GEORGIA
DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

Jeffrey W. Cown, Director

Coastal District
1050 Canal Road
Brunswick, GA 31525-6856
912-264-7284

February 19, 2024

Ms. Lori Phillips
City of Brooklet
104 Church St
Brooklet, GA 30415
Via email: lori.phillips@brookletga.us

RE: **Sanitary Survey Inspection**
Brooklet Water System (WSID# 0310000)
Bulloch County, Georgia

Dear Ms. Phillips:

On December 19, 2023, an Environmental Protection Division representative conducted a sanitary survey of the above-referenced facility; Mr. Derrell Smith was present during the inspection. The purpose of the inspection was to evaluate the performance of the facility with respect to the requirements of the Georgia Safe Drinking Water Act, the Rules for Safe Drinking Water (Rules) and the Permit to Operate a Public Water System. The inspection report is enclosed for your review and files. Please be reminded that Section 391-3-5-.15 of the Rules requires sanitary surveys, correspondence, laboratory analysis, and other documents be maintained on file.

No violations were noted during the inspection. Additional recommendations are presented in the enclosed inspection report. The Division appreciates Mr. Smith's assistance during the inspection. Should you have questions or comments concerning this correspondence, please contact me at 912-580-9736 or by email at heather.lowery@dnr.ga.gov.

Sincerely,

Heather Lowery

Heather Lowery
Environmental Specialist

Attach: Sanitary Survey, Photos dated December 19, 2023, Addendum
CC: Lindsay Martin, operator, via email at msowatersystem1@gmail.com
Derrel Smith, public works crew leader, via email at publicworks@brookletga.us

Public Water System - District Sanitary Survey Inspection Form

GEORGIA
DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

Purpose for Submittal: Sanitary Survey Completed

Present Status of Water System: Active

Date of Submittal: 1/3/2024 Data Entered into SDWIS: ☒

General Water System Data

Water System Name:	Brooklet Water System	**Region/District:**	Coastal District	**EPD Associate:**	Lowery, Heather
Water System ID:	GA0310000	**County:**	Bulloch	**Date of Evaluation:**	12/19/2023
Permit #:	CG0310000	**Permit Issue Date:**	11/14/2017	**Permit Expiration Date:**	09/15/2027

Last Sanitary Survey Date: 11/3/2020 **Next Scheduled Sanitary Survey:** 12/19/2026
 # Permitted Sources: 2 **# Active Sources:** 2 **Required # Bact. Samples/sample frequency:** 1 / Monthly
Source Type(s): **(1)** Ground Water (Well) **(2)** **(3)** **(4)**
System Type: Community WS **Total Number of Entry Points:** 2

Total # Permitted SC:	NA	**Total # Active SC:**	817	**(Permitted – Active) = Total # Available SC:**	NA
# Active Residential SC:	728	**# Active Commercial SC:**	85	**# Active Wholesale Service Connections:**	0
Community Population:	1966	**NTNC Population:**	0	**TNC Population:**	0
# Wholesale Customers:	0	**% of Service Connections Metered:**	100%	**% of Sources Metered:**	100%
Water Treated (Y/N):	YES	**Maximum Daily Use (gal):**	328440	**Average Total Water Use per Day (gal):**	158022
Seasonal System:	NO	See Section 7b for seasonal operating periods.			

System

WS Street Address: 201 Railroad St **City:** Brooklet **State:** GA **Zip-code:** 30415

Owner

Owner Name:	Lori Phillips			**Email address:**		lori.phillips@brookletga.us	
Owner Mailing	City Hall	**City**		**State**		**Zip-code:**	
Owner Street Address:	104 Church St	**City**	Brooklet	**State**	GA	**Zip-code:**	30415
Phone No.:	912-842-2137	**Fax**				**Emergency Phone No.:**	

Operator

Operator Name:	Lindsay Martin			**Email address:**		msowatersystems1@gmail.com	
Operator Mailing Address:		**City:**		**State:**		**Zip-code:**	
Operator Street Address:	236N Main St	**City:**	Statesboro	**State:**	GA	**Zip-code:**	30458
Certification No.:	W4-000054	**Expiration Date:**	06/30/2025			**Operator Classification:**	IV
Phone No.:	912-489-6668	**Fax No.:**				**Emergency Phone No.:**	

Additional Contact Information (if applicable)

Title: Public Works Crew Leader

Name:	Derrel Smith			**Email address:**			
Mailing Address:	105 South Cone Street	**City:**	Brooklet	**State:**	GA	**Zip-code:**	
Street Address:		**City:**		**State:**		**Zip-code:**	
Phone No.:	912-531-4726	**Fax No.:**				**Emergency Phone No.:**	

GENERAL COMMENTS AND DISCUSSION:

WATER SYSTEM LOCATION

Describe how to get to the water system from the nearest city; include a map showing the location of the water system.

1050 Canal Rd
Brunswick, GA 31525

Get on I-95 N from Glynco Pkwy
4 min (2.0 mi)

Follow I-95 N and I-16 W to GA-119 N in Ellabell. Take exit 137 from I-16 W
1 hr 8 min (81.2 mi)

Take US-80 W to your destination in Brooklet
20 min (17.7 mi)
201 Railroad St
Brooklet, GA 30415

