

**New York State Department of Health
Bureau of Water Supply Protection**

FFY 2023 Public Water System Capacity Assessment Form

NOTE: This form must be completed whenever a routine sanitary survey of a public water system is conducted by the Local Health Department.

PWS ID#: Click or tap here to enter text. PWS Name: Click or tap here to enter text.

PWS Type: C NC NTNC Sanitary Survey Date: Click or tap to enter a date.

Inspector Name: Click or tap here to enter text.

PWS Representative Name: Click or tap here to enter text.

Capacity Rating Determination

Technical (T) Capacity Score: $\frac{\text{Sum of Technical Points Awarded}}{\text{Total Possible Technical Points}} = \text{--} \times 100$

Managerial (M) Capacity Score: $\frac{\text{Sum of Managerial Points Awarded}}{\text{Total Possible Managerial Points}} = \text{--} \times 100$

Financial (F) Capacity Score: $\frac{\text{Sum of Financial Points Awarded}}{\text{Total Possible Financial Points}} = \text{--} \times 100$

Overall Capacity Score = $\frac{\text{Sum of Points Awarded for T+M+F}}{\text{Total Possible Points for T+M+F}} = \text{--} \times 100$

Comments

Click or tap here to enter comments.

Technical Score = Click or tap here to enter text.

Managerial Score = Click or tap here to enter text.

Financial Score = Click or tap here to enter text.

Overall Capacity Score = Click or tap here to enter text.

Instructions

Local Health Department staff will mail or email this form to the water system **one month ahead of the sanitary survey date** to ensure managerial and/or financial information is gathered prior to sanitary survey.

Local Health Department staff will complete form during sanitary survey and inform the water system that the score will be included on the next Annual Water Quality Report.

Local Health Department staff will send completed forms to BPWSP@health.ny.gov so Bureau can evaluate data and prepare required reports for EPA and the NYS Governor. The goal of this evaluation is to highlight public water system needs to the State. The State can then provide better technical assistance to the Local Health Departments and water systems.

To complete this form, Local Health Department staff will circle Y or N on the point scale and record the corresponding point award (1 or 0). Additional notes may not be needed for each question. If additional notes are necessary or helpful to supplement the point award, please check the box and attach additional notes to this form. When each section is completed, record the total number of points awarded at the bottom of each section.

<p align="center">Technical Capacity Assessment</p> <p align="center">Water system's ability to operate and maintain its infrastructure</p>	<p align="center">Point Scale (Circle Y or N)</p>	<p align="center">Point Award</p>	<p align="center">Indicate if additional notes are attached</p>
[T1] Does the water system have all applicable sample siting plans in writing (e.g., LCR, bacteriological, DBP)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T2] Did the water system submit all required sample results and reports to the Health Department since the last sanitary survey?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T3] Have all deficiencies (minor and significant) and/or violations identified during the previous sanitary survey been resolved? *If deficiencies and/or violations are being actively addressed, 1 point can be awarded.	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T4] Was today's sanitary survey free of any newly identified deficiencies (minor and significant) and/or violations?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T5] In the past year, have sample results remained below 90% of the regulatory limit for all contaminants (e.g., for an MCL of 10 mg/l, results would need to be below 9 mg/l to receive a point)? *If the water system is addressing treatment for contaminants at or near the regulatory limit, 1 point can be awarded.	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T6] In the past 5 years, has the water system created or updated their source water protection plan and is the plan being implemented? *If water system purchases water, please note "CC" in the "Point Award" box and indicate who the water system purchases from. This question will not be scored for CC systems.	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T7] Does the water system have the minimum number of certified water operator(s) with the correct grade level(s)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T8] Does the water system have a written succession plan and/or training program for new staff?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T9] For <u>groundwater systems</u> - can the water system meet maximum daily demands with the largest producing well out of service? For <u>surface water systems</u> - can the water system meet maximum daily demands based on 1 in 50-year drought calculations or the extreme drought of record? *If a water system has both groundwater and surface water sources, the water system needs to answer "Y" to both questions to get 1 point.	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T10] Does the water system have replacement parts and/or redundant equipment for critical components within water production and distribution?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T11] Does the water system have a method to document all planned and unplanned service interruptions (e.g., a tracking spreadsheet or log)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T12] Does the water system have an annual goal to continually reduce unplanned service interruptions (e.g., goal may be based on miles of pipe or number of taps)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T13] Does the water system track non-revenue water?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T14] Does the water system perform a water loss audit on an annual basis?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[T15] Does the water system review meter function to examine and address high/low usage within the distribution system?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
<p align="center">Total Points Awarded for Technical Capacity = enter here.</p>			

