



MAINE CDC DRINKING WATER PROGRAM

Department of Health & Human Services

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Technical, Financial, and Managerial Capacity Development Review Checklist

Water System Name _____

PWSID # _____ SRF Project Number _____

Project Description _____

Project Reviewer _____ Date _____

I	Technical	Yes	No	N/A
1	Does the system have a source protection plan (either of its own design or provided to it by the DWP through Source Water Assessment Program)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the system own or control the primary protection area? (e.g. 200 day time-of-travel or 300 foot radius)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the water system have any deficiencies that have not been resolved since the last sanitary survey?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the system keep a log of water line breaks to identify weak areas in the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can the system maintain adequate pressure in the distribution system under all conditions of flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is the water storage structure secure from unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Does the system have a contingency plan for water outages? (bulk water haul, bottled water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the system have an emergency generator at needed locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8a	Is the generator regularly exercised under load?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II	Managerial	Yes	No	N/A
9	Does the system have a designated operator with Treatment and Distribution classifications meeting the system's classification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are operations and maintenance manuals available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Does the system have routine preventive operations and maintenance tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Does the system have written standard operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does the system have a sampling plan to assure compliance with monitoring requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Is all required water quality monitoring current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Is the system out of compliance with any Safe Drinking Water Act regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Does the system have an Emergency Response Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16a	Is the Emergency Response Plan reviewed annually?			
17	Does the system have security measures such as fencing, lighting, etc?			
18	Do local law enforcement officials know who to contact at the water system in the event that they see suspicious activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III	Financial	Yes	No	N/A
19	Does the system develop and use an annual budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Does the system maintain adequate insurance coverage for general liability, extended fire and property damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV	Additional Comments			