

EDWARD F. POOLOS
DIRECTOR

JEFFERY W. KITCHENS
DEPUTY DIRECTOR



KAY IVEY
GOVERNOR

Alabama Department of Environmental Management
adem.alabama.gov

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May 14, 2026

Mr. Randy Benefield, Director of the Board
Wedowee Water, Sewer, and Gas Board
P.O. Box 935
Wedowee, AL 36278

RE: Annual Inspection Report – FY2026
PWSID# AL0001131
Randolph County

Dear Mr. Benefield:

Enclosed is a copy of the report completed in conjunction with the May 7, 2026, inspection of the above referenced water system.

Please review the report and correct any deficiencies noted.

The cooperation provided during this inspection was greatly appreciated. Should you have any questions or comments concerning this report, please feel free to contact Jacob Miles by phone at (334) 271- 7776 or by email at jacob.miles@adem.alabama.gov.

Sincerely,

A handwritten signature in black ink that reads "Jacob Miles". The signature is written in a cursive style.

Jacob Miles
Water Supply Engineering Section
Drinking Water Branch

Enclosure



Birmingham Office
110 Vulcan Road
Birmingham, AL 35209-4702
(205) 942-6168
(205) 941-1603 (FAX)

Decatur Office
2715 Sandlin Road, S.W.
Decatur, AL 35603-1333
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(256) 340-9359 (FAX)

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1615 South Broad Street
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(251) 479-2593 (FAX)



Drinking Water Branch Annual Inspection

Wedowee Water, Sewer, and Gas Board
AL0001131

Date of Inspection: May 7, 2026

The following significant deficiencies were identified during the inspection:

None.

The following minor deficiencies were identified during the inspection:

1. The Chlorine standards were expired.

Corrective Action: Within 30 days of this letter, submit to the Department proof of current, unexpired standards.

The following recommendations were identified during the inspection:

1. The calculated average monthly water loss for the previous twelve months from the monthly operational reports is 36.3%.

Recommendation: The Department recommends maintaining water loss to under 15%.



Public Water System Inspection Checklist

May 7, 2026

SYSTEM OVERVIEW

Name:	WEDOWEE WATER SEWER & GAS BOARD		
PWSID:	AL0001131		
Federal Type:	C	Federal Primary Source:	SW
State Type:	C	State Primary Source:	SW
Principal County:	RANDOLPH	Principal City:	WEDOWEE
# Service Connections:	2594	Population Served:	7782

SOURCE INFORMATION

✓

PERMIT INFORMATION

Surface Water	<input checked="" type="checkbox"/>	Permit Number:	2022-541	
Ground Water Under the Influence	<input type="checkbox"/>	Issuance Date:	June 3, 2021	
Ground Water	<input type="checkbox"/>	Effective Date:	January 1, 2022	
Spring	<input type="checkbox"/>	Expiration Date:	December 31, 2027	
Supply Purchase	<input type="checkbox"/>	Permit Visible to the Public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Purchase Sources</i>				
	SW <input type="checkbox"/> GW <input type="checkbox"/> GU <input type="checkbox"/>			

CONTACT INFORMATION

Administrative Contact **Randy Benefield**

Name: ~~Honorable Timothy Coe~~ **GM**

Title: **Director of the Board**

Mailing Address: P.O. BOX 935 WEDOWEE, AL 36278

Phone: 256-357-4716

Email:

Contact Preference? Phone Email

Registered in AWECS? Yes No

Designated Operator(s)

Name	Title	Phone
Mr. Hunter (Andrew) Shelton	Operator	

ADEM Inspector

Jacob Miles

Jacob Miles
Signature

5/7/2026
Date

System Representative

Hunter Shelton
Name (Print)

Hunter Shelton
Signature

5/7/26
Date

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Section I. Management & Operations

	Yes	No	N/A	N/E	Note #
1. Have all deficiencies identified in the last sanitary survey or annual inspection been addressed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Documentation Available					
a. Adequate SOPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Organizational chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Up to date system maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Source Water Assessment, WHPP, or WSPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Risk & Resiliency Assessment (RRA) (>3,300 Population)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Emergency Response Plan (ERP) (>3,300 Population)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. Emergency Water Conservation Plan (<=3,300 Population)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. Cross Connection Control Policy (CCCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
-Includes inspection plan with records of health hazards and corrective actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. Up to date financial audits (prev. 3 years) (Community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j. Customer complaint records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Asset Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cybersecurity Readiness					
a. >3,300 population: System was reminded of EPA RRA & ERP plan requirements, including inclusion of cybersecurity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. <= 3,300 population: System was encouraged to conduct cybersecurity assessment audit and develop related SOPs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Briefly describe the overall organizational structure: Board → Plant Manager → Plant operators					
4. Do board members attend training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Overall, does the system appear to be adequately staffed, including managers, operators, technicians, and administrative personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Overall, does system staff appear to be able to have the authority to make decisions related to their position in the organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:					
1.					
2.					
3.					
4.					
5.					

