OPERATIONS & MAINTENANCE PROCEDURES TEMPLATE

The Operations & Maintenance procedures are written protocols in a document explaining how a public water system is to be operated on a day-to-day basis to ensure public health, safety, and compliance with applicable regulations. The O&M manual is one of a water purveyor’s most crucial documents. In addition to being an important guide for any new staff, the O&M manual assures that the utility is operated in a consistent, safe, efficient manner that satisfies all laws, rules, regulations, and conditions needed to protect public health.

The O&M manual should be prepared in such a way that it could explain to another operator how to run the water system and keep it in compliance. The manual should be individually tailored to each water system’s size, source water, treatment, water quality, distribution system and available resources and should include a complete, practical handbook of the water system’s operation

The O&M manual should be updated regularly, as needed. Once the document is created, it needs to be updated as needed.

**Disclaimer**

This operations plan template is provided as guidance only. It contains recognized standards on the types of information that should be contained in an Operations Plan. Sections of the guidance may not be applicable to every water system and this guidance should be modified to reflect specific conditions at the water system. A copy of your O&M manual in its entirety must be maintained at your facility and available for review upon request by a representative of the NJ Department of Environmental Protection.

##### OPERATIONS PLAN

##### WATER SECTOR

System Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PWSID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System Type:  Community  Non-Community

Population Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Operator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licenses Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time Operator (i.e., regularly onsite at least 35 hours/week)?  Yes  No

Other Water System Staff: (Name, title, certification level and job duties – good to have this as an operational chart added to the document)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Update: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last updated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose**

This Operations Plan was developed, in part, to satisfy the Licensing of Water Supply and Wastewater Treatment System Operator Regulations, specifically N.J.A.C. 7:10A-1.12 *et seq*. This plan contains a detailed system description (source, treatment, storage, and distribution), daily and routine operation and maintenance procedures for the system, in addition to record keeping and emergency response procedures; this plan is intended to ensure that the system operates in a manner that satisfies all laws, rules, and regulations and that all employees are acquainted with their individual responsibilities.

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**SECTION 1 – DESCRIPTION OF SOURCE, TREATMENT & DISTRIBUTION SYSTEM**

This section provides a detailed description of our water source(s), treatment, storage, and distribution infrastructure (add pictures of the facilities for identification).

**Part 1 - Sources** (complete for each well)

**Source Name**:

Source Location:

Well Record Attached:  Yes  No

Well Identification #

Source is:  Active /  Inactive /  Emergency Use Only

Latitude/Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diameter: \_\_\_\_ in

Date Drilled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Depth: \_\_\_\_ ft

Well Driller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Pump: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pump Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gpm

## Horsepower: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Pump Control:  manual or  automatic

Specs Attached:  Yes  No

**Source Name**:

Source Location:

Well Record Attached  Yes  No

Well Identification #

Source is:  Active /  Inactive /  Emergency Use Only

Latitude/Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diameter: \_\_\_\_ in

Date Drilled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Depth: \_\_\_\_ ft

Well Driller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Pump: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pump Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gpm

Horsepower: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Pump Control:  manual or  automatic

Specs Attached:  Yes  No

### Part 2 - Treatment

Diagram of Treatment Train Attached:  Yes  No

Facility ID#

Treatment Plant is:  Active /  Inactive /  Proposed

### Disinfection Process: gas hypochlorite

Treatment Unit/Process is:  Active /  Inactive /  Proposed

Chlorine Contact Time: \_\_\_\_\_\_\_\_ minutes at flow rate: \_\_\_\_\_\_\_ gpm

Design Chlorine Residual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Container size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Chemical Feeder Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ie., diaphragm, volumetric, gravimetric, etc.)

Make & Model No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Control Process:  manual or  automatic (flow pacing, residual pacing, etc.)

Any solar power to plant?  Yes  No

Specs Attached:  Yes  No

MSDS Attached:  Yes  No

### Other Treatment Process (complete for each treatment process)

Facility ID#

Treatment Unit/Process is:  Active /  Inactive /  Proposed

Chemical used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Container size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical Feeder Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., diaphragm, volumetric, gravimetric, etc.)

Make & Model No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pump Capacity (gpd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residual Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Control Process:  manual or  automatic (flow pacing, residual pacing, etc.)

Any solar power to plant?  Yes  No

Specs attached:  Yes  No

MSDS Attached:  Yes  No

### Part 3 - Distribution

### Service Area

Pipe Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe Diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Fire Hydrants: \_\_\_\_\_\_\_\_\_

No. of Meters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an inventory of distribution materials (i.e., pipe, valves, etc.) is maintained, where is it located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any cross connections?  Yes  No

If yes, are the appropriate backflow prevention

devices installed/permitted?  Yes  No

Are there any interconnections with other systems?  Yes  No

If yes, detail the location, the seller (with PWSID# and contact info),the interconnection capacity, one way or two way interconnection and whether the interconnection is for regular use or emergency use only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Service Area** (provide description & attach distribution map, which must indicate each well(s), treatment plant(s), storage tank(s), interconnection(s), booster pump station(s)):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For community water systems with > 500 service connections, is a GIS version of the distribution map available upon request?  Yes  No  N/A