GENERAL DESCRIPTION

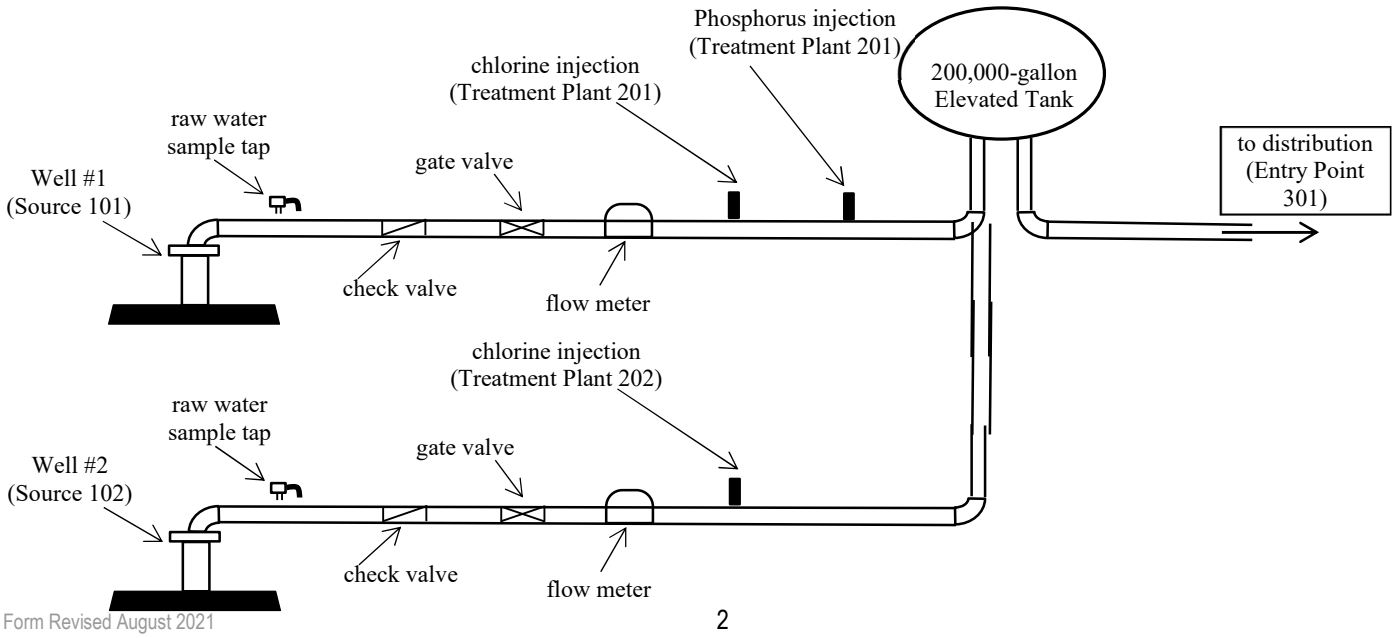
a. Describe the business model and customer base for the water system that supports the Community, Non-Transient, Non-Community or Transient Non-Community designation. If applicable, include information detailing any seasonal portions of the distribution system (e.g. water system serves an RV Park where there are 10 homes with year round residents and 30 slots that are rented out during the summer months; the rental side remains pressurized year round because a few of the slots are occasionally rented during the off-season.

Municipal water system

b. Describe any changes to the water system sources, treatment equipment, or storage tanks since the last inspection. This would include changes such as adding or removing raw or finished water sample taps, converting from gas to liquid chlorination, installing a new source, replacing a storage tank with a larger/smaller tank, etc.

NA

c. Draw a flow diagram, showing bypasses. Include the flow from each separate source to the distribution system, giving for each source the various treatment processes provided in order of occurrence. Sources, treatment plants, and entry points should be numbered to match what is listed in the Drinking Water Database.



GENERAL DESCRIPTION (Continued)

d. Include photos taken during the inspection. Include pictures of sources, treatment types and storage tanks; photos of items that need to be corrected may also be included.

attached

The "significance" of a deficiency will be determined by evaluating whether: (a) the deficiency has the potential for contaminants to be introduced to the finished drinking water; (b) if not corrected, the deficiency will cause the potential for the introduction of contaminants to the finished drinking water at some point in the future; and (c) the deficiency causes or has the potential to result in the operation of the system in violation of the drinking water rules and standards. **Bolded questions throughout this report may be considered significant deficiencies if they meet these three (3) conditions.**

[Min Stds. #] = Reference the May 2000 Minimum Standards version.
[§Min Stds. #] = Reference the March 2021 Minimum Standards version.

1. SOURCE OF SUPPLY

		YES	NO	N/A	Significant Deficiency
1.	**Is the source of water approved by the Division and of good physical quality?** [391-3-5-.06 & .07]	☒	☐	☐	☐
2.	**Is the source free from potential sources of contamination, including flooding and surface water runoff?** [391-3-5-.04 & .07] [Min. Stds. 9.1.0 & 9.1.1] [§Min. Stds. 11.0 & 11.1]	☒	☐	☐	☐
3.	**Is the well drilled and not a dug, bored or jetted well?** [391-3-5-.07(2)] [Min. Stds. 5.3.0] [§Min. Stds. 5.2.0]	☒	☐	☐	☐
4.	Are "Wellhead Protection" plan requirements being met? (Applies to municipal, county, & authority owned CWS) [391-3-5-.40] [Min. Stds. 5.3.2] [§Min. Stds. 5.2.4]	☒	☐	☐	☐
5.	Well Casing 12 inches above well slab and not subject to flooding? [391-3-5-.07(11)(b)][Min. Stds. 5.3.4.7(b) & 9.2.1] [§Min. Stds. 5.2.6.1a, 5.2.10b, & 11.7.1] Type: Steel	☒	☐	☐	☐
6.	**Sanitary Seal is present and in good condition (tight)?** [391-3-5-.07(11)(c & d)][Min. Stds. 5.3.4.7(c) & 9.2.1.1] [§Min. Stds. 5.2.10.2c]	☒	☐	☐	☐
7.	**Well Slab present and in good condition?** [391-3-5-.07(11)(a)] [Min. Stds. 5.3.4.7(a)] [§Min. Stds. 5.2.10a]	☒	☐	☐	☐
8.	**Properly designed Screened Riser Pipe present and screen intact?** [391-3-5-.07(11)(c & d)] [Min. Stds. 5.3.4.7(d) & 9.2.1] [§Min. Stds. 5.2.10c.2, 5.2.10.2e, & 11.7.1]	☒	☐	☐	☐
9.	Raw Water Taps present and located prior to the well discharge pipe check valve? [391-3-5-.07(11)(e)] [Min. Stds. 5.3.4.7.1c] [§Min. Stds. 5.2.11c]	☒	☐	☐	☐
10.	Finish Water Taps available? [391-3-5-.09(1)(l)]	☒	☐	☐	☐
11.	Check Valve, shutoff valve, and pressure gauge present, functioning and properly located? [Min. Stds. 5.3.4.7.1b, 9.6.1b, & 9.6.3a] [§Min. Stds. 5.2.11b, 11.6.1b, &11.6.3a]	☒	☐	☐	☐
12.	Turbine Pump Block present and extends at least 12 inches above well slab? (applies to turbine pumps only) [391-3-5-.07(11)(d)] [Min. Stds. 5.3.4.7e] [§Min. Stds. 5.2.10c]	☐	☐	☒	☐
13.	Meter installed and operational on all sources installed after 1/1/1998. At a minimum, is all finished water metered as required by Permit? [391-3-5-.06(1)(a)1&.09(1)(m)] [Min. Stds. 4.1.7&9.6.3f] [§Min. Stds. 4.12 & 11.6.3f]	☒	☐	☐	☐
14.	Backup Source (if system permitted after 1/1/1998 and 25 or more service connections)? [391-3-5-.06 &.04(6)(d)] [Min. Stds. 4.1.8, 5.1.1b., & Approval Requirements(7)(d)] [§Min. Stds. 5.2.2.2 & 5.0b]	☒	☐	☐	☐
15.	Well pumping equipment is protected from unauthorized entry and use by an enclosed shelter or enclosed by a fence? [391-3-5-.07(14)] [Min. Stds. 5.3.2.m] [§Min. Stds. 4.17d & f]	☒	☐	☐	☐
16.	Is equipment unchanged (i.e. no addition/modification) **and have no new, unapproved sources** been added to the system since the last sanitary survey? [391-3-5-.04 & .05(1)]	☒	☐	☐	☐
17.	**In lieu of 4-log virus inactivation treatment, triggered source water monitoring is conducted as required?** [391-3-5-.54(3)(a)]	☒	☐	☐	☐

