



4.0 Distribution System If the PWS has multiple distribution systems, submit one sheet per system.

Identify Distribution System (if multiple):

| Assessment Elements For any shaded box checked, it should be considered an issue and a description must be included. | Issue and/or Description *If any element has not been reviewed, you must include an explanation. | | | |
|---|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No | Not Reviewed* |
| 4.1 Is there evidence that the system experienced low or negative pressure in the distribution system prior to sampling? If yes, describe event and when it occurred. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 Have there been any water main breaks, repairs, or additions since the last clean sampling event? If yes, when, and what was the repair or addition? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 Has there been: a recent fire fighting event, sheared hydrant, construction, etc.? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 Are there previously identified unprotected cross connections in the distribution system? If yes, list them and identify if any of them are high hazard? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 Are there any unsanitary conditions in the pump station(s)? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 Are fire hydrants and blow-offs maintained without leaks? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 Are any fire hydrant/blow-offs located in an area with a high water table or in pits? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.8 Are critical components of the distribution system secured to prevent unauthorized access (such as: pump stations, vaults)? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9 Has there been any significant change in flow direction or demand? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.10 When was the last flushing event? Was it unidirectional? Was the system chlorinating during flushing? | | | | <input type="checkbox"/> |
| 4.11 Is there any evidence of intentional contamination in the distribution system? IMMEDIATELY Contact MA State Police and MassDEP | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12 Are there pipe materials, ages, or construction issues that might contribute to TC detections? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.13 Are there dead ends or low-flow areas that might contribute to TC issues? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.14 Other comments on the distribution system. | | | | |

List all distribution corrective actions taken (including date). Include assessment element number.