



BUREAU FOR PUBLIC HEALTH

ENVIRONMENTAL HEALTH SERVICES

West Virginia Department of Health and Human Resources

(System Name)

**Department of Health and Human Services
Bureau for Public Health
Office of Environmental Health Services
Capacity Development Program
Questionnaire**

(System Name)

The Capacity Development Program is an assistance program helping water systems develop and maintain adequate technical, managerial, and financial capacity. By assessing your capabilities in technical, managerial, and financial fields we are able to determine areas in need of development and then offer recommendations, tools, and resources to help you improve. While our program provides direct on-site assistance, we also utilize the resources of other assistance providers in order to improve the capabilities of water systems.

The questionnaire attached is the first step in assessing your water system's technical, managerial, and financial capabilities. Our on-site water system visit and key-personnel interviews will follow. Please have the various records noted in the questionnaire available for review and discussion.

In order to have a successful and productive assessment, it is critical that you complete the questionnaire and return it to us prior to our on-site visit. If we have time to review your answers prior to our visit we can spend our time during the assessment focusing on the areas most beneficial to you. Please keep in mind that the assessment process is for **your benefit** and our main goal is to assist your system as much as we can.

We appreciate your interest in the program and look forward to working with you.

(System Name)

TECHNICAL QUESTIONS:

1. Describe your system:

a) Class (Check One) ___ I ___ II ___ III ___ IV

b) Type (Check One) ___ Surface ___ Ground ___ GWUDI ___ Purchase

2. Please list the number of customers/connections and population for the system:

Residential Connection #	Commercial Connection #	Governmental Connection #	Industrial Connection #	Total Connection #	Population

3. Do you purchase finished water from another Public Water System? Yes No

a) What is the system's name? _____

b) How many gallons per day (GPD) are purchased? _____

c) How much do you pay for the water that you purchase? _____

4. Do you sell finished water to another Public Water System? Yes No

a) What is the system's name? _____

b) How many gallons per day (GPD) are sold? _____

c) How much do you charge for the water that you sell? _____

5. Describe your community trend: ___ Growing ___ Static ___ Declining

a) At what rate: ___ Quickly ___ Moderately ___ Slowly ___ N/A

b) Can the current treatment plant accommodate projected system growth in near future (5-10 years)?

Yes No NA

6. Name of source water _____

a) Quality (Select One): ___ Adequate ___ Inadequate

b) Quantity (Select One): ___ Adequate ___ Inadequate

7. Do you have any known contaminants in the source water? Yes No

a) If yes, please list _____

(System Name)

8. Any known potential contaminant sources near source water?
(mines/golf courses/service stations/roads, etc.)

Yes

No

a) If yes, please list examples: _____

9. Please give well/intake information:

WELL/INTAKE (NAME OR NUMBER)	DATE INSTALLED	FENCED ?	
		Y	N

10. Please give details of your water treatment plant and plant operation:

DATE CONSTRUCTED	HOURS / DAY OF OPERATION	AVERAGE GALLONS PER DAY

11. Please check the treatment used at the water treatment plant:

TREATMENT	YES	NO
Chemical Addition		
Coagulation		
Flocculation		
Sedimentation		
Filtration		
Disinfection		
Fluoridation		

(System Name)

12. Please list chemicals you add to source water and their purpose:

CHEMICAL	PURPOSE

13. Are all the chemicals automatically fed? Yes No

14. Are all your chemical feed rates adjusted manually? Yes No

15. Pump information:

TYPE OF PUMP	NUMBER OF PUMPS	ARE PUMPS ALTERNATED?		IF ALTERNATED, HOW OFTEN?	DATES INSTALLED	SPARE PUMP(S) ON HAND?	
		Y	N			Y	N
RAW WATER							
HIGH SERVICE							
BACKWASH							

16. Please give the date (Year) master meter was last calibrated: _____

17. Please give filter information:

a) Number: _____

b) Type (Check One): ___ Gravity Sand ___ Green Sand ___ Dual Media ___ Mixed Media
___ Other _____

c) Backwash Frequency: Every _____ hours of operation Other _____

d) Do you meter or otherwise account for backwash water? Yes No

e) Please give the date(s) (Year) that the filter(s) were last rebuilt/replaced: _____

 (System Name)

18. Please list storage tank information:

TANK NAME	INSTALL DATE	CAPACITY (GALLONS)	TYPE OF TANK	DATE LAST CLEANED / PAINTED		CONDITION (P=POOR, F=FAIR, G=GOOD, E=EXCELLENT)	FENCING		TELEMETRY	
				Clean	Paint		Y	N	Y	N

If Answering **NO** to fencing, please detail what steps are being taken to address this issue.

What were results of tank inspections and were recommended repairs completed?