LIST OF GROUNDWATER SOURCES: Applicable ☒ Not Applicable ☐

Source No. (101)	Source Type	Type Usage	Pump Type	Individual Meter (Y/N)	Emergency Power Source? (Y/N)	Comments
101	G	P	S	Yes	No	
102	G	P	S	Yes	Yes	Generator installed next to well house

Additional Sources of Supply Listed in Attachment A? No

Source Type: G = well, S = spring
Type Usage: P = permanent, E = emergency, S = seasonal, I = interim, A = abandoned
Pump Type: S = submersible, T = vertical turbine, J = jet, C = centrifugal, N =no pump, O = other

PURCHASED WATER SOURCES: Applicable ☐ Not Applicable ☒

Source No. (101)	Source Type	Type Usage	Is Source Metered? (Y/N)	Name of Purchased Water Source (Water System Name)	Water System ID Number	Additional Treatment Provided? (Y/N)

Source Type: P = purchased surface, W = purchased ground
Type Usage: P = permanent, E = emergency, S = seasonal, I = interim, A = abandoned

COMMENTS AND DISCUSSION FOR SOURCE OF SUPPLY:

The sanitary well seal on well #1 needs to be resealed. There is no riser pipe on well #2. During inspection, EPD observed a lawnmower kept within the well house for source 102. Please do not keep any potential sources of contamination within 15 feet of the water source.

The sanitary seal was resealed and a riser pipe was installed. No further action required. 2/2/2024 HLowery

2. TREATMENT

2a. Chemical Feed Systems, Dosages and Residuals Applicable ☒ Not Applicable ☐

Plant No. (201)	Treatment Process (Cl_2, F, Fe, Mn, pH, corrosion, softening, aeration, etc.)	Chemical Name	NSF 60 Certified[1] (Y/N)	Strength of Chemical	Required by Permit (Y/N)	Equipment Condition[2]	Back-up Equipment Available[3] (Y/N)
201	Cl2	sodium hypochlorite	Yes	12%	Yes	Operating Properly	Yes
202	Cl2	sodium hypochlorite	Yes	12%	Yes	Operating Properly	Yes
201	P	Phosphorus	Yes	32-38%	No	Operating Properly	Yes

Additional Treatment Processes Listed in Attachment B? No

1. All chemicals coming in contact with drinking water during treatment must be certified as conforming with NSF Standard 60 [391-3-5-.04(7)] [Min. Stds. 14.1.5., 15.1.0, 19.1.0, 19.6.1, & Approval Requirements (8)] [§Min. Stds. 4.19, Part 7 intro, & Part 8 intro].
2. Chemical Feed Equipment must be of such design and capacity to accurately supply the required treatment chemicals at all times [391-3-5-.09(1)(d) [Min. Stds. 9.1.4] [§Min. Stds. 8.3a & 9.9.2d].
3. Back-up equipment required for chemical feed equipment if installed after 1/1/1998, otherwise recommended [Min. Stds. 11.1.1c & 19..1.3] [§Min. Stds. 8.5.a.2 & 9.9.1c].

	YES	NO	N/A	Significant Deficiency
1. **Is treatment equipment that is required by Permit or to comply with MCLs operating properly (e.g. disinfection, pH, iron, manganese control, etc.)?** [391-3-5-.09 & .14(1)-(4)] [Min. Stds. Parts 10-17] [§Min. Stds. Part 9].	☒	☐	☐	☐
2. Is fluoridation required by permit, if so, is it provided? (all incorporated municipalities unless referendum approval to cease) [391-3-5-.16 & .14(4)] [Min. Stds. Part 15] [§Min. Stds. 7.7] ……	☐	☐	☒	☐
3. If facility is required to provide 4-log virus inactivation, there is no evidence of system modifications that would reduce the contact time between the source and first customer? [391-3-5-.06]……	☐	☐	☒	☐
4. **Is Equipment unchanged (i.e. no addition/mods) since the last sanitary survey?** [391-3-5-.04 & .05(1)]……	☒	☐	☐	☐
5. The treatment plant is not and cannot be bypassed, which would allow untreated water into the distribution system? [391-3-5-.09(1)(n)]……	☒	☐	☐	☐

6. Measured Fluoride Residual(s) [391-3-5-.14(4)]: Applicable ☐ Not Applicable ☒

Sampling Location	Fluoride Residual (ppm)
(1)	

7. Measured pH of the water when pH adjustment chemicals are in use. [391-3-5-.14(7)]: Applicable ☐ Not Applicable ☒

Sampling Location	Water pH
(1)	

2b. Gas Chlorination Systems: Applicable ☐ Not Applicable ☒

		YES	NO	N/A	Significant Deficiency
1.	Gas chlorination equipment and cylinders housed in a separate room or facility? [391-3-5-.09(1)(f)] [Min. Stds. 11.2.2a.1., 19.5.1a., & 19.7.0c.] [§Min. Stds. 7.1a, 8.18c, & 9.9.7a]	☐	☐	☒	☐
2.	The chlorine gas equipment & storage room has externally or automatically activated, floor level, forced air ventilation? [391-3-5-.09(1)(f)(4)] [Min. Stds. 11.2.2a.5., 19.5.1g., & 19.7.0b.] [§Min. Stds. 7.1g, 8.18b, & 9.9.7e]	☐	☐	☒	☐
3.	Gas chlorination cylinders stored out of direct sunlight, secured from tipping or movement, and protected against unauthorized tampering? [391-3-5-.09(1)(f)] [Min. Stds. 11.2.2a.., 19.5.1e.- f.)] [§Min. Stds. 7.1e-f & 9.9.7]	☐	☐	☒	☐
4.	A container of fresh ammonia solution provided for detection of leaking Cl_2 from equipment or cylinders? [391-3-5-.09(1)(f)(5)] [Min. Stds. 11.2.2a.6 & 19.7.0d.] [§Min. Stds. 8.18d & 9.9.7f]	☐	☐	☒	☐
5.	Chlorine gas installations are equipped with a gas detection device connected to an audible alarm? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 19.5.1g.11.] [§Min. Stds. 7.1.g.11]	☐	☐	☒	☐
6.	Chlorine gas mask or self-contained breathing apparatus readily accessible and in good condition? [391-3-5-.09(1)(f)(3)] [Min. Stds. 11.2.2a.4. & 19.7.0c.] [§Min. Stds. 8.18c & 9.9.7d]	☐	☐	☒	☐
7.	**Automatic switchover of chlorine cylinders provided, where necessary, to assure continuous disinfection?** [Min. Stds. 11.1.1d.] [§Min. Stds. 9.9.1d]	☐	☐	☒	☐
8.	Properly calibrated and working weighing scales provided for chlorine gas cylinders? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 19.1.7a] [§Min. Stds. 8.9a]	☐	☐	☒	☐

