



MISSISSIPPI STATE DEPARTMENT OF HEALTH

REPORT OF INSPECTION OF DRINKING WATER SUPPLY

PWS: 0230067 Class: E

An inspection of the PEARLINGTON WATER AND SEWER DISTRICT water supply in HANCOCK county was made on 07/21/2015. Present at the time of inspection was ZOE L BRETZIUS-BOWERS, OPERATOR; WRITER. Official JAMES LAMY Address PO BOX 130 PERLINGTON MS 39572 W.W. Operator ZOE L BRETZIUS-BOWERS Address P O BOX 2820 BAY ST LOUIS MS 39521 No. Connections 475 No. Meters ___ Population Served 1282 Field Chemical Analysis: pH ___ Cl2(free) 1.2 Cl2(total) ___ H2S N/A Iron ___ Fluoride ___ Point of Sampling DISTRIBUTION Water Rates ___ This inspection included a sanitary survey for compliance with the Ground Water Rule.

COMMENTS

Technical: 4 Managerial: 5 Financial: 5
OVERALL CAPACITY RATING: 4.7 / 5.0

1. The water system appeared to be well maintained at the time of the inspection.
2. This system purchases water from the Hancock County Utility Authority (PWS ID# 0230070).
3. All dead-end water lines should be flushed on a routine schedule to clear the lines of sediment and stagnant water.
4. Whenever system pressure is lost, even for brief periods of time, contaminants may be introduced to the system through back flow or back-siphonage. 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.
5. Before any improvements are made to the water system, plans and specifications by a Registered Engineer must be approved by the Mississippi State Department of Health.
6. The Security Vulnerability Self-Assessment and Emergency Response Plan must be updated and signed annually. This will be reviewed at each annual inspection.

RECEIVED
AUG 17 2015

BY: _____


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

STANDARD 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#: 0230067 Class: E Survey Date: 07-21-2015 County: HANCOCK
 Public Water System: PEARLINGTON WATER AND SEWER DISTRICT Conn: 475
 Certified Waterworks Operator: ZOE L BRETZIUS-BOWERS Pop: 1282

CAPACITY RATING DETERMINATION

Technical (T) Capacity Rating: [4] Managerial (M) Capacity Rating [5] Financial (F) Capacity Rating [5]

$$\text{Capacity Rating} = \frac{T + M + F}{3} = \frac{14}{3} = 4.7$$

Overall Capacity Rating = 4.7

Completed by Wendy Ferrill, P.E. on 07/27/2015

Reviewed by Ralph Hayes, P.E. on 07/27/2015

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, fluoride, 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>] (NOTE: All YESs required to receive point)	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 the water system properly maintained at the 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 loss and were acceptable water loss 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 MSDH 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>] 2) Does the water system have a usable backup source of water? [<u>Y</u> <u>N</u>] (NOTE: Must be documented on survey report)	All Y - 1 pt. Else - 0 pt.	0
TECHNICAL CAPACITY RATING = [<u>4</u>] (Total Points)		

MISSISSIPPI DEPARTMENT OF HEALTH
BUREAU OF PUBLIC WATER SUPPLY
DESIGN CAPACITY SHEET

System: PEARLINGTON WATER AND SEWER DISTRICT
ID: 0230067 Class: E County: HANCOCK

Date Completed: 07/27/2015
Connections - Actual: 522 Equivalent: 522
Design Capacity: 2250 Percent Design Capacity: $522/2250 = 23.2\%$

Design Capacity = Well Capacity + (Elevated Storage / 200)

Design Capacity = $1000 + (250,000 / 200)$

Design Capacity = $1000 + 1250$

Design Capacity = 2250

Since the well is on-site and can fill 250,000 gallons in 6 hours, the full design capacity can be used.

of connections = 522 from Pearlinton Water and Sewer District

% of Design Capacity = $(\# \text{ of connections} / \text{design capacity}) * 100$

% of Design Capacity = $(522 / 2250) * 100$

% of Design Capacity = 23.2

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
DIVISION OF WATER SUPPLY
PUBLIC WATER SUPPLY - MASTER DATA SHEET**

Name of Supply Pearlington Water and Sewer District Owner _____ County _____

County Hancock Class D Date of Last Inspection 07-21-15 Master Meter Yes

PWS ID Number 0230067 Design Capacity 2250 Connections Served 522

Supply: Source: Purchase _____ Surface _____ Ground X Number of wells _____

Well Data:

Well ID No. Location Year Const. Cap. gpm Pres. Casing Screen Depth Cl2 Setting

Purchases from Hancock County Utility Authority - Pearlington								

Treatment: Iron _____ Softening _____ Corrosion _____ Chlorine X Fluoride _____

	<u>No.</u>	<u>Type</u>	<u>Capacity</u>	<u>Remarks</u>
Aerator				
Flash Mix				
Flocculator				
Settling				
Gravity Filter		Media		
Pressure Filter		Media		
Chlorinator				
Fluoridator				
Chemical Feeders				

Storage:	<u>Location</u>	<u>Material</u>	<u>Capacity</u>	<u>Remarks</u>

Service Pumps:	<u>No.</u>	<u>Location</u>	<u>Capacity gpm</u>	<u>Head</u>	<u>Controls</u>

Booster Stations:	<u>Location</u>	<u>Collector Tank</u>	<u>Pumps</u>	<u>Storage Tank</u>