



MISSISSIPPI STATE DEPARTMENT OF HEALTH

REPORT OF INSPECTION OF DRINKING WATER SUPPLY

PWS: 0240060 Class: D

An inspection of the NAVAL CONSTRUCTION BATTAL CTR water supply in HARRISON county was made on 09/03/2015. Present at the time of inspection was GORDON R CULPEPPER, OPERATOR; WRITER. Official BRIAN NOTTINGHAM CDR USN Address 2401 UPPER NIXON AVE GULFPORT MS 39501 W.W. Operator GORDON R CULPEPPER Address 15767 TEXAS AVENUE GULFPORT MS 39503 No. Connections 1245 No. Meters ___ Population Served 3274 Field Chemical Analysis: pH ___ Cl2(free) 0.6 Cl2(total) ___ H2S N/A Iron ___ Fluoride ___ Point of Sampling DISTRIBUTION Water Rates ___

COMMENTS

Technical: 5 Managerial: 5 Financial: N/A
OVERALL CAPACITY RATING: 5.0 / 5.0

- 1. At the time of inspection, the water system appeared to be well maintained and operating properly.
2. The design capacity calculations attached to this report and the table below give the required minimum chlorine residual near each entry point. Should system officials choose to conduct 4-log virus inactivation to comply with the Groundwater Rule, the free chlorine residual will have to be measured and recorded at least daily at or before the first customer near each entry point and must meet the minimum residuals given below.
Location Required minimum
Well #02 First Connection 0.2 mg/L
Well #04 First Connection 0.3 mg/L
Well #05 First Connection 2.2 mg/L
3. It is possible to obtain a lower residual for Well #05 by adding a storage tank in the well yard. This will increase contact time and will decrease the required minimum chlorine residual.
4. No pressure problems were reported at the time of inspection.

5. The system has a generator at each well to provide water in the event of a power outage.
6. Before any improvements are made on the water system, plans and specifications must be submitted by a Registered Professional Engineer licensed to practice in Mississippi. Plans and specifications must be approved by the Mississippi Department of Health-Bureau of Public Water Supply before any construction can begin.
7. When repairs are made on the water distribution system, all lines affected should be properly chlorinated and flushed before they are placed back in service.
8. All dead-end water lines should be flushed on a routine schedule to clear the lines of sediment and stagnant water.
9. Whenever system pressure is lost, even for brief periods of time, contaminants may be introduced to the system through back-siphonage and back flow. When this occurs, system officials should notify all customers in the affected area to boil their drinking water until clear bacteriological samples have been obtained.
10. At the time of inspection, the fluoride residual was 0.8 mg/L.
11. Wells #01 & #03 have been properly abandoned.

Completed by Wendy Ferrill, P.E. on 09/04/2015.

Reviewed by Ralph Hayes, P.E. on 09/04/2015.

If you have any questions, please call (228)297-5187.

pc:

BRIAN NOTTINGHAM CDR USN, OFFICIAL
GORDON R CULPEPPER, OPERATOR



**Mississippi Department of Health
Bureau of Public Water Supply**

NON-TRANSIENT, NON-COMMUNITY FORM

FY 2016 Public Water System Capacity Assessment Form

NOTE: This form must be completed whenever a routine sanitary survey of a public water system is conducted by a regional engineer of the Bureau of Public Water Supply

PWS ID#: 0240060 Class: D Survey Date: 09-03-2015 County: HARRISON
 Public Water System: NAVAL CONSTRUCTION BATTAL CTR Conn: 1245
 Certified Waterworks Operator: GORDON R CULPEPPER Pop: 3274

CAPACITY RATING DETERMINATION

Technical (T) Capacity Rating: [5] Managerial (M) Capacity Rating [5]