2c. Miscellaneous Treatment Requirements

1.	Fluoridation equipment and chemicals housed in a separate room or facility? [391-3-5-.09(1)(j)] [Min. Stds. 15.1.1a. & 19.7.0c.] [§Min. Stds. 7.7.a.1 & 7.7b.12]	☐	☐	☒	☐
2.	Properly calibrated and working weighing scales provided for fluoride solution feed? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 19.1.7] [§Min. Stds. 7.7b.3]	☐	☐	☒	☐
3.	Separate indoor storage for fluoride compounds, and bags, fiber drums & steel drums on pallets? [Min. Stds. 15.1. 1] [§Min. Stds. 7.7a]	☐	☐	☒	☐
4.	Sodium Chlorite for Chlorine Dioxide generation is housed in a separate room or facility constructed of noncombustible materials? [Min. Stds. 19.6.0b.] [§Min. Stds. 7.3a]	☐	☐	☒	☐
5.	Liquid Caustic (50% sodium hydroxide solution) is protected from loss from solution due to exposure to low temperatures? [Min. Stds. 19.2.0d.3. & 19.6.0a.4.] [§Min. Stds. 7.2d & 8.11e.3]	☐	☐	☒	☐
6.	Aerators properly maintained? (screens intact, trays not fouled, blower working, documented maintenance, etc.) [Min. Stds. Part 13] [§Min. Stds. 9.11]	☐	☐	☒	☐
7.	Filters properly maintained? (not plugged or cracked, backwashed as needed) [391-3-5-.09] [Min. Stds. 10.3] [§Min. Stds. 9.4]	☐	☐	☒	☐
8.	Water treatment equipment is enclosed in a weather proof shelter and protected from unauthorized entry? [391-3-5-.07(14)] [Min. Stds. 5.3.2.m] [§Min. Stds. 4.17]	☒	☐	☐	☐

COMMENTS AND DISCUSSION FOR TREATMENT:

For treatment 201 and 202, the caps on the chlorine tanks need to be screwed on with a hole drilled through the lid or the top of container for the chlorine line.

Caps were screwed on and holes were drilled in container for chlorine line. No further action is required. 2/2/2024 HLowery

3. DISTRIBUTION SYSTEM

		YES	NO	N/A	Significant Deficiency
1.	**Does the distribution system appear to be free of cross connections?** [391-3-5-.13] [Min. Stds. 7.4.0 & 7.6.4] [§Min. Stds. 12.3 & 12.8] ……	☒	☐	☐	☐
2.	If the permit requires a cross connection control plan, is it being followed? [391-3-5-.13(4)] ……	☐	☐	☒	☐
3.	**Does the distribution system appear to be free of leaks?** [391-3-5-.10] ……	☒	☐	☐	☐
4.	Flow measuring device(s) installed for all new service connections installed after 1/1/1998 (Applies to CWS and NTNCWS), and when required by permit for all others? [391-3-5-.10(3)] [Min. Stds. 4.1.7] [§Min. Stds. 4.12] …….	☒	☐	☐	☐
5.	Bacteriological Sampling conducted as required by permit? [391-3-5-.14(8)-(11), & .23] ……	☒	☐	☐	☐
6.	If applicable, is facility scheduled for Lead and Copper sampling? Are Lead and Copper Sampling sites designated? Are Lead and Copper samples collected as scheduled? (CWS and NTNCWS only) [391-3-5-.25] .	☒	☐	☐	☐
7.	If applicable, is facility scheduled for Disinfection By-Products (DBP) sampling? Are DBP sampling sites designated? Are DBP samples collected as scheduled? (CWS and NTNCWS using primary or residual disinfectant other than UV light) [391-3-5-.53(2)]……	☒	☐	☐	☐
8.	If existing lines have been repaired (when mains are wholly or partially dewatered) or new lines installed, was disinfection and special Bac-T sampling conducted before returning to service? (If yes, see records of repair, disinfection and sampling) [391-3-5-.12(a)] [Min. Stds. 7.2.4.1c] [§Min. Stds. 12.5.5a and b]……	☐	☐	☒	☐
9.	**Is a free chlorine residual detectable throughout the distribution system?** [391-3-5-.14(2)]..……	☒	☐	☐	☐

Sampling Location (Distribution system and Storage Tanks)	Free Chlorine Residual (ppm)
(1) Tank	1.30
(2) 17518 US-80	1.20
(3) 201 railroad st	1.52
(4) City Hall	1.75

		YES	NO	N/A	Significant Deficiency
10.	**Minimum pressure of 20 psi maintained?** [391-3-5-.10(1), & .10(4)] Normal working pressure of 35 – 60 psi but not more than 100 psi maintained? [Min. Stds. 7.1.1f and g.] Normal working pressure of 60 – 80 psi but not less than 35 psi and not greater than 100 psi maintained [§Min. Stds. 12.2.1f and g)] ……	☒	☐	☐	☐

Sampling Locations	Static Pressure (psig)
(1) Tank	44
(2)	
(3)	
(4)	

		YES	NO	N/A	Significant Deficiency
11.	Is the distribution system flushed on a regular or periodic basis? (Recommended) [391-3-5-.10(9)] [Min. Stds. 7.1.2, & 7.2.0j.] [§Min. Stds. 12.2.2, 12.5.4d, & 12.5.5a] ……	☒	☐	☐	☐
12.	Does the distribution system appear to be free of unapproved construction projects, extensions, etc.? [391-3-5-.04] [Min. Stds. 1.1.1, 1.1.2, 1.1.3, 1.2.2, & Approval Requirements (1), (2), & (3)] [§Min. Stds. 1.1a and b, 1.2 - 1.4, & 1.8] ..	☒	☐	☐	☐
13.	Does all available evidence suggest that the distribution system is free of asbestos cement pipe? If no, what percentage of distribution system contains AC pipe? % [391-3-5-.21(5)] [Min. Stds. 7.6.0)] [§Min. Stds. 12.1]	☒	☐	☐	☐

14. **Interconnections to other systems (Consecutive Connections)** [Min. Stds. 7.4.1a.] [§Min. Stds. 12.8a] Applicable ☐ Not Applicable ☒

System Name/Description	Type Connection[1]	Permitted System? (Y/N)	WSID#	Connection Status[2]	Listed on System Permit? (Y/N)

1 – Type Connection: SW = Water is Sold, PW&SW = Water is Purchased & Sold
2 – Connection Status: A = Active/In Use, E = Emergency Use Only, S = Seasonal/Occasional Use