Managerial Capacity Assessment Expertise of the water system's personnel to administer the system's overall operations	Point Scale (Circle Y or N)	Point Award	Indicate if additional notes are attached
[M1] Does the water system track customer complaints including the nature of the complaints and the actions taken to address them?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M2] Does the water system measure and track customer service (e.g., call responsiveness, error-driven billing adjustment rates, service start/stop responsiveness percentage)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M3] Has the water system inventoried more than 90 percent of their total assets within water production and distribution (e.g., age, location, size, valuation data, manufacturer, model, life span of each component, installation date, maintenance history, performance history, recommended maintenance practices) and verified that the inventory is current?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M4] In conjunction with M3, has the water system assigned conditions to more than 90 percent of their assets within water production and distribution (e.g., unacceptable, improvement needed, adequate, good, excellent) and verified that conditions are current?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M5] Does the water system have a capital improvement plan that accounts for assets in M3 and M4?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M6] Does the water system have written standard operating procedures (operations and maintenance plan) and do operators and other staff use them and know where they are located?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M7] Do water system staff, including contractor operators/staff, have a written document outlining duties, roles, and responsibilities and do the personnel know where that document is located?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M8] Does the water system have a written contingency plan for continuing system operation in the event the owner or operator(s) becomes incapable of carrying out their responsibilities?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M9] Does the water system have designated emergency personnel and proper communication equipment in the event of an emergency (e.g., telephones, radios, etc.)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M10] Does the water system have written notification procedures in the event of an emergency (e.g., notification procedures for water operators, municipal officials, and consumers)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M11] Does the water system have emergency contract agreements under which it can obtain assistance during an emergency (e.g., emergency water interconnections, New York Water/Wastewater Agency Response Network (NYWARN))?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[M12] Does the water system have the ability to provide water during power outages (e.g., generator, emergency water interconnections)?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
Total Points Awarded for Managerial Capacity = enter here.			

Financial Capacity Assessment Financial resources and fiscal management that support the cost of operating the water system	Point Scale (Circle Y or N)	Point Award	Indicate if additional notes are attached
[F1] Does the water system develop annual budgets?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F2] Are the water system's annual rates and other revenues sufficient to cover annual water expenses as well as anticipated capital improvements?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F3] Does the water system management review user fee, user charge, or rate system at least once every two years?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F4] Does the water system retain budget information for at least two years?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F5] Does the water system have an emergency reserve?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F6] Does the water system have an operating reserve?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F7] Does the water system have a short-lived asset reserve?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F8] In the past 5 years, has the water system avoided revenue shortfalls?	Y = 1 N = 0	Choose an item.	<input type="checkbox"/>
[F9] Has the water system encountered barriers in apply for funding? Please circle Y (yes) or N (no).	Y N	Question Not Scored	<input type="checkbox"/>
[F10] Has the water system encountered barriers with being awarded funding? Please circle Y (yes) or N (no).	Y N	Question Not Scored	<input type="checkbox"/>
Total Points Awarded for Financial Capacity = enter here.			

Does the local health department recommend the water system for technical assistance? Yes No

If yes, please select category of technical assistance (select all that apply) T M F

Notes

Click or tap here to enter text.