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County: RANDOLPH

Section II. Monitoring & Reporting and Data Verification					
A. Monitoring Plans & Results	Yes	No	N/A	N/E	Note #
1. Bacteriological Sampling Plan (RTCR/GWR)	Not Evaluated			<input checked="" type="checkbox"/>	
i. Records of analysis available for review (Previous 5 Years Minimum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ii. Plan Available for Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iii. Plan Up to Date: Sites, Contacts, and Schedule Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. Sites representative of distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
v. Raw Water Averages Within Acceptable Ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
vi. M/R violations in previous 3 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of Violations:	N/A				
vii. Positive RTCR results reported in previous 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were all repeat samples taken?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were any assessments triggered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If so, were all completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were any E. coli MCLs incurred?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If so, were required 24-hour notice performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Disinfection Byproducts (Stage 1/Stage 2)	Not Evaluated			<input checked="" type="checkbox"/>	
i. Results available for review (Previous 10 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ii. Plan Available for Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iii. Plan Up to Date: Sites, Contacts, and Schedule Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. M/R violations in previous 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of Violations:	N/A				
v. MCL Violations in previous 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a 30-day notice performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has the system returned to compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<i>vi. Distribution System Evaluation</i>			<input type="checkbox"/>	<input type="checkbox"/>	
Standard Monitoring Plan Submitted Date					
DSER Submitted Date					
Updated Plan Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3. Lead and Copper	Not Evaluated			<input checked="" type="checkbox"/>	
i. Results available for review (Previous 10 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ii. Plan Available for Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iii. Plan Up to Date: Sites, Contacts, and Schedule Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. Is site selection appropriate (lead service lines, tier 1, alternate, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
v. M/R violations in previous 3 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Action Level Exceedances in previous 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If so, was public education performed appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was a corrosion control study required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has the facility implemented corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the system deemed optimized for corrosion control?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<i>vii. Service Line Inventory</i>					
Has the system completed its initial service line inventory and certification and submitted it to the Department?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section II. Monitoring & Reporting and Data Verification					
Does the system contain lead service lines or galvanized requiring replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If so, is a lead service line replacement that meets all regulatory requirements in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ix. Corrosion Control					
Has the system implemented corrosion control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the system required to maintain optimal water quality parameters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If so, are parameters at the entry point, distribution or both?					
If so, has the system maintained the specified thresholds?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Long-Term 2 Interim Enhanced Surface Water Treatment Rule	N/A	<input type="checkbox"/>	N/E	<input type="checkbox"/>	
i. Have all surface water and groundwater under the influence sources performed sampling at least twice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. For each source (or combined header) indicate previous sampling schedule:					
IN001: LAKE WEDOWEE	Start:	February 2020	End:	January 2021	
Notes:					
1.					
2.					
3.					
B. Required Records					
	Yes	No	N/A	N/E	Note #
i. Chemical monitoring results (10 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ii. Corrective actions to correct violations of Primary Drinking Water Standards (3 Years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iii. Previous sanitary surveys and associated communications (10 Years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. Variances/Exemptions (5 Years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
v. Copies of public notices (3 Years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
vi. Copies of monitoring plans associated to any other required monitoring record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
vii. Copies of Consumer Confidence Reports (3 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
viii. Copies of monthly operations reports (MOR) (5 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Additional Required Records for Groundwater Systems (Various)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
x. Additional Required Records for SWT plants (Various)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Notes:					
1.					
2.					
3.					
4.					
5.					