COMMENTS AND DISCUSSION FOR DISTRIBUTION SYSTEM:

Did not have pressure gauge on inspection to test sample locations

4. FINISHED WATER STORAGE

4a. Water Storage Tanks: Applicable ☒ Not Applicable ☐

Plant No. (201)	Location	Type	Tank Material	Storage Volume (gal)	Screened Vent[1] (Y/N)	Screened Overflow[2] (Y/N)	Drain Valve[3] (Y/N)	Access Manhole[4] (Y/N)	Sampling Tap[5] (Y/N)	Limited Access[6] (Y/N)
201	Joiner Rd	E	Steel	200000	Yes	Yes	Yes	Yes	Yes	Yes

Additional Water Storage Tanks Listed in Attachment C? No
Storage Type: C= Clear well, G = Ground, E = Elevated, S = Standpipe, P = Pressure, O = Other

1 Screened vents required for all non-pressurized storage tanks, **screens are intact.** [391-3-5-.11(1)] [Min. Stds. 8.1.6] [§Min. Stds. 10.7]
2 Screened overflows required for all non-pressurized storage tanks, **screens are intact.** [391-3-5-.11(1)] [Min. Stds. 8.1.4] [§Min. Stds. 10.5]
3 All storage tanks required to have a means for draining. [391-3-5-.11(1)] [Min. Stds. 8.1.3] [§Min. Stds. 10.3]
4 Interior access for cleaning and maintenance required for all storage tanks installed after 1/1/1998, otherwise recommended. [Min. Stds. 8.1.5] [§Min. Stds. 10.6]
5 Sampling tap required for all storage tanks installed after 1/1/1998, otherwise recommended. [Min. Stds. 8.1.15.] [§Min. Stds. 10.17]
6 Appropriate measures taken to secure critical infrastructure from trespassers, vandals and saboteurs. [391-3-5-.04(8)] [Min. Stds. 8.1.2b.] [§Min. Stds. 10.2b]

4b. All Finished Water Storage Tanks:	YES	NO	N/A	Significant Deficiency
1. **Tanks have a water tight roof (i.e. permanent cover)?** [391-3-5-.11(1)] [Min. Stds. 8.1.2a.] [§Min. Stds. 10.2a] ……..	☒	☐	☐	☐
2. **Tank overflow and drain discharges are not directly connected to a sewer** and/or storm drain and have splash pad and erosion protected drainage channel? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 8.1.3, 8.1.4a, 8.1.4.b.] [§Min. Stds. 10.3, 10.5a, & 10.5b] ……	☒	☐	☐	☐
3. Tank overflow and drains have a 24-mesh non-corrodible screen and/or flap valve? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 8.1.3 & 8.1.4e.] [§Min. Stds. 10.3 & 10.5e] ……	☒	☐	☐	☐
4. Are tank overflow outlets visible? (required if installed after 1/1/98, otherwise recommended) [Min. Stds. 8.1.4f.] [§Min. Stds. 10.5g].....	☒	☐	☐	☐
5. **Tanks are properly maintained and free of contamination and leaks due to damage, corrosion, or other means?** [391-3-5-.11(4)] [Per AWWA M42-92, tanks should be washed out and inspected at least once every 3 years. Where water supplies have sediment problems, annual washouts are recommended.]……	☒	☐	☐	☐
6. If applicable, all new or repaired tanks are disinfected and special Bac-T sampling conducted before returning to service? (If yes, see records of repair, disinfection and sampling)? [391-3-5-.11(7) & .12(b)] [Min. Stds. 8.2.0.] [§Min. Stds. 10.16] ……	☐	☐	☒	☐
7. **If storage tank has more than 2 days of storage, provisions are provided for water turn over or booster chlorination?** (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 8.1.14.] [§Min. Stds. 10.4] ……	☐	☐	☒	☐
8. Does the facility have an inspection/maintenance/cleaning schedule established for all storage tanks? Is the facility adhering to the schedule? [391-3-5-.11(4)].....	☒	☐	☐	☐
4c. Hydropneumatic Pressure Tanks:				
1. Tanks have a device to maintain Air/Water ratio at satisfactory level? [391-3-5-.11(6)] [Min. Stds. 8.3.4.6] [§Min. Stds. 10.19g] ……	☐	☐	☒	☐
2. Tanks have bypass piping? (recommended) [Min. Stds. 8.3.4.1] [§Min. Stds. 10.19b] ……	☐	☐	☒	☐
3. Tanks have cutoff valves? (recommended) [Min. Stds. 8.3.4.6] [§Min. Stds. 10.19g] ……	☐	☐	☒	☐
4. Tanks have control equipment consisting of pressure gauge, air blow-off valve, pressure operated start-stop pump control, sight glass and mechanical means for adding air? (recommended) [Min. Stds. 8.3.4.6] [§Min. Stds. 10.19g] ……	☐	☐	☒	☐
5. Entire tank and/or control end is housed? (recommended) [Min. Stds. 8.3.4] [§Min. Stds. 10.19a] ……	☐	☐	☒	☐
4d. Buried and Semi-buried Finished Water Storage Tanks:				
1. Ground slopes away from tanks? [391-3-5-.11(5)] [Min. Stds. 8.1.11] [§Min. Stds. 10.14] ……	☐	☐	☒	☐
2. Top of tanks are at least 2 feet above ground level? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 8.1.1d.] [§Min. Stds. 10.1d] ……	☐	☐	☒	☐
3. Tanks located at least 50 feet from sewers, drain fields, storm drains, and standing water? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 8.1.1c] [§Min. Stds. 10.1c] ……	☐	☐	☒	☐
4e. Clearwells:				
1. Tanks include features (e.g. baffles) to minimize short circuiting? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 8.3.3a.] [§Min. Stds. 10.18.3a] ……	☐	☐	☒	☐
2. **Tanks include a screened vent**, drain and overflow? (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 8.3.3b-d.] [§Min. Stds. 10.18.3b-d] ……	☐	☐	☒	☐

COMMENTS AND DISCUSSION FOR FINISHED WATER STORAGE:

5. PUMPS, PUMP FACILITIES, & CONTROLS (other than source and treatment equipment)

5a. Water Pumping Facilities: Applicable ☐ Not Applicable ☒

Location of Pumping Facility	Pumps			Emergency Power* (Y/N)
	No. of Pumps	Type	Capacity (gpm)	

Additional Pump Details Listed in Attachment D?

