**[System Name] Drinking Water System**

**WEEKLY Operation & Maintenance (O&M) Inspection Checklist**

**Operator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Well Pump House Name: [Well # and Name]**

Note: All maintenance activities resulting from this checklist should be documented in a logbook and include the date and the name of the person performing the activity and a description of what was completed. All items requiring maintenance or updates should be completed within 30 days.

| **Weekly O&M Item – Well Pump House Exterior** | **Yes** | **No** | **Required Maintenance**  **Or Updates Needed** | **Completion Date** |
| --- | --- | --- | --- | --- |
| Entry gate locked |  |  |  |  |
| Security fencing around wells and well house intact |  |  |  |  |
| No security concerns (e.g., vandalism, unauthorized access) |  |  |  |  |
| Well caps secured |  |  |  |  |
| Grading sloped away from the well casing |  |  |  |  |
| Dry around well casing (i.e., no standing water) |  |  |  |  |
| Well casings in good condition (e.g., no cracks) |  |  |  |  |
| Controlled vegetation (e.g., no uncut grass, brush, or dead trees) |  |  |  |  |
| Other1: |  |  |  |  |
| Other1: |  |  |  |  |
| Other1: |  |  |  |  |

| **Weekly O&M Item – Well Pump House Interior** | **Yes** | **No** | **Required Maintenance**  **Or Updates Needed** | **Completion Date** |
| --- | --- | --- | --- | --- |
| Piping system sealed (e.g., no signs of leaks, no water on the floor) |  |  |  |  |
| Piping in adequate condition and properly supported |  |  |  |  |
| Pressure gauges in good condition (e.g., not damaged or unreadable) |  |  |  |  |
| Pressure relief valves closed and screened |  |  |  |  |
| Pressure tank in good condition (e.g., no evidence of leaks,  not water-logged) |  |  |  |  |
| Flow control valves from pressure tank in proper position |  |  |  |  |
| Flow meter read and recorded |  |  |  |  |
| Water pressure in normal range (Insert Range-XX to XX psi) |  |  |  |  |
| Pumps cycling appropriately (e.g., pumps do not run continuously,  pumps cycle no more than 6 times per hour) |  |  |  |  |
| Lighting system fully functional |  |  |  |  |
| Electrical power to well pumps on and panel in good condition |  |  |  |  |
| Sample collection taps closed and labeled |  |  |  |  |
| Other1: |  |  |  |  |
| Other1: |  |  |  |  |
| Other1: |  |  |  |  |

1. Describe all other conditions being evaluated.

**Additional Notes:**