Capacity Rating = $\frac{T+M}{2} = \frac{10}{2} = 5$

Overall Capacity Rating = 5.0

Completed by Wendy Ferrill, P.E. on 09/04/2015

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Comments: _____

Technical Capacity Assessment	Point Scale	Point Award
[T1] Does the water system have any significant deficiencies? [<u>Y</u>] [<u>N</u>]	N - 1pt. Y - 0pt.	1
[T2] 1) Was the water treatment process functioning properly? [<u>Y</u>] [<u>N</u>] (i.e. Is ph, iron, free chlorine, etc. within acceptable range?) 2) Was needed water system equipment in place and functioning properly at the time of survey? [<u>Y</u>] [<u>N</u>] (NOTE: Equipment deficiencies must be identified in survey report.) 3) Were records available to the regional engineer clearly showing that all water storage tanks have been inspected and cleaned or painted (if needed) within the past 5 years? [<u>Y</u>] [<u>N</u>] [<u>NA</u>]	All Y - 1 pt. Else - 0 pt.	1
[T3] 1) Was the certified waterworks operator or his/her authorized representative present for the survey? [<u>Y</u>] [<u>N</u>] 2) Was log book up to date and properly maintained and did it show that MSDH Minimum Job Guidelines for W.W. Operators were being met? [<u>Y</u>] [<u>N</u>] 3) Was water system properly maintained at time of survey? [<u>Y</u>] [<u>N</u>] 4) Did operator satisfactorily demonstrate to the regional engineer that he/she could fully perform all water quality tests required to properly operate this water system? [<u>Y</u>] [<u>N</u>] (NOTE: All YESs required to receive point)	All Y - 1 pt. Else - 0 pt.	1
[T4] 1) Does water system routinely track water production and were acceptable water production records available for review by the regional engineer? [<u>Y</u>] [<u>N</u>] 2) Is water system overloaded? (i.e. serving customers in excess of MDH approved design capacity)? [<u>Y</u>] [<u>N</u>] 3) Was there any indication that the water system is/has been experiencing pressure problems in any part(s) of the distribution system? [<u>Y</u>] [<u>N</u>] (based on operator information, customer complaints, MSDH records, other information) 4) Are well pumping tests performed routinely? [<u>Y</u>] [<u>N</u>] [<u>NA</u>] (NOTE: YES for #1 & YES OR N/A/ FOR #4 and NOs for #2 & #3 required to receive point)	1)Y - pt. 2)N - pt. 3)N - pt. 4)Y - pt.	1
[T5] 1) Does the water system have the ability to provide water during power outages? (i.e. generator, emergency tie-ins, etc.) [<u>Y</u>] [<u>N</u>] NOTE: Systems may provide bottled water if included as part of a published emergency plan. 2) Does the water system have a usable backup source of water? [<u>Y</u>] [<u>N</u>]	All Y - 1 pt. Else - 0 pt.	1
TECHNICAL CAPACITY RATING = [<u>5</u>] (Total Points)		

Management Capacity Assessment	Point Scale	Point Award
[M1] Were all SDWA required records maintained in a logical and orderly manner and available for review by the regional engineer during the survey? <input checked="" type="radio"/> Y <input type="radio"/> N]	Y - 1pt. N - 0pt.	1
[M2] Have acceptable written policies and procedures for operating this water system been formally adopted and were these policies and procedures available for review during the survey? <input checked="" type="radio"/> Y <input type="radio"/> N]	Y - 1pt. N - 0pt.	1
[M3] Has the water system had any SDWA violations since the last Capacity Assessment? [<input type="radio"/> Y <input checked="" type="radio"/> N]	N - 1pt. Y - 0pt.	1
[M4] Has the water system developed a preventive maintenance schedule and was a copy of this schedule available for review during survey? <input checked="" type="radio"/> Y <input type="radio"/> N]	Y - 1pt. N - 0pt.	1
[M5] 1) Does the water system have an effective cross connection control program in compliance with MSDH regulations? <input checked="" type="radio"/> Y <input type="radio"/> N] 2) Was a copy of the MSDH approved bacti sample site plan and lead and copper sample site plan available for review and do bacti results clearly show this approved plan is being used for all bacti monitoring? <input checked="" type="radio"/> Y <input type="radio"/> N]	All Y - 1 pt. Else - 0 pt.	1
MANAGEMENT CAPACITY RATING = [<u>5</u>] (Total Points)		