

# ADEQ

Arizona Department  
of Environmental Quality



## PUBLIC WATER SYSTEM INSPECTION PDH WORKBOOK

Completion of this workbook will count for 2 PDHs

Arizona Department of Environmental Quality  
Drinking Water Section-Programs Unit  
Operator Certification Program  
1110 West Washington Street  
Phoenix, AZ 85007  
[www.azdeq.gov](http://www.azdeq.gov)

NAME \_\_\_\_\_

OPCERT NUMBER OP0 \_\_\_\_\_

DATE \_\_\_\_\_

## DIRECTIONS

A Certified Operator(s) for a Public Water System (PWS) who completes the ADEQ Inspection Workbook and the Ground Water Drinking Water System Inspection Report will receive two (2) PDHs. Answer the questions in the space provided with concise and accurate answers. Submit a copy of the completed workbook along with your renewal form when you renew your certificates. It is recommended that you keep a copy of the completed booklet for your records. Workbooks that are illegible will not receive PDHs.

PDH means professional development hour.

A professional development hour is equal to one contact hour of continuing education. A total of 30 professional development hours are required for each 3-year renewal period regardless of the number of certificates that are held by an individual operator. Ten of the thirty PDHs must be directly related to an operator's job.

The type of PDH acceptable to the Department for certificate renewal include, but are not limited to: an approved college course, a course offered by a Certified Environmental Trainer, regulatory and tribal agency training, certain types of in-house training, technical conferences, correspondence courses, and manufacturer product training. An accredited college course is usually recorded in credit hours. In general, 1 college credit hour = 10 PDHs. If an operator has a question about a specific type of training, please contact the Operator Certification Program for approval before attending the training.

For additional training/PHDs click on the link below. This course provides 16 hours of PDH-approved training for drinking-water operators in the State of Arizona. These are available as individual lessons for credit or as a whole course.

<http://www.waterhelp.org/index.php/client/arizona>

FOR MORE INFORMATION, CONTACT:

Noah Adams  
Operator Certification Outreach  
Arizona Department of Environmental Quality  
1110 West Washington Street, 5720-B  
Phoenix, Arizona 85007  
(602) 771-4511  
(602) 771-4634 – Fax

1. Name and Number of Public Water System (PWS) that was inspected.

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2. Who was your inspector and what agency is he/she associated with?

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3. What was the date of the inspection?

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4. What type of PWS is your PWS? Community, transient noncommunity or nontransient noncommunity?

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5. What is the classification and grade level of your PWS?

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6. Did your inspector have a list of every certified operator ADEQ has assigned to your PWS? If so, was the list 100% complete?

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7. The remote operator (R18-5-104(5) (4)).
  - a. Must be available at all times to address operator issues.
  - b. Must provide the onsite representative with the name and phone number of a qualified operator who will be available when the remote operator is not available.
  - c. Must let the onsite representative know if they are not going to be available during a certain period of time and that the onsite representative will be responsible for addressing operational issues.
  
8. The onsite representative (R18-5-101).
  - a. Refers to an individual who monitors the daily operation of a facility.
  - b. Refers to an individual who monitors the weekly operation of a facility.
  - c. Refers to an individual who monitors the monthly operation of a facility.
  
9. An operator who is in direct responsible charge of a facility (R18-5-104(C)).
  - a. Must notify ADEQ within 10 days of either ceasing operation of a facility or commencing operation of another facility.
  - b. Must notify ADEQ within 10 days of taking a leave of absence from being the operator of a facility.
  - c. Must notify ADEQ within 14 days of being terminated by a facility as being the operator of record.
  
10. Minimum storage requirements must be met (R18-5-503(A&B)).
  - a. By all transient water systems.
  - b. By all nontransient non community water systems.
  - c. By all community water systems and all noncommunity water systems that serves a residential population or a school.
  
11. An emergency operation plan is required for (R18-4-204(A)).
  - a. All public water systems.
  - b. All community water systems and nontransient noncommunity water systems.
  - c. All community water systems.
  
12. Disinfection compounds and containers should be: (R18-4-303B, R18-2-213A&B).
  - a. Available on site
  - b. ANSI/NSF 60 approved
  - c. ANSI/NSF 60 labelled
  - d. All of the above

13. Define Emergency Plan, why they are important, and key components they should contain. (R18-4-204).

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14. Why is proper operation and maintenance important for a drinking water facility?

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15. System pressure should be between (R18-5-502B, B10, Chap 7 C.2).

- a. 20-100 PSI
- b. 10-50 PSI
- c. 10-100 PSI
- d. 50-200 PSI

16. Why are cross connection/backflow prevention measures important?

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NAME \_\_\_\_\_

OPCERT NUMBER OPO \_\_\_\_\_

DATE \_\_\_\_\_



Douglas A. Ducey  
Governor

# ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera  
Director

## Drinking Water System Field Inspection Report

<b>System Name:</b>	<b>PWS:</b>	
<b>Physical Location:</b> <b>City, State, Zip:</b>	<b>Inspection No.:</b>	
<b>County:</b>	<b>Arrival Date and Time:</b>	
<b>Mailing Address:</b> <b>City, State, Zip:</b>	<b>Inspector(s):</b>	
<b>Owner/Responsible Party:</b> <b>Address:</b> <b>Phone:</b> <b>Email:</b>	<b>Inspector Phone:</b> <b>Inspector Email:</b>	
<b>Administrative Contact/Title:</b> <b>Address:</b> <b>Phone:</b> <b>Email:</b>	<b>System Grade:</b> (Grading worksheet attached) <b>Population:</b> <b>Classification:</b>	
<b>Operator/ID:</b> <b>Phone:</b> <b>Email:</b>	<b>Op. Cert. Grade/Expiration:</b>	
<b>Compliance Summary:</b> Certified Operator <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring and Reporting <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Results of Inspection:</b> <input type="checkbox"/> No deficiencies were noted during the course of the inspection. No ADEQ action will result from this inspection. <input type="checkbox"/> Potential deficiencies were noted during the course of the inspection. Additional correspondence regarding this inspection may be forthcoming.		
<b>Inspection Report Issued:</b>	<b>Facility Initial:</b>	<b>ADEQ Initial:</b>
<b>PHOTOGRAPHS TAKEN DURING INSPECTIONS ARE AVAILABLE ON REQUEST</b>		