19. Please list water line information: Type of pipe and what percentage of your system contains that type of pipe. (for example: PVC 80% + Galvanized 10%+Cast Iron 10% = 100%)

TYPE	% OF TOTAL SYSTEM

(System Name)

20. When were most lines installed? (Give year ranges if necessary) _____

21. Describe your distribution mapping. No Mapping Incomplete Blueprints
 Complete Blueprint (various years) Updated Blueprints
 Aerial Photographs Computer Mapping
 Other _____

22. Describe your plant drawings No Drawings Incomplete Drawings
 Complete Drawings

23. Please list booster station information:

BOOSTER STATION NAME	NUMBER OF PUMPS	ARE PUMPS ALTERNATED?		IF ALTERNATED, HOW OFTEN?	INSTALL DATE	SPARE PUMP ON HAND?		SECURITY FENCING?	
		Y	N			Y	N	Y	N

24. What is the water loss percentage for your system over the past 12 months? _____

25. If >15%, what steps are you taking to lower water loss? _____

26. Do you have a formal leak detection policy/program? Yes No
a) If yes, when did you implement this policy/program? (Year) _____
b) Do you own a leak detector? Yes No
c) Have you worked with WV Rural Water Association and/or the Public Service Commission in leak detection? Yes No

(System Name)

27. Please give meter information:

- a) Are all connections metered? Yes No
- b) Are there any large, unmetered connections? (e.g., Fire Dept., Swimming Pool, etc.) Yes No
- c) Do you have more than one brand of residential meter? Yes No
- d) If yes, are you attempting to standardize residential meters to one brand? Yes No
- e) When were most meters installed? (give year ranges if necessary) _____
- f) Do you have an active meter calibration/replacement program? Yes No
- g) If you have such a program, how many meters are calibrated/replaced per year? _____
- h) If you have such a program, is this work performed via: (Check One): ___ In-house ___ Contractor
- i) Give percentage of meters: along curb _____% + in yard _____% + in building _____% = 100%
- j) Give percentage that are: touch read _____% + manual read _____% + other% _____% = 100%

28. Persons reading your meters? (Names): _____

a) How long does it take per month? _____ Days

29. Do you have a line/hydrant flushing program? Yes No

a) If yes, how often do you flush them? _____

30. Do you have a valve exercise program? Yes No

a) If yes, how often do you exercise them? _____

31. Please give hydrant information:

- a) How many are in your system? _____
- b) When were most installed? (Give year ranges if necessary) _____
- c) Are any on lines less than 6 inches? _____
- d) Do all work properly? _____

(System Name)

32. Do you have a Cross Connection/Backflow Prevention Control Program?

Yes

No

a) If yes, when was it initiated? _____

b) If no, have you passed the required policies/ordinances? _____

33. Please provide the following information:

a) List any proposed capital modifications to your system.

b) How will the projects be funded?

34. Please list upcoming repair projects:

35. Have you attempted to address deficiencies listed in the most recent sanitary survey? Yes

No

a) If yes, please detail steps taken: _____

a) If no, please explain why no action has been taken: _____

36. If your system is Groundwater or GWUDI, do you have an approved Wellhead Protection Plan?

(Check One): Yes

No

NA

a) If yes, when was it produced? _____ (Year)

b) If yes, who produced the plan? _____

(System Name)

MANAGERIAL QUESTIONS:

1. System contact address: _____ Office Telephone Number _____
_____ Office Fax Number _____
_____ Plant Telephone Number _____
_____ Office e-mail _____

2. Please list employees responsible for the following duties (if applicable):

DUTY	NAME(S) (and Name of Firm if Applicable)
Administrative	
Financial	
Emergency	
Chief Operator	
Regulatory Compliance	
Engineer (Firm)	

3. What organization owns your system? _____

4. What organization operates your system? _____

a) Are these individuals: _____ Elected or _____ Appointed

b) For what term? _____ (Length in Years)

5. List the following individuals, if applicable: (Note - not all systems have every position and/or positions may be combined)

POSITION	NAME	HIRED? (CHECK)	APPOINTED? (CHECK)	ELECTED? (CHECK)
City Clerk				
Billing Clerk				
Treasurer				
Recorder				
City Administrator				
Finance Director				
Project Coordinator				

(System Name)

7. Mayor's name, if applicable: _____

a) Year Elected? _____

b) Mayor's term (Check One): ____ 2 Year ____ 4 Year ____ Other _____

8. Do you have a Water Board? Yes No

9. Do you have a Sanitary Sewer Board? Yes No

10. Check type of water system oversight body and list names and positions in table:

____ Sanitary Board ____ Water Board ____ City or Town Council
____ PUB ____ PSD Board ____ Water Association Board

NAMES	POSITION

11. Where does your water system oversight body meet? (Building Name & Address)

12. When does the water system oversight body meet? _____

(System Name)