**Finished Water Storage** (complete for each storage tank/facility)

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Constructed / Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintenance Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last inspection:

Exterior; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pressure range (pressure tank): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specs attached:  Yes  No

Latest Inspection report attached:  Yes  No

**Finished Water Storage**

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Constructed / Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintenance Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last inspection:

Exterior; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If pressure tank, pressure range (psi): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specs attached:  Yes  No

Latest Inspection report attached:  Yes  No

### Part 4 - Emergency Power

List the emergency power sources that are available to the utility, with the type, how powered, frequency of checking the generator and the location of each:

Example:

Generator: diesel powered on site, 2,500 kW, turned on and checked weekly, X gals of fuel on site for emergency

**SECTION 2 - ROUTINE OPERATIONS/MAINTENANCE PROCEDURES**

This section provides a description of the routine operation and maintenance (O&M) procedures designed to maximize operating techniques and preventative maintenance to ensure proper operation of the system.

###### Part 1:

###### Start-up and Shutdown of Operations

## Describe what controls the start-up of your water source (automatic or manual). If automatic, what activates the pump? (Pressure switch, water level controls)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Describe what controls the shut-down of your water source (automatic or manual). If pressure related, at what pressure does the pump shut off?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe what controls water levels in the storage unit (altitude valve, float, pressure).

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## Describe what controls the start-up of disinfection/other treatment processes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Describe what controls the shut-down of disinfection/other treatment processes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Daily Operations:**

List and describe the daily tasks performed with the frequency and who is responsible for performing that task

\_\_\_\_\_\_\_\_Example: check gauges, visual inspection of well, measure disinfection residual, visual inspection of pumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Routine Operations:**

List and describe the tasks performed other than daily (weekly, monthly, annually, as needed) with the frequency and who is responsible for performing that task

\_\_Examples: Exercise valves, flush hydrants, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Emergency Flags - An emergency exists when:

* water pressure falls below \_\_\_\_\_\_\_\_\_ psi
* entry point chlorine residual is less than \_\_\_\_\_\_\_\_\_\_ ppm
* other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routine record keeping is accomplished by utilizing the following reports:

* *Monthly Operating Report (BSDW-40 or 41)*
* *Daily Start-up Checklist*
* *Weekly/Monthly Inspection Report*
* *Maintenance Activity Report*
* *Incident/Follow-up Action Report*
* *Annual Consumers Confidence Report*

The Monthly Operating Report (BSDW-40 or 41) is used to maintain daily records of water pumpage, chemical quantities, and routine test results. This report is submitted monthly by the 10th day of the month following the month for which the records contained in the report are compiled, in accordance with N.J.A.C. 7:10A-1.12(d).

A copy of the Daily Start-up Checklist should be kept at the well house and/or treatment plant. The form should be used to ensure that start-up activities are properly conducted, especially in the event of an emergency when the regular operator is not available. This report is not required to be submitted to the Bureau but should be kept on-site for review upon request.

The Weekly/Monthly Inspection Report can be used to document weekly and/or monthly inspections of mechanical equipment and appurtenances. Weekly/monthly inspections will ensure that the system is operating properly and in compliance with all applicable rules, regulations, and permit conditions. This report is not required to be submitted to the Bureau but should be kept on-site for review upon request.

The Maintenance Activity Report can be used to document preventative maintenance and testing activities, based on the manufacturer’s recommendations and specifications for equipment. This report is not required to be submitted to the Bureau but should be kept on-site for review upon request.

The Incident/Follow-up Action Report can be used to record follow-up measures taken to correct any deficiencies noted during daily, weekly, or monthly inspections. This report is not required to be submitted to the Bureau but should be kept on-site for review upon request.

The annual Consumers Confidence Report must be delivered to your customers no later than July 1st. with a copy (can be sent electronically) to the Bureau by July 1st and the CCR Certification Form to the Bureau by October 1st.

Copies of the above reports are filed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Distribution maps are located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Technical Manuals are located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

### Example Daily Start-up Checklist

Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## well pump operational (flow rate and pressure normal)

disinfection process operational (adequate feed chemical available / design residual achieved)

other treatment process operational (adequate feed chemical available / design residual achieved)

performed physical inspection of pump, tubing, injection assembly

performed mechanical inspection of piping, motors, sumps

performed electrical inspection of wires, fuses

other (describe)

recorded water flows

recorded water pressure

recorded chlorine residual

recorded other chemical feed residuals

Additional start-up step(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Weekly / Monthly Inspection Report

**Inspection of: Observations/Initials Date / Time**

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**Maintenance Activity Report**

## **Activity Performed: Location Initials / Date**

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**Incident/Follow-up Action Report**

This report documents all breaks, breakdowns, problems, bypasses, pump failures, occurrences, emergencies, complaints and/or intervening factors that result in or necessitate deviation from routine O&M procedures, and any situations that have the potential to affect public health, safety, welfare, or the environment or have the potential to violate any permits, regulations or laws relating to the water system. In addition, this report records the remedial or follow-up action taken to correct the circumstance.

