

Annual Water System O&M Calendar by the Month

January:

- | | |
|---|---|
| <input type="radio"/> Month End Reports | Note location of records and reports are kept |
| <input type="radio"/> End of "Calendar-Year" Reports | |
| <input type="radio"/> Bacterial / Coliform Testing | Test and fill out DHS/DWP forms |
| <input type="radio"/> Backflow - Annual Report to DHS | |
| <input type="radio"/> Backflow/Cross Connection Program | Check device test results and complete report |
| <input type="radio"/> Source & System Water Tests | |
| <input type="radio"/> Semi -Annual replacement of chlorine tubing | |
| <input type="radio"/> Calibrate Turbidimeters | Surface water source only |
| <input type="radio"/> Pump Maintenance | Bi-annual lube/grease maintenance due |
| <input type="radio"/> Generator Oil & Filter Change | If equipped with back-up generator |
| <input type="radio"/> | |

February:

- | | |
|--|--|
| ○ Month End Reports | |
| ○ Bacterial / Coliform Testing | Test and fill out DHS/DWP forms |
| ○ Backflow/Cross Connection Program | Check device test results and complete report |
| ○ Well / Surface Raw Pump R&R pumps | Annual Oil Change due for raw water |
| ○ Control-Valve maintenance | <i>If applicable</i> Bi-annual clean & flush of control valves. |
| ○ Annual review of Operations Manual | |
| ○ Annual review of Emergency Plan | |
| ○ Annual review of Cross Connection Plan | |
| ○ Consumer Confidence Reports | Prepare information for CCR |
| ○ | |

March:

- | | |
|-------------------------------------|---|
| ○ Month End Reports | |
| ○ Bacterial / Coliform Testing | Test and fill out DHS/DWP forms |
| ○ Backflow/Cross Connection Program | Check device test results and complete report |
| ○ Well Site Maintenance | |
| ○ Annual Recertification Training | State WD2, WT2, & Backflow Specialist |
| ○ CIP Pump oil Change Due | <i>If applicable</i> |
| ○ Meter Readings | |
| ○ Well Site – Mowing as needed | Mow monthly around well heads & building! |
| ○ CCR Report Verify Report ready | Send out report with April water bill |

April:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results / complete report
- ☐ Select Files - Archive Desk files from previous year.
- ☐ _____
- ☐ _____

May:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results / complete report
- ☐ Air Compressor Maintenance ***If Applicable***
- ☐ Well Site - Mowing Mow monthly around well heads & building!
- ☐ _____
- ☐ _____

June:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results /complete report
- ☐ Check TP Backwash Settling Basin
- ☐ Meter Readings
- ☐ Well Site - Mowing Mow monthly around well heads & building!
- ☐ _____
- ☐ _____

July:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results / complete report
- ☐ Semi -Annual replacement of chlorine tubing
- ☐ Annual test Chlorination Equipment
- ☐ Pump Maintenance Semi-annual lube/grease maintenance due
- ☐ Well Site - Mowing Mow monthly around well heads & building!
- ☐ DBP TTHM HAA5 - Tests Due Due per regulations for distribution system
- ☐ Lead & Copper - Tests Due **Confirm testing date and place in correct month**
- ☐ Call State WRB Regarding status of Water Rights
- ☐ _____

August:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results / complete report
- ☐ Well Site - Mowing Mow monthly around well heads & building!
- ☐ Control Valve maintenance **If Applicable** Bi-annual clean & flush of control valves
- ☐ _____
- ☐ _____

September:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results and complete report
- ☐ Well Site Maintenance Twice yearly change of pinch tubing
- ☐ Meter Readings
- ☐ Well Site - Mowing Mow monthly around well heads & building!
- ☐ _____
- ☐ _____
- ☐ _____

October:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results and complete report
- ☐ Oregon WRD - Annual Water Use Report Due by October 15th at Oregon WRD
- ☐ Well Site – Mowing as needed Mow monthly around well heads & building!
- ☐ _____
- ☐ _____
- ☐ _____

November:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results and complete report
- ☐ Chemical Feed Pump annual R&R Annual oil change and Check valve maintenance due
- ☐ Well Site – Mowing as needed Mow monthly around well heads & building!
- ☐ _____
- ☐ _____

December:

- ☐ Month End Reports
- ☐ Bacterial / Coliform Testing Test and fill out DHS/DWP forms
- ☐ Backflow/Cross Connection Program Check device test results and complete report
- ☐ Meter Readings
- ☐ _____
- ☐ _____

Note:

The above outline is an example of a checklist created for a specific water system. It entails those various responsibilities on a monthly basis, emphasizing those critical items as well as the relatively negligible tasks i.e. mowing the lawn. Discuss with the water system what steps are necessary to be placed into a calendar in order to complete this task.