13. Please fill out the following water operator information table:

Name	Class	Years Experience	Part or Full Time	License Expiration Date

14. Do any operators have other city duties? (sewer, streets, etc.) Yes No

a) If yes, please describe: _____

15. Do you conduct your own line repair and maintenance? Yes No

16. Do you use outside contractors for line repair and maintenance? Yes No

a) If you use contractors, for what duties? _____

17. How many total employees are associated with water-related duties? _____

a) Is this number sufficient? Yes No

If No, what steps are being taken to address this situation? _____

18. Are you a member of West Virginia Rural Water Association? Yes No

a) Are you a member of other water organizations? Yes No

b) If yes, please list: _____

19. Is additional training provided beyond basic certification requirements? Yes No

a) If yes, please list _____

(System Name)

20. Do your Board/Council members take water-related training?

Yes No

21. Does your Mayor take water-related training?

Yes No

22. Do operator(s) have internet access at: (Check those applying):

Plant Office Home

23. Do you have the following written safety plans, procedures, or devices?

PROGRAM / ITEM	YES	NO	N/A
Written Health and Safety Plan			
Independent Safety Audits/Briefings			
Hazards Communication Policy			
Maintain Employee Injury/Property Damage Records			
Personal Protection Equipment (PPE)/Training			
Gaseous Chlorine Leak Alarm			
Cardiopulmonary Resuscitation (CPR) Training			
Material Safety Data Sheets (MSDS)			
Written Confined Space Entry Plan			

24. Have any OSHA inspections been conducted in your facility?

Yes No

a) If yes, when _____

b) If yes, for what purpose _____

25. Do you have the following emergency program, item, etc.? (Please Check)

PROGRAM / ITEM	YES	NO
Written Emergency Response Plan (ERP)		
Written Water Conservation Plan		
Written Vulnerability Assessment		
Operator Cell Phones or Other Remote Communication		
Are emergency Telephone Numbers Posted		
Do You Have Backup Power		
Critical Equipment Alarms		
Sufficient Stockpile of Spare Parts		
Backup Source of Water		

(System Name)

26. If you have backup power (generator), how often is it tested? _____

27. Do you have the following written managerial plans/documents or programs:

PLAN/DOCUMENT	YES	NO
Standard Operational Procedures (SOP's)		
Operation & Preventative Maintenance Plan		
Job Description		
Organizational Charts		
Written Employee Rules/Regulations		
Customer Complaint Record		

28. Are you a member of WWARN?

Yes No

a. If **YES**, when did you join? _____

b. If **NO**, why? _____

(System Name)

FINANCIAL QUESTIONS:

Your Billing System	YES	NO
Do you bill all customers (pools, fire, other)?		
How many delinquent notices do you issue each month?		
Percentage paying within: _____30 days _____60 days _____90 days		
Do you have a written shutoff notice that complies with PSC regulations?		
Do you implement it?		
Do you have a billing software program?		
Software Package Name:		
Do you back-up billing data?		
Is the back-up information stored off-site?		
Accept payments at more than one location?		
What type of payments do you accept: _____Cash _____Check _____Money Order _____Debit/Credit Card _____Online Payments		
Do you have an after-hours drop box?		
How often do you invoice customers? _____Monthly _____Bi-monthly _____Other_____		
How are your bills prepared? _____Postcard _____Envelope _____Other_____		
How often do you deposit water system revenue: _____Daily _____Weekly _____Other_____		
How often do you record water system revenue transactions: _____Daily _____Weekly _____Other_____		

(System Name)

Financial Responsibility		
Name the person(s) having overall financial responsibility:		
Name the person(s) having daily financial responsibility:		
Name the person(s) involved in your financial planning?		
	YES	NO
Do you have investments?		
What type:		
Do you stagger investment renewal dates?		
How Capital Improvement Planning Works		
	YES	NO
Do you understand Capital Improvement Planning?		
Do you have a written Capital Improvement Plan?		
How often is it reviewed: ___ Yearly ___ Other _____		
Do you set aside funds to pay unanticipated expenses?		

(System Name)

Your Budget Process		YES	NO
Do you prepare a water system budget?			
How often do you review your budget? ___ Monthly ___ Yearly ___ Other _____			
Do you have a five-year budget plan?			
Do you include your distribution system in your budget?			
Do you include key personnel in your budget process?			
Do you follow appropriate budgeting, accounting, financial planning methods?			
Debt Service, Sinking Funds, and Other Reserves		YES	NO
Have debt service associated with the water system? <i>If YES, please detail the respective loans and the annual debt service (principal + interest) associated with each loan on a separate sheet at the end of this form.</i>			
Do you maintain a debt service reserve?			
Is the debt service reserve being funded at the required rate?			
Do you have a repair and replacement reserve?			
Do you have security deposits?			
Do you have a dedicated escrow account?			
If Yes, what is it dedicated towards _____			
Do you have a construction account?			
Other accounts? _____			
Replace reserve funds as they are used?			