Section II. Monitoring & Reporting and Data Verification					
C. Operational Monitoring Verification	Yes	No	N/A	N/E	Note #
<i>i. Monthly Operating Reports</i>					
Are MORs being submitted on an approved template based on the type of system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are MORs signed and certified by a Certified Operator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all MORs in the past 12 months been submitted in a timely manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the system have any additional reporting required by a special permit condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is all required operating data being recorded and reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If data is transcribed by hand, is there any evidence of errors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any anomalous trends in the data being reported?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do values reported on the MOR agree with source (e.g., SCADA, field log, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>ii. Calibration and Verification</i>					
Does the system verify and calibrate all instrumentation as required by regulation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are logbooks maintained for all calibration and verifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all standards used for calibration within the expiration date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Notes:					
1. Chlorine Standards are expired.					
2.					
3.					

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Section III. Sources					
A. Quantity	Yes	No	N/A	N/E	Note #
i. Does the system have adequate capacity from all sources to meet current demand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Does the system have the capacity to meet future demand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Are any capacity increases or new sources planned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Does the capacity of the source(s) vary by season?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
-If so, does the system have any plans to address variations in capacity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Are flow meters installed on each intake, well, spring, and/or consecutive connection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Are flow measuring devices calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency:	Annually				
B. Quality	Yes	No	N/A	N/E	Note #
i. Has the system completed a source water assessment for each source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Were source water assessments reviewed during the previous permit issuance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
-If so, were any updates required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iii. In the SWAs, are there any moderate to severe potential sources of contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. Does the raw water quality vary by season?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Has the quality of the raw water changed significantly over time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Notes:					
1.					
2.					
3.					
4.					
5.					

(Section III continued on next page)

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Section III. Sources (itemized)

A. Surface Water Sources		N/A		N/E		N/E		N/E	
IN001: LAKE WEDOWEE ()		<u>Intake Integrity</u>							
		<u>Security</u>				<u>Intake Integrity</u>			
		<u>Fence/Enclosure</u>	<u>Signage</u>	<u>Locked Doors</u>	<u>Pumps, Valves, Gauges</u>	<u>Flow Meters</u>	<u>Screens Intact?</u>	<u>Electrical</u>	<u>Note #</u>
Treatment Plant:		✓	✓	✓	✓	✓	✓	✓	✓
Assessment									
Are intakes located at multiple depths?		✓							
Are lubricants used Certified NSF 60/61 or food grade oil?		✓							
Is the pump station subject to flooding?		✓							
Are the intakes inspected regularly?		✓							
Auxiliary power available and tested regularly?		✓							
Notes:									
1. The Intake is inspected Monthly.									
2. A mobile generator is available for use in case of emergency.									
B. Ground Water Sources		N/A		N/A		N/E		N/E	
C. Supply Purchase Water Sources									
		N/A		N/A		N/E		N/E	

Section V. Treatment (itemized)

A. Grade II Treatment

B. Grade III Treatment

C. Grade IV Treatment

N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/E	<input type="checkbox"/>
N/A	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/E	<input type="checkbox"/>
N/A	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/E	<input type="checkbox"/>
N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/E	<input type="checkbox"/>

TP101: SWANN TREATMENT PLANT

Sources: Groundwater Spring Groundwater Under Direct Influence (GWUDI) Surface Water

Physical Treatment: None Rapid Sand Pressure Slow Sand GAC Greensand Membrane

Aeration Rapid Mix Flocculation Sedimentation Filtration

Chlorine Gas Hypochlorite Bleach (Bulk) Chloramines Chlorine Dioxide Hydrogen Peroxide Ammonia

Alum Polymer Soda Ash Caustic Corrosion Inhibitor Lime KMnO₄

Other: Fluoride, PAC

Disinfection: 4-Log @ mg/L Required CT

1.0 mg/L @ 85 min

Auxiliary Power Available: Yes No

Testing Freq.: Weekly

Yes No N/A N/E Note #

General Assessment

- Is an operator staffing log and facility operations logbook maintained and available for review?
- Is a certified operator of the appropriate grade present and in responsible charge of the water treatment plant?
- Does a certified operator of appropriate grade perform routine inspections of the treatment plant to observe for proper operation of equipment and check and adjust water treatment chemical dosages at least once per shift?
- Are all certified operators knowledgeable and capable of performing water quality testing according to EPA methods?
- Are all certified operators knowledgeable and capable of performing verifications and calibrations of the bench and online monitoring equipment?
- Is there adequate security at the treatment plant? (e.g., restricted access, locked doors, signage, etc.)
- Is the water treatment plant building in good condition (e.g. roof free of leaks)?
- Is the site graded appropriately to remove standing water and prevent erosion?
- Are railings, ladders, walkways, stairs, etc. structurally sound?
- Are all pumps operable and maintained adequately, including use of NSF 60/61 or appropriate food grade oil?

