

## Utah Division of Drinking Water - Water Hauling Checklist

**WATER SYSTEM NAME (WATER SYSTEM ID UTAH #XXXXX)**

Source of Hauled Water: WATER SYSTEM NAME (UTAH #XXXXX) or WATER SOURCE NAME (WS00X) or Address/Description

Utah DDW Water Hauling Approval Date \_\_\_/\_\_\_/\_\_\_\_\_

(If applicable) XXXXXX Health Department Water Hauling Approval Date \_\_\_/\_\_\_/\_\_\_\_\_

<b>Date</b>								
<b>Water Operator Certification No.</b>								
<b>Operator Signature (or initials)</b>								
Tanker or vessel volume (gallons)								
Hauled water volume (gallons)								
Disinfectant meeting ANSI/NSF 60 standard?								
Chlorine residual > 1ppm & < 4ppm during loading?								
Chlorine res. > 1ppm & < 4ppm during unloading?								
Equipment (tanker/vessel, hoses, pumps, etc.) inspected for cleanliness or disinfected?								
Hoses protected from contaminant & hose ends not contacting the ground?								
Cap the inlets, outlets & hose ends when not in use?								
Tanker/vessel access port watertight and locked?								
Tanker/vessel lid gasket watertight?								
Tanker/vessel lid secure before moving?								
Bacteriological sampling (if applicable)	Bacteriological sample collected?							
	Sample Type (e.g., initial, weekly, monthly, after non-use period, etc.)?							
	Satisfactory bacteriological result?							
Tanker/vessel disinfection (if applicable)	Target chlorine level (in ppm)							
	Contact time (in minutes)							
	Proper discharge of chlorinated water?							
	Thoroughly rinse the vessel?							