



9.0 Source - Surface Water Supply Use one sheet per active source

Source Name:

Source ID:

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*
9.1 Have there been any activities or land uses in the Zone A that may have contributed to positive bacteria samples (i.e. fertilizer applications, discharges, or stormwater overflow)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2 Have there been any algal blooms?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3 Is the intake screened?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Has the intake screen been cleaned and maintained within the last year?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5 Any other changes in source water quality that might affect the treatment process or distribution water quality?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6 Other source water comments				

List all surface water source corrective actions taken (including date). Include assessment element number.