Section V. Treatment (itemized)

	N/A		N/E	
Are chemical bulk storage tanks, storage areas, operating tanks, and feed pumps maintained in a safe, clean, and operable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are chemicals stored in a manner to minimize dangerous interactions should spill(s) or leaks occur?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all chemical treatments used by the water system been approved by the Department?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records of NSF/ANSI 60 designation or other approved use for potable water treatment available and within their expiration? <i>If chlorine gas is used.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are cylinders properly oriented and secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are scales present and operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an emergency exhaust fan or other system present and operational in all areas where chlorine is stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are chlorine leak detectors and appropriate PPE available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does storage meet the requirement for operating under the RMP (>2,500 lbs or > 16 x 150lb cylinders)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Operational Monitoring</i>				
Have all chemical treatments been approved and included in the operating permit by the Department?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are operational monitoring points located at appropriate locations for raw, settled, and finished water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all required continuous data being monitored, recorded, and stored appropriately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all instrumentation calibrated and verified according to regulatory or manufacturer requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<u>Mixing/Flocculation:</u>		Flocculation					<u>Rate Change Trigger</u>
<u>Type</u>	<u>Condition</u>	<u>Type</u>	<u># Stages</u>	<u>Condition</u>	<u>Short-Circuiting?</u>	<u>Outage/Repairs Since Previous Inspection</u>	
<input checked="" type="checkbox"/> Rapid <input type="checkbox"/> Inline <input type="checkbox"/> Other:	Good	<input checked="" type="checkbox"/> Over Under Baffling <input type="checkbox"/> Vertical turbine <input type="checkbox"/> Swing beam <input type="checkbox"/> Fulton style	2	Good	N/A	No	
<u>Sedimentation Basin:</u>							
Design							
<u>Detention Time</u>	<u>Flows</u>	<u>Baffling</u>	<u>Weir System</u>	<u>Floc</u>	<u>Cleaning</u>	<u>Sludge Removal System</u>	<u>Sludge Disposal Method</u>
@Max Flow: _____ @Current Flow: _____	<input checked="" type="checkbox"/> Even Split <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Present? <input checked="" type="checkbox"/> Good-condition <input checked="" type="checkbox"/> No short-circuiting	<input checked="" type="checkbox"/> Even dispersion <input checked="" type="checkbox"/> Floc contained <input type="checkbox"/> Tube/Plate Settlers installed? <input type="checkbox"/> If yes, good condition	<input checked="" type="checkbox"/> Good condition <input checked="" type="checkbox"/> Settling profile adequate	Quarterly	<input type="checkbox"/> Present? <input type="checkbox"/> Operational? Frequency of Use _____ Detention Time _____	Settling Pond

Conventional Filtration

Description (provide brief description of filter layout and purpose): 2 Sand/Anthracite filters treat all water off basins.

Type:	Anthracite	Media		Troughs			Other			
		Permitted Rate:	Current Rate:	Age	Visible Deficiencies	Condition	Load Rate	Even	Underdrain Type	High-Rated
	2 gpm/sf		Added media approx. 5 years ago	<input type="checkbox"/> Mud balls <input type="checkbox"/> Cracks or ripples on surface <input type="checkbox"/> Accumulation (Fe, Mn, algae) <input type="checkbox"/> Corner variation <input type="checkbox"/> Media Loss	Good	Good			<input checked="" type="checkbox"/> SCM/SCD Present <input type="checkbox"/> Raw water online turbidimeter <input type="checkbox"/> Sed. Basin line turbidimeter	
Backwash Assessment N/E										
<u>Triggers:</u>		<u>Start:</u>		<u>Stop:</u>						
Air Scour/Surface Sweeps Present										
Was a backwash observed during the inspection (Include backflow assessment worksheet)										
Is a filter aid used during the backwash?										

PWSID: AL0001131

County: RANDOLPH

Section VI. Finished Water Storage		N/A		N/E	☒	
A. Overview		Yes	No	N/A	N/E	Note #
Does the system have a tank maintenance plan that complies with ADEM Admin. Code r. 335-7-7-.04(2)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the system use SCADA to monitor tank levels?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are tank locations adequate to provide the minimum required operating pressure to customers?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the storage volume at all tanks suitable to meet peak demands?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the system have the capacity to provide water in the event of leaks or outages?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the system have any inactive tanks that are still connected to the distribution system?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:						
1.						
2.						
3.						

