

WASTEWATER 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 POC Name: _____ Contact #: _____

2. Characterize the extent of damage to the system/facility and surrounding area:

N/A Minor Major Destroyed

3. What is the electrical power status?

On Grid On Generator No Grid-No Generator (offline) Part Grid-Part Generator
 On Bypass Pumps

4. Is wastewater treatment plant (WWTP) fully operational?

Yes No Unknown

5. What is preventing the WWTP from being fully operational? (Describe in comments)

N/A Disinfection/treatment issues
 The basins/other structures were damaged
 The generator(s) or bypass pump(s) is not working or is out of fuel
 WWTP on Generator power. once grid restored, system will be fully operational

6. Current WWTP Operational Status:

OKT DES GT GPTD NOTD NOTND Site Out

7. Is the facility bypassing treatment/disinfection? (describe length and time in comments)

Yes No Unknown

8. Is the collection system fully operational?

Yes No Unknown

9. If collection system is not fully operational, why? (Describe in comments)

N/A Lift stations are damaged
 Collection system damage
 The generator(s) or bypass pump(s) is not working or is out of fuel
 Collection system on Generator power. Once grid restored, system will be fully operational

10. Current Collection System Operational Status:

OKC DES GC GPC NOCSSO NOCNSSO Site Out

11. Is/did the facility experience overflows in the collection system? (describe length and extent in comments)

Yes No Unknown

12. Is follow-up needed?

No 1 Week 2 Weeks > 2 Weeks

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

N/A Hours Days Weeks Months Unknown

14. Current Overall Operational Status:

OK DES OpGen POp NonOp Site Out