

# 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 system, Did the system's pressure fall below 35 psi at any point? *(Applicable only to Fort Bend and Harris County.)***

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

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## Reporting Boil Water Notice (BWN)

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

- Yes       No       Other (explain in comments)

11. Select the reason that best describes the situation:

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

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

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. What type of assistance is needed?

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

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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-).*