) well #1 has a chlorinator and well #2 is fitted with a "Rosedale Filtration" unit The distribution system consists of two storage tanks located on Circle Ave. and a storage tank and pressure tank located on Small Road and approximately 10,000 feet of main and laterals serving 200 connections. Well #2 is a 200 foot well drilled in 1950, and feeds directly into the system after chlorination from a diaphragm type pump (manufacturer and model) and 25 gallon disinfectant reservoir.

* Routine Operational Procedures for each component of the system:
1. Visual inspection of **WELL** *(daily)*.
2. Check for the following; leaks, openings, electrical hazards, chemical hazards, etc. (record observations and correct problem).
3. Check the pump for proper operation.
4. Visual inspection of the **STORAGE TANKS** *(weekly)*.
5. Inspect for any leaks or damage (record observations and repair as needed).
6. Record water level of tank. Record the level that the pump turns on.
7. Cleaning of storage tank *(quarterly)*. Record date cleaned and observations.
8. Visual inspection of **CHLORINATOR PUMP** and disinfection reservoir *(daily)*.
9. Inspect the pump for proper operation.
10. Inspect the disinfectant in the reservoir for concentration and adequate volume for the operational period (record results).
11. Determine if there is enough disinfectant on hand for one or more weeks.
12. Measure the **DISINFECTANT RESIDUAL** in the distribution system (free chlorine test kit required).
13. Record the results (daily, on attached sheet).
14. Determine if an adequate level of disinfectant is maintained.
15. If disinfectant level is low, determine the reason and correct.
16. If no measurable disinfectant, notify owner, determine reason, and remedy. If no disinfectant for 24 hours, notify Department.
17. Maintenance of **GAUGES and METERS**.
18. Inspect all gauges and meters for leaks and proper function daily. Repair or replace as needed (keep record of date).
19. Inspection and **EXERCISING of the VALVES**.
20. Inspect valves for leaks (record observations, repair or replace if leaking).
21. Exercise valves monthly. (record dates on attached sheet).
22. Operation and maintenance of **DISTRIBUTION FACITILIES**.
23. Visually inspect the distribution system for leaks daily. Record date and observations.
24. Flush dead end mains and fire hydrants *(quarterly)*. Record date and observations). Keep hydrants clean and paint as required. Cut brush. Grease cups.
* **Monitoring and Reporting**.
1. Bacteriological monitoring; As per approved Sample Siting Plan (attached), required monthly, report to the Department by the 10th of each month, following the sample.
2. If sample positive, notify Department and take four repeat samples.
3. Take five routine samples the month following a positive sample.
4. Chemical monitoring; as required by the Department, forward results to the Department.
5. Keep chemical results for ten years.
6. Keep variance and exemptions for five years.
* **Response to violations**.
1. Public notification of violation required.
2. Notification shall be given as per "Emergency public notification" method on record with the Department (attached), or in a manor directed by the Department.
3. State problem and what has been done to correct it.
4. Send a copy of the notification to the Department.
* **Consumer complaint response procedures**.
1. Record in complaint log (name, address and nature of the problem).
2. Investigate the complaint.
3. Verify or dismiss the complaint.
4. Record the steps taken to address or correct the problem.
5. Notify complainant of action taken.
6. Keep complaint records with corrective action for five years.
* **Emergency Operational Practices**. (*See Emergency/Disaster Plan for complete description).*
1. List of equipment on hand for emergency repairs.
2. Miscellaneous wrenches.
3. Leak clamps.
4. List of sources of needed equipment, not on hand.
5. Name and address of supplier and type of equipment.
6. If under contract or rental.

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| *Equipment- Pumps, pressure tanks and electrical repair for well.* | Under contract. |

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| Pump repairs | Under contract. |

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| *Steel tank welding.*  | Under contract. |

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| *Backhoe and digging equipment.*  | hourly |

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| generator | Under contract. |

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| Chlorinator and disinfection chemicals | Under contract. |

1. List of distributors or suppliers of replacement parts for the system.

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| PVC pipe, valves, and fittings. | . |

|  |  |  |  |
| --- | --- | --- | --- |
| *(Name)* | *(Address)* | (City) | *(Phone #)* |
| pumps, pressure tank and gauges. |  |

1. List of contact names and numbers:

|  |  |  |
| --- | --- | --- |
| 1. | SWRCB-Division of Drinking Water | ( ) |
| 2. | Electrician | ( ) |
| 3. | Laboratory | ( ) |
| 4. | Pump repair service | ( ) |
| 5. | Chemical disinfectant supplier | ( ) |
| 6. | Equipment supplier | ( ) |
| 7. | Owner | ( ) |

(Attachments)