**Follow Up Action Corrective Action Taken Initials Date/Time**

**and/or Incident/complaint**

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### Part 2 - Equipment Inventory

### This section identifies our on-site inventory of equipment and spare parts including safety equipment such as eye washes, fire extinguishers, first aid kits, etc.

#### **Equipment Description Location Quantity**

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**Part 3 – Spare Parts Inventory**

**Auxiliary Power Sources**

|  |  |
| --- | --- |
| Type/Capacity | Location |
|  |  |
|  |  |
|  |  |

**Spare Pumps**

|  |  |  |
| --- | --- | --- |
| Type/Manufacturer | Service Capabilities | Location |
|  |  |  |
|  |  |  |
|  |  |  |

#### **Spare Pump Parts**

|  |  |
| --- | --- |
| Part | Location |
|  |  |
|  |  |
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**Spare Distribution Parts**

|  |  |
| --- | --- |
| Part | Location |
|  |  |
|  |  |
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**Spare Treatment Parts**

|  |  |
| --- | --- |
| Part | Location |
|  |  |
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**Reserve Chemicals**

|  |  |
| --- | --- |
| Chemical | Location |
|  |  |
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**Part 4 - Equipment Repair/Supply Contact Information**

**Organization Contact Phone (day) Phone (24/7)**

|  |  |  |  |
| --- | --- | --- | --- |
| Electrician |  |  |  |
| Plumber |  |  |  |
| Pump Specialist |  |  |  |
| Soil Excavator/  Backhoe Operator |  |  |  |
| Equipment Rentals |  |  |  |
| Equipment Repairman |  |  |  |
| SCADA Repair |  |  |  |
| Pump Supplier |  |  |  |
| Well Driller |  |  |  |
| Pipe Supplier |  |  |  |
| Analytical Lab |  |  |  |
| Chemical Supplier |  |  |  |
| Other |  |  |  |

**SECTION 3 – EMERGENCY OPERATION PROCEDURES**

This section addresses the protocols (actions and responses) to be followed in the event of an emergency situation or an intervening factor which mandates deviation from routine Operations Plan procedures (power outages, storm/hurricane preparedness, water main breaks, pump failures, accident procedures, on call employee procedures, etc.).

**OPTIONAL INSERT (IF APPLICABLE)** An Emergency Response Plan was developed for our system on **(insert date)** in accordance with the Public Health Security Bioterrorism Preparedness & Response Act of 2002, (Public Law 107-188) and the New Jersey Water Allocation Regulations, specifically N.J.A.C. 7:19-11.1 *et seq*. This plan details the actions, procedures, and identification of equipment that can be utilized to significantly lessen the impact of an emergency situation. Due to the confidential nature of our Emergency Response Plan, distribution has been limited to employees as indicated below:

**Employee Distributed by Date**

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**SECTION 4 - WATER QUALITY MONITORING PLAN**

The water system should coordinate the collection of required samples and repeat samples and ensure that the sample results are submitted to DEP by the required timelines.

Monitoring Schedule Attached:  Yes  No

Samples collected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Samples analyzed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Contract Attached: Yes  No

## Does the lab prepare & send monitoring forms directly to the State? Yes No

## Are copies of the Monitoring Report Forms kept on-site? Yes No

Location of Monitoring Report Forms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 5 - WATER QUALITY VIOLATION RESPONSE PROCEDURE**

Describe the public notification and repeat sampling, if required, procedure in response to a water quality violation in this section.

**Acute violations** (such as the confirmed presence of *E.coli* or an exceedance of the maximum contaminant level (MCL) for Nitrate) must be reported to the NJDEP within twenty-four hours (24) after becoming aware of the violation, in order to ensure appropriate public notification and/or any necessary corrective actions.

NJDEP, Bureau of Safe Drinking Water (609) 292-5550

NJDEP, Hotline (use after business hours) (877) WARN DEP [(877) 927-6337]

**Non-acute violations** (such as an exceedance of the MCL for Inorganics, Volatile Organic Compounds, etc.) must be reported to the NJDEP, Bureau of Safe Drinking Water within forty-eight (48) hours after becoming aware of the violation.

In the case of a MCL, does the lab notify the State?  Yes  No

In the case of a single sample MCL violation, does

the lab automatically collects check/confirmation samples?  Yes  No

Method of Public Notification: newspaper, posting, hand delivery, other \_\_\_\_\_\_\_\_

Additional information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### SECTION 6 – EMPLOYEE TRAINING

## Employees are trained in the applicable aspects of the Occupational Safety and Health Administration Standards, 29 CFR 1910 *et seq*. (including, but not limited to lockout/tagout procedures, confined space entry, heavy equipment operation, etc.). Safety protocols and workplace policies and procedures are also reviewed routinely. Content and frequency of employee training is recorded below:

### Date Course Title Course Content

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