PWSID: AL0001131

County: RANDOLPH

Section VII. Finished Water Storage (itemized)

ST001: TOWN TANK ()		Security/Maintenance		Backflow Prevention			Intrusion Protection			
N/E		Fence/ Signage N/E	Locked Door/ Ladder Guard N/E	Yard Maintenance/ Clear of Debris N/E	Installed N/E	Inspected/ Tested N/E	Adequate Air Gap N/E	Proper Overflow Protection N/E	Other Entry Points Sealed N/E	No Exterior Holes N/E
N/E		Additional Assessments								
N/E		Date of last inspection:	N/E	Date of last cleaning/washout?	N/E	Yes	No	N/A	N/E	Note #
Type:	Ground	Deficiencies found?								
Material:		Deficiencies corrected?								
OFEL:	1068 FT	If after April 14, 2022, report submitted to ADEM within 14 days?								
Volume:	400000 GAL	If before April 14, 2022, is tank scheduled to be inspected by 12/31/2027?								
Notes:										
1.										
2.										
3.										

PWSID: AL0001131

County: RANDOLPH

Section VII. Finished Water Storage (itemized)

ST002: NORTH TANK ()		Security/Maintenance			Backflow Prevention			Intrusion Protection			
		Fence/ Signage N/E	Locked Door/ Ladder Guard N/E	Yard Maintenance/ Clear of Debris N/E	Installed N/E	Inspected/ Tested N/E	Adequate Air Gap N/E	Proper Overflow Protection N/E	Other Entry Points Sealed N/E	No Exterior Holes N/E	
N/E											
Additional Assessments											
Specifications	Date of last inspection:	N/E		Date of last cleaning/washout?	N/E		Yes	No	N/A	N/E	Note #
Type:	Ground			Deficiencies found?							
Material:				Deficiencies corrected?							
OFEL:	1366 FT			If after April 14, 2022, report submitted to ADEM within 14 days?							
Volume:	100000 GAL			If before April 14, 2022, is tank scheduled to be inspected by 12/31/2027?							
Notes:											
4.											
5.											
6.											

PWSID: AL0001131

County: RANDOLPH

Section VI. Booster Pumping Stations (itemized)

PF01: LEVENS PUMP STATION ()	Security			Backflow Prevention		Routine Maintenance		
	Fence	Signage	Locked Doors	Installed	Inspected/ Tested	Inspection/ Maintenance	SC&O Conditions	Spare Parts Available
N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E
Specifications								
Type:	Assessments							
# Pumps:	Pump capacity sufficient to meet peak demands?							
Aux. Power:	Are lubricants used Certified NSF 60/61 or food grade oil?							
Capacity:	Are any pressure buffer tanks present on site?							
Rechlorination?	Does the system provide additional chlorination at the pump station?							
	Is any other treatment provided at the pump station? Please indicate below.							
	Yes	No	N/A	N/E	✓	✓	✓	Note #
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

- 1.
- 2.
- 3.

Section VII. Booster Pumping Stations (itemized)

	N/A	N/E
	N/A	N/E

PWSID: AL0001131

County: RANDOLPH

PF02: WEDOWEE SOUTH 0	<u>Security</u>			<u>Backflow Prevention</u>		<u>Routine Maintenance</u>		
	<u>Fence</u> N/E	<u>Signage</u> N/E	<u>Locked Doors</u> N/E	<u>Installed</u> N/E	<u>Inspected/ Tested</u> N/E	<u>Inspection/ Maintenance</u> N/E	<u>SC&O Conditions</u> N/E	<u>Spare Parts Available</u> N/E
Assessments								
Type:	Pump capacity sufficient to meet peak demands?							
# Pumps:	Are lubricants used Certified NSF 60/61 or food grade oil?							
Aux. Power:	Are any pressure buffer tanks present on site?							
Capacity:	Does the system provide additional chlorination at the pump station?							
Rechlorination?	Is any other treatment provided at the pump station? Please indicate below.							
Notes:								
4.								
5.								
6.								

