



chemical, etc.		
If you answered “ <b>YES</b> ” to any of the questions above (Section B), please explain:		

**C. Distribution System Operations**

1. Have you added additional service connections (industry or residential)? e.g., adding additional pipes or annexing additional areas of service which could change residence times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you experienced significant increases or decreases in water demand? e.g., drought restrictions, industry opening/closing, population change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has additional piping created new loops or dead-ends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your storage tank fill and drain from the bottom (potentially causing stagnation at the top)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the residence time of your tank(s) increased or decreased? i.e., are tanks being filled/drained more or less often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had frequent line breaks or major construction in your distribution system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you purchase water that has no disinfectant or a different disinfectant than what you currently use? e.g. you purchase water with chloramines and you add chlorine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have areas where disinfectant residual levels are below the minimum regulatory requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you had significant changes in chlorine demand to maintain residuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you changed your distribution flushing procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you had any changes in treatment that occur in distribution? e.g., changes in booster chlorination or dosage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you had an increase in customer complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered “ <b>YES</b> ” to any of the questions above (Section C), please explain:		

**D. Additional Questions**

1. Do you have tank management/operational procedures? e.g., cleaning schedule, set operational levels of your tank (high and low), etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Can you allow the tank(s) to drain lower to flush out “older” water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Can you reduce chlorine/chloramines dosage and still maintain required residuals in distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have a flushing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your purchase contract require that water being delivered meets all Federal Standards, including DBPs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your contract allow for a flushing credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

