Department of State Health Services

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Private Water Supply

Inspection Addendum

Date: _____

FACILITY NAME:						
OWNER NAME:				PHONE:		
PHYSICAL ADDRESS:				ZIP CODE:		
CITY:		COUNTY:		COUNTY ID#:		
INSPECTION PURPOSE:	ROUTINE	☐	COMPLAINT	☐	OTHER (SPECIFY)	☐

"X" Indicates a Deficiency:

01. Adequate water supply – GPD		09. Backflow prevention	
02. Water pressure 35 psi; 1.5 GPM		10. Disinfection of new or repaired water system facilities	
03. Bacteriological water samples (monthly for camp operation)		11. Supply of calcium hypochlorite	
04. Written boil water notification if sample positive		12. Flushing of dead end water system mains	
05. Records of bacteriological tests and boil water notification		13. Collection system location	
06. Chemical water samples (every three years)		14. Well logs on file	
07. Records of chemical testing		15. No interconnection of camp water supply	
08. Proper residual disinfectant concentration, 0.2-4.0 mg/L		16. Abandoned wells plugged; unused wells tested	

COMMENTS:

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Inspected by (signature):	Facility Representative (signature):
Printed Name:	Printed Name:
Date:	Date:

Onsite Time: _____ Travel Time: _____