PWSID: AL0001131

County: RANDOLPH

Section VIII. Distribution System		Yes	No	N/A	N/E	Note #
i.	Does the system map include the locations of system infrastructure, including valves, hydrants, master meters, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ii.	Does the system have a formal leak detection program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iii.	What are the systems average recorded water losses over the previous 12 months? (<15% recommended)	36.3%				
iv.	Is the system able to isolate sections of the distribution systems in the event of line breaks or other emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
v.	Does the system routinely flush lines to reduce water age?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi.	Does the system have a formal flushing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii.	Does the system employ automatic flushers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
viii.	Has the system upgraded its meters to automatic read meters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ix.	Has the system experienced any significant water outages in the previous 12 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
x.	Has the system issued any boil water notices in the previous 12 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:						
1.						
2.						
3.						
4.						
5.						

PWSID: AL0001131

County: RANDOLPH

Section IX. Operator Compliance					
	Yes	No	N/A	N/E	Note #
i. <u>Operator Inventory Form</u>					
a. Are all operators licenses effective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the system employ the minimum number of operators required by ADEM Admin. Code Chap. 335-10?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the system have enough operators to ensure sufficient coverage during scheduled and unscheduled leaves of absence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Based on your best professional judgment, would the system benefit from additional contract, part-time, or full-time operators?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. <u>Facility Specific Compliance</u>					
a. For distribution systems, are logbooks and records available ensuring a Grade I or higher operator routinely checks the systems and is making or supervising any adjustments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. For Grade II treatment plants, are logbooks and records available which indicate a Grade II or higher operator visits the system at least once every 7 days, or more frequently as required by the Department, and is in direct charge of all changes to treatment or operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. For Grade III treatment plants, are logbooks and records available which indicate a Grade III or higher operator is present at all times the plant is in operation and is in direct charge of all changes to treatment or operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. For Grade IV treatment plants, are logbook and records available which indicate a Grade IV operator is present at all times the plant is in operation, routinely checks and verifies operational parameters, and is in direct charge of all changes to treatment or operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:					
1.					
2.					
3.					
4.					
5.					

SURFACE WATER TREATMENT PLANT INSPECTION FORM

Water System Weldville Water Sewer & Gas Board Date 5/7/2016
 PWSID # A1000131
 Plant Name Sueann
 Operator On Duty _____

Water Quality Control Tests

Source Water _____ MGD
 WTP Capacity _____ GPM/SQ FT
 Filtration Rate _____ mg/L
 Required Min CL2 _____

	NTU	pH	CL2	TEMP	CO2	ALK	IRON	MN	Color	PO4	Fluoride	ClO2	Chlorite
RAW	<u>4.90</u>	<u>6.57</u>	<u>—</u>	<u>21.98</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>—</u>	<u>—</u>	<u>—</u>
Settled	<u>3.17</u>	<u>6.60</u>	<u>—</u>	<u>—</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>—</u>	<u>—</u>	<u>—</u>
Finished	<u>1.20</u>	<u>6.30</u>	<u>2.11</u>	<u>—</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>N/E</u>	<u>—</u>	<u>—</u>	<u>—</u>

Filtered Water Turbidities

Filter #1	Filter #5	Filter #9
Filter #2	Filter #6	Filter #10
Filter #3	Filter #7	Filter #11
Filter #4	Filter #8	Filter #12

Turbidimeter Flow Rate or Verification Results

Filter #1	Filter #5	Filter #9
Filter #2	Filter #6	Filter #10
Filter #3	Filter #7	Filter #11
Filter #4	Filter #8	Filter #12

Sedimentation Basin Turbidities

Basin #1	Basin #3	Basin #5
Basin #2	Basin #4	Basin #6

Membrane Integrity Test Results

Unit #1	Unit #5	Unit #9
Unit #2	Unit #6	Unit #10
Unit #3	Unit #7	Unit #11
Unit #4	Unit #8	Unit #12
Maximum Integrity Test Result Limit		

Turbidimeter Verification Log
 Last Turbidimeter Calibration
 Operator Log
 S.W.L. B.F.P. Inspection Date
 CL2 Analyzer Verification Log
 Last CL2 Analyzer Calibration

Filter Backwash Information

Filter # _____ Backwash Time _____
 Start Turbidity _____ Rewash Time _____
 Head Loss _____ RTS Turbidity _____
 Hours on Filter _____ Backwash Rate _____
 Media Condition G/F/P Mounding Y/N
 Cracks In Media Y/N Nozzles Plugged Y/N/NA
 Operator Signature _____

Inspection Comments

Just had just started up. Not all under quality control tests cleared.

Date _____