Pump type: S = submersible, T = vertical turbine, J = jet, C = centrifugal, O = other

* Emergency Power required if installed after 1/1/1998, otherwise recommended. [Min. Stds. 9.6.6] [§Min. Stds. 11.6.6]

5b. Requirements for Water Pumping Facilities:	YES	NO	N/A	Significant Deficiency
1. **Ground slopes to divert surface drainage away from pumping stations?** (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 9.1.1a.3.] [§Min. Stds. 11.1c]	☐	☐	☒	☐
2. **Pumping stations are protected against unauthorized entrance and vandalism?** (required if installed after 1/1/1998, otherwise recommended) [Min. Stds. 9.1.1a.4.] [§Min. Stds. 11.1d]	☐	☐	☒	☐
3. Automatic and remote controlled pump stations have functioning "Out of Service" alarms? [Min. Stds. 9.5.0.] [§Min. Stds. 11.5]	☐	☐	☒	☐
4. Pumping station is not being used for storage of materials that offer potential for contamination of the water?	☐	☐	☒	☐
5. **Is pump station free from cross connections?** [391-3-5-.13(1)]	☐	☐	☒	☐
6. **Is pumping and control equipment functioning properly and reliable?**	☐	☐	☒	☐
7. Booster Pumps (required if installed after 1/1/1998, otherwise recommended):				
a. Has standard pressure gauge on discharge line, compound gauge on suction line, means for measuring the discharge, and sampling taps? [Min. Stds. 9.6.3.] [§Min. Stds. 11.6.3]	☐	☐	☒	☐
b. Has positive acting check valve on discharge line between pump and shutoff valve? [Min. Stds. 9.6.1b.] [§Min. Stds. 11.6.1b]	☐	☐	☒	☐
c. Has a pressure sustaining valve or low pressure cutoff device on suction line to prevent pressure drop below 20 psig? [Min. Stds. 9.4.3b.] [§Min. Stds. 11.4b]	☐	☐	☒	☐
d. **At least two pumps provided?** [Min. Stds. 9.4.1a.] [§Min. Stds. 11.4.1]	☐	☐	☒	☐
e. If water lubricated, is potable water being used? [Min. Stds. 9.6.4.] [§Min. Stds. 11.6.4]	☐	☐	☒	☐
f. If oil lubricated, is correct type of lubricant used?	☐	☐	☒	☐

COMMENTS AND DISCUSSION FOR PUMPS, PUMP FACILITIES AND CONTROLS:

6. MONITORING, REPORTING, & DATA VERIFICATION

		YES	NO	N/A	Significant Deficiency
1.	**Records maintained at the facility or at a convenient location?** [391-3-5-.15(1)] [Min. Stds. 20.1.3.1] [§Min. Stds. 14.3.1]	☒	☐	☐	☐
2.	**Microbiological monitoring records; are results provided by a certified laboratory?** (5 years) [391-3-5-.15(1)(a)] [Min. Stds. 20.1.3.2a.] [§Min. Stds. 14.3.2a] Name of Certified Lab: EPD	☒	☐	☐	☐
3.	**If applicable, has facility adequately addressed chronic Total Coliform Rule MCLs?**	☐	☐	☒	☐
4.	**Facility has not frequently been cited for microbiological failure to monitor violations?**	☒	☐	☐	☐
5.	**Chemical monitoring records; are results provided by a certified laboratory?** (10 years) [391-3-5-.15(1)(a)] [Min. Stds. 20.1.3.2b.] [§Min. Stds. 14.3.2b] Name of Certified Lab: EPD	☒	☐	☐	☐
6.	Lead and Copper monitoring records (required for CWS and NTNCWS)? (12 years) [391-3-5-.15(1)(e), & .25(12)] [Min. Stds. 20.1.3.2c.] [§Min. Stds. 14.3.2c]	☒	☐	☐	☐
7.	**Water System is not in significant non-compliance for one or more contaminants?**	☒	☐	☐	☐
8.	Treatment Records, showing applicable treatment residuals (e.g. DORs)? (3 years) [391-3-5-.14(7), & .14(9)] [Min. Stds. 20.1.3.1, & 20.1.3.2] [§Min. Stds. 14.3.1 & 14.3.2]	☒	☐	☐	☐
9.	Have all monthly operating reports (i.e. DORs) been submitted to the District Office in a timely fashion since the previous Sanitary Survey Inspection? If not, what percent were late or missing? 0%	☒	☐	☐	☐
10.	**Water System is not in significant non-compliance for disinfection residuals?** [391-3-5-.14(2)]	☒	☐	☐	☐
11.	All in-house testing, equipment and reagents (e.g. fluoride and chlorine residual test equipment) being used conform to accepted procedures? [391-3-5-.14]	☐	☐	☒	☐
12.	Consumer Confidence Reports? (3 years) (Applies to all CWS) [391-3-5-.41]	☒	☐	☐	☐
13.	Sanitary Surveys of the system? (10 years) [391-3-5-.15(1)(c)] [Min. Stds. 20.1.3.2f.] [§Min. Stds. 14.3.2f]	☒	☐	☐	☐
14.	If applicable, Lab Inspection reports? (Certified Labs Only, latest inspection report) [391-3-5-.14(8),.14(11),&.29(1)]	☐	☐	☒	☐
15.	Chemical Monitoring Waivers maintained on file? (5 years past expiration) [391-3-5-.15(1)(d)] [Min. Stds. 20.1.3.2g.].. [§Min. Stds. 14.3.2g] Chemical Waivers granted for: ____	☐	☐	☒	☐
16.	Source Water Assessment Plan? Date it was completed: ____ [391-3-5-.42]	☐	☐	☒	☐
17.	Revised Total Coliform Rule (RTCR) Sample Site Plan [391-3-5-.55(3)(a)]				
	a. Has the facility developed a Site Sample plan for RTCR sampling (5 years)?	☒	☐	☐	☐
	b. Does the facility have a dated system map that shows locations of sources, storage tanks, distribution lines, RTCR and Groundwater Rule (GWR) sample points?	☒	☐	☐	☐
	c. Do the sample locations represent all areas of the distribution system?	☒	☐	☐	☐
	d. Do all sample locations have additional locations identified for repeat sampling?	☒	☐	☐	☐
	e. If it is not possible to get a proper upstream and/or downstream repeat sample, does the sample site plan identify how the system will collect all three (3) repeat samples for any given location?	☐	☐	☒	☐
	f. If the system elected to develop a Standard Operating Procedure (SOP) to select repeat sample locations on a situational basis, does the SOP meet the RTCR requirements for repeat sampling?	☒	☐	☐	☐
18.	Sample Site Plan for TTHM/HAA5 sampling and/or IDSE Monitoring Plan? (required for CWS and NTNCWS) [391-3-5-.24(3)(h)4. & .53(2)(g)]	☒	☐	☐	☐
19.	Sample Site Plan for Lead and Copper sampling? [391-3-5-.25(7)(a)1.]	☒	☐	☐	☐
20.	If applicable, records of RTCR Level 1 and/or Level 2 Assessment forms and associated documentation showing corrective actions have been completed? (5 years) [391-3-5-.55(11)(b)1]	☐	☐	☒	☐
21.	If applicable, certification paperwork and sample results for each seasonal start up event? [391-3-5-.55(4)(f)1]	☐	☐	☒	☐