<b>A. SOURCES</b>		<b>Comments</b>
<b>1. Approved Source(s)?</b> Quantity: (R18-5-507A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Ground Water Under the Influence of Surface Water?</b> (R18-4-212)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>B. WELL REQUIREMENTS</b>		<b>Comments</b>
<b>1. Sampling Tap Installed Prior to Distribution?</b> (R18-5-502)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Vent turns down and terminates 2 ft above the slab with #16 mesh screen?</b> (R18-5-502)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>3. Is access to well restricted?</b> (R18-5-502)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>4. Appropriate Drainage Away from Well?</b> (R18-4-203)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>5. Sanitary Seal and Slab?</b> (R18-4-203)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>C. WELL RECOMMENDATIONS:</b>		<b>Comments</b>
<b>1. State well number posted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Casing Extends 12" above slab</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>D. DISINFECTION REQUIREMENTS:</b>		<b>Comments</b>
<b>1. Disinfection Compound Container ANSI/NSF 60 Approved and Labelled</b> (R18-4-213)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

E. TREATMENT REQUIREMENTS:		Comments
1. Treatment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Type of treatment? <i>(As, N, 4-log, radionuclides, blending POE, POU, etc.)</i>		
3. Is the treatment operational and properly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Unauthorized bypass?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
F. STORAGE REQUIREMENTS:		Comments
1. Drain is Air Gapped from Sanitary Sewer, Storm Drain, or Irrigation Conveyance <i>(R18-4-215)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Vents Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Overflow Pipe Protected with #16 Non-Corrodible Mesh <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Hatch has Gasket or Seal, and Locking Device <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. All Finished Water Storage has Water Tight Cover or Roof <i>(R18-4-122)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Area Within 100 ft. of Tank Graded to Provide Drainage Away from Tank <i>(R18-4-203)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. STORAGE RECOMMENDATIONS:		Comments
1. Working Mechanical, Automatic Gauge, or Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>H. PRESSURE TANK REQUIREMENTS:</b>		<b>Comments</b>
<b>1. Operational Pressure Gauge</b> <i>(R18-4-203)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Operational Pressure Relief Valve</b> <i>(R18-4-203)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>I. PRESSURE TANK RECOMMENDATIONS:</b>		<b>Comments</b>
<b>1. Operational Water Level Gauge</b> <i>(R18-4-203)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>J. DISTRIBUTION REQUIREMENTS:</b>		<b>Comments</b>
<b>1. System Pressure &gt;20 PSI Throughout System</b> <i>(R18-5-502.B)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Cross Connection/Backflow Prevention</b> <i>(R18-4-215)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>3. Separate Non-Potable System With Connections Labeled</b> <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>K. GENERAL REQUIREMENTS:</b>		<b>Comments</b>
<b>1. Emergency Plan for Community System in Accessible Location</b> <i>(R18-4-204)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Microbiological Site Sampling Plan</b> <i>(R18-4-105, 40CFR 141.21)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>3. Components Enclosed by Building or Security Fencing</b> <i>(R18-5-502)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>4. Appropriate Operation and Maintenance</b> <i>(R18-4-203)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>5. All Necessary Components Made of ANSI/NSF 61 Approved Material</b> <i>(R18-4-213)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>L. OPERATOR REQUIREMENTS:</b>		<b>Comments</b>
<b>1. Operator in Direct Charge Certified at Correct Grade</b> <i>(R18-5-104 A.1)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>2. Onsite Operator for Grade 3 or 4 Facility</b> <i>(R18-5-104.E)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>3. Relief Operator Certificate No Lower than 1 Grade Below System</b> <i>(R18-5-104 A.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>4. Remote Operator &lt;200 Road Miles from Facility</b> <i>(R18-5-104 F.5)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>5. Remote Operator Visits Grade 1 and 2 Systems at Least Monthly</b> <i>(R18-5-104 F.7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>6. Written Instructions Provided by Remote Operator</b> <i>(R18-5-104 F.3)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**OBSERVATIONS, RECOMMENDATIONS, AND POTENTIAL DEFICIENCIES:**

PRE-INSPECTION CHECKLIST					Comments	
Consumer Confidence Report Delivered in Community Systems? (R18-4-117)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Monitoring Assistance Program Participant (A.R.S 49-360)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Sampling EPDS(s) (quantity) <a href="#">Click here to enter text.</a>						
<input type="checkbox"/> A copy of the system sampling schedule was left with the operator of record or owner during the inspection						
Required	Sampling	Sampled By:	COMPLIANCE			Comments
			Y	N	N/A	
<input type="checkbox"/>	Turbidity	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Coliform	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Maximum Residual Disinfectant Level (MRDL)	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Lead & Copper	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Disinfection By Products	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Nitrate	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Nitrite	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Asbestos	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Inorganic Compounds (IOC)	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Volatile Organic Compounds (VOC)	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Synthetic Organic Compounds (SOC)	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Arsenic	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Radio-chemicals	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Combined Uranium	<input type="checkbox"/> System <input type="checkbox"/> MAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MAP Participants are Responsible for Increased Monitoring in Excess of One Annual Sample</b>						

**SYSTEM SKETCH:**

**DATE:** [Click here to enter text.](#)