		YES	NO	N/A	Significant Deficiency
22.	Initial Composite Radiological or Initial Quarterly Radiological sampling complete for all sources? If so, each entry point is scheduled for appropriate compliance monitoring? [391-3-5-.18(5) & .27] (Applies to CWS only)…..	☒	☐	☐	☐
23.	Each entry point is scheduled for Inorganic Compound (IOC) compliance monitoring (generally once every 3 years)? [391-3-5-.18(1) & .21] (Applies to CWS and NTNCWS only)……..	☒	☐	☐	☐
24.	Initial Quarterly Volatile Organic Compound (VOC) sampling complete for all new or modified entry points? If so, each entry point is scheduled for appropriate VOC compliance monitoring? [391-3-5-.18(2) & .22] (Applies to CWS and NTNCWS only)……..	☒	☐	☐	☐
25.	All entry points scheduled for annual Nitrate sampling or quarterly sampling if sample results are ≥ 50% of the MCL? [391-3-5-.18(1) & .21(7)] (Applies to all systems) ……..	☒	☐	☐	☐
26.	Facility is scheduled for Disinfection By-Products (DBP2) sampling? DBP sampling sites designated by address? DBP samples are collected as scheduled? (Applies to CWS and NTNCWS) [391-3-5-.53]	☒	☐	☐	☐
27.	Chemical Sampling conducted as scheduled and as required by permit? Samples are collected at appropriate entry point locations? [391-3-5-.21, .22, .26, .26] ……..	☒	☐	☐	☐
28.	If applicable, records of Disinfection of New and Repaired Lines/Extensions/Storage Tanks? (3 years) [391-3-5-.10(9), .11(3), .11(7), & .12] [Min. Stds. 20.1.3.1] [§Min. Stds. 14.3.1] ……..	☐	☐	☒	☐
29.	Records for storage tank maintenance?……..	☒	☐	☐	☐
30.	Written Flushing program? (Recommended) [391-3-5-.10(4)] [Min. Stds. 7.1.2, & 7.2.0j.] [§Min. Stds. 12.2.2} ……..	☒	☐	☐	☐
31.	Facility is not currently under advanced enforcement with unresolved violations?….....	☒	☐	☐	☐
32.	If applicable, does the facility have an approved compliance plan to resolve past or current Consent Orders or open violations? Are they in compliance with the plan?.....	☐	☐	☒	☐
33.	If applicable, records of Complaints or Violations, and Corrective Actions Taken? (3 years) [391-3-5-.15(1)(b)] [Min. Stds. 20.1.3.2] [§Min. Stds. 14.3.2] ……..	☐	☐	☒	☐
34.	If applicable, records of Public Notifications for MCL, FTM and Treatment Technique violations? (3 years) [391-3-5-.32 & .54(5)(d)] ……..	☐	☐	☒	☐
35.	If applicable, has all required Public Notification been completed since the last Sanitary Survey Inspection?..	☒	☐	☐	☐
36.	Water Conservation/Leak Detection Plan? (When required by permit)……..	☐	☐	☒	☐
37.	Written Cross Connection Control Program? (When required by permit) [391-3-5-.13(4)] ……..	☐	☐	☒	☐
38.	Wellhead Protection Plan? (When required by permit; applies to municipal, county, & authority owned CWS) [391-3-5-.40] [Min. Stds. 5.3.2] [§Min. Stds. 5.2.4] ……..	☒	☐	☐	☐
39.	If maximum combined groundwater withdrawal > 100,000 GPD, does system have a Groundwater Use Permit? [391-3-5-.06] [391-3-2-.01] ……..	☒	☐	☐	☐

MONITORING COMPLIANCE HISTORY FOR PREVIOUS 12 MONTHS or PREVIOUS 6 QUARTERS

Monitoring Period	Parameter(s)	Monitoring Results	Enforcement Action
01-01-2020 to 12-31-2022	Lead - Copper	FTM	LON
12 months	DBP	In Compliance	None
12 months	IOC	In Compliance	None
12 months	Microbiological	In Compliance	None
12 months	Nitrate	In Compliance	None
12 months	SOC	In Compliance	None
12 months	VOC	In Compliance	None

COMMENTS AND DISCUSSION FOR MONITORING, REPORTING AND DATA VERIFICATION:

The Drinking Water Program monitors this facility for compliance with chemical parameters.

7. SYSTEM MANAGEMENT & OPERATION

		YES	NO	N/A	Significant Deficiency
1.	Is current owner correctly listed as the permit holder?.....	☒	☐	☐	☐
2.	Does the facility have an emergency sample kit for RTCR and GWR sampling, or an arrangement with an approved outside lab for immediate access to an emergency sampling kit? [391-3-5-.23(2)(a)] [391-3-2-.54(3)2]	☒	☐	☐	☐
3.	Business Plan? (When required by permit) [391-3-5-.04(10)] [Min. Stds. Approval Requirements (7)(c), & Appendix A] [§Min. Stds. Appendix A] ……	☒	☐	☐	☐
4.	Emergency Plan, Operating Procedures and Checklist? (Recommended) [Min. Stds. Appendix B Sect.I Chapter 10, & Sect.III Part A.10] [§Min. Stds. Appendix B Sect. I Chapter 10, & Sect. III Part A.10]	☒	☐	☐	☐
5.	Does the facility participate in the GAWARN program? (Mutual aid program for municipal systems; Recommended)	☐	☒	☐	☐
6.	Is facility aware of the General Duty Requirement if they store 100 pounds or more of chlorine gas? [Clean Air Act Section 112R]……..	☐	☐	☒	☐
7.	If applicable, Facility completes and submits the annual Water Loss Audit? (Applies to systems with population greater than 3,300; report is due March 1st of each year.)……..	☐	☐	☒	☐
8.	Risk Management Plan? (Required if facility stores 2500 lb. or more of Cl_2 gas) [40 CFR 68.220]……	☐	☐	☒	☐

7a. Groundwater Rule Best Management Practices

		YES	NO	N/A	Significant Deficiency
1.	**Is the facility adequately staffed to ensure proper operation of the water system? Is there someone in responsible charge of the water system?**	☒	☐	☐	☐
2.	**Are personnel familiar with the Rules for Safe Drinking Water, and all applicable regulations, standards or requirements?**	☒	☐	☐	☐
3.	**All minor or moderate deficiencies identified in the last sanitary survey inspection, which have the potential to cause contamination, have been addressed and resolved?**	☒	☐	☐	☐
4.	**Does the facility have adequate Standard Operating Procedures implemented at the facility?**	☒	☐	☐	☐
5.	**Is the water system capable of meeting peak season water demands?**	☒	☐	☐	☐
6.	**Facility has not experienced chronic service disruptions due to poor equipment maintenance or undersized equipment?**	☒	☐	☐	☐

7b. Special Monitoring Evaluation for Groundwater Systems serving 1,000 or fewer people [391-3-5-.55(4)(c)2]	YES	NO	N/A	Significant Deficiency
1. Is the system seasonal in nature (defined as "a non-community water system that is not operated as a public water system on a year-round basis and starts up and shuts down at the beginning and end of each operating season." Examples include schools, vacation area, migrant labor camps, etc.)?	☐	☐	☒	☐
2. Does the system partially or fully depressurize during the off-season(s)?	☐	☐	☒	☐
3. Is the system classified by Georgia EPD as a Seasonal system under the RTCR?	☐	☐	☒	☐
4. Seasonal Operational Periods? *(mm/dd)*				
a. Beginning of Season 1: _____ End of Season 1: _____				
b. Beginning of Season 2: _____ End of Season 2: _____				
c. Beginning of Season 3: _____ End of Season 3: _____				
5. Does the system collect RTCR samples monthly or quarterly? **monthly**				
6. Is this the correct frequency for the system type (including a seasonal designation)?	☒	☐	☐	☐
7. How many RTCR samples are required during each compliance period? 2				
8. Is the system collecting at least the minimum number of RTCR samples during each compliance period?	☒	☐	☐	☐
9. Is the RTCR Sample Site Plan appropriate and acceptable?	☒	☐	☐	☐

COMMENTS AND DISCUSSION FOR SYSTEM MANAGEMENT & OPERATION:

8. OPERATOR COMPLIANCE WITH STATE REQUIREMENTS

	YES	NO	N/A	Significant Deficiency
1. **Certified Operator?** (current certificate) [391-3-5-.14(6), & .39]	☒	☐	☐	☐
2. **Is Operator Certification Class appropriate for size of water system?** [391-3-5-.39]	☒	☐	☐	☐
3. **Operator(s) attend training as required for certification and operation of the water system?** [43-51-6(d)]	☒	☐	☐	☐
4. **Is Operator familiar with the operating permit conditions?**	☒	☐	☐	☐

COMMENTS AND DISCUSSION FOR OPERATOR COMPLIANCE WITH STATE REQUIREMENTS:

CONCLUSION

Summary of Significant Deficiencies:

Outstanding Performance Determination:	YES	NO
1. The system has met all permit conditions since the last sanitary survey	☐	☒
2. The system has not received any Monitoring/Reporting or MCL violations during the last three (3) years	☒	☐
3. The system does not have any significant deficiencies	☐	☒

If all three (3) of these criteria are met, the system is considered to be an Outstanding Performer.

Community water systems inspections occur once every three (3) years. Non-Community water system inspections occur once every five (5) years. If a community water system is designated as an "Outstanding Performer," the next inspection may be scheduled approximately five (5) years from the date of this inspection. (See "Next Scheduled Sanitary Survey Date" on Page 1 of this report.)

A Sanitary Survey of your water system has been conducted whereby all violations, deficiencies, and recommendations have been recorded within this document under the respective sections of the survey. Corrective actions for violations and deficiencies are to be made as instructed in the cover letter. Failure to make these corrections may result in further enforcement actions. Recommendations are items that would assist you in maintaining and extending the life of your system and should be seriously considered.

Name of Water System Representative Present during Survey: Derrel Smith

Title: Public Works Crew Leader

SUPERVISOR'S REVIEW: _____ DATE: February 17, 2024

County Name: Bulloch
Site Name: Brooklet
Picture No. 1 of 6
Date: 12/19/2023
Weather: Sunny Clear
Time: 12:43 PM
Photographer: Lowery
Program: DW
Explanation: Drain discharge from elevated tank

County Name: Bulloch
Site Name: Brooklet
Picture No. 2 of 6
Date: 12/19/2023
Weather: sunny clear
Time: 12:11 PM
Photographer: Lowery
Program: DW
Explanation: Well #1(source 101)

County Name: Bulloch
Site Name: Brooklet
Picture No. 3 of 6
Date: 12/19/2023
Weather: Sunny clear
Time: 12:43 PM
Photographer: Lowery
Program: DW
Explanation: Manhole to elevated tank

County Name: Bulloch
Site Name: Brooklet
Picture No. 4 of 6
Date: 12/19/2023
Weather: sunny clear
Time: 12:12 PM
Photographer: Lowery
Program: DW
Explanation: opening in source 101

County Name: Bulloch
Site Name: Brooklet
Picture No. 5 of 6
Date: 12/19/2023
Weather: clear sunny
Time: 12:12 PM
Photographer: Lowery
Program: DW
Explanation: Chlorine tank treatment plant 101

County Name: Bulloch
Site Name: Brooklet
Picture No. 6 of 6
Date: 12/19/2023
Weather: clear sunny
Time: 12:31 PM
Photographer: Lowery
Program: DW
Explanation: chlorination tanks at treatment plant 102

County Name: Bulloch
Site Name: Brooklet
Picture No. 7 of 9
Date: 2/1/2024
Weather: na
Time: 8:11AM
Photographer: Darrell Smith
Program: DW
Explanation: Lid screwed on with hole in container for chlorine line

County Name: Bulloch
Site Name: Brooklet
Picture No. 8 of 9
Date: 2/1/2024
Weather: na
Time: 8:11AM
Photographer: Darrell Smith
Program: DW
Explanation: Resealed sanitary seal on source 101 (well #1)

County Name: Bulloch
Site Name: Brooklet
Picture No. 9 of 9
Date: 2/1/2024
Weather: na
Time: 8:40AM
Photographer: Darrell Smith
Program: DW
Explanation: Installed riser pipe on source 102(well#2)

State of Georgia – EPD
Department of Natural Resources
Environmental Protection Division

SPECIAL CONDITIONS AUDIT – Addendum to Sanitary Survey

System Name: Brooklet Water System WSID: GA0310000

	Date Submitted	NA
WATER CONSERVATION EDUCATION PROGRAM	12/29/2008	☐
CONSERVATION-ORIENTED RATE STRUCTURE	12/29/2008	☐
OUTDOOR WATERING SCHEDULE		☒
METER CALIBRATION, REPAIR AND REPLACEMENT PROGRAM	09/23/2008	☐
REUSE FEASABILITY ANALYSIS	09/06/2010	☐
REUSE FEASABILITY ANALYSIS		☒
ALTERNATE WATER SOURCE EVALUATION	NA	☐
PURPLE PIPE ORDINANCE		☒
HYDRANT FLUSHING STATEMENT		☒
WATER AUDIT		☒
WATER LOSS PROGRAM	01/25/2010	☐
LEAK DETECTION AND REPAIR		☒

Comments: