



## Flathead City-County Health Department

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www.flatheadhealth.org

Community Health Services  
406-751-8110 FAX 866-380-1740  
Environmental Health Services  
406-751-8130 FAX 406-751-8131  
Flathead Family Planning  
406-751-8150 FAX 855-931-9091  
Population Health Services  
406-751-8101 FAX 406-758-2497  
WIC Services  
406-751-8170 FAX 406-751-8171  
Animal Shelter  
406-752-1310 FAX 406-752-1546

### **IF YOU ARE SERVICING 15 OR MORE CONNECTIONS YOU ARE A PUBLIC WATER SUPPLY AND NEED TO CONTACT MONTANA DEQ FOR LICENSING**

#### **Certified Water Hauler Plan Review**

Date: \_\_\_\_\_  
Operator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please place an X over the Yes or No answer that applies to your situation.**

1) Is equipment made of non-corrosive/non-toxic materials? ARM 17.38.503(1) **(Yes) (No)**

2) Are surfaces smooth for easy sanitizing? ARM 17.38.503 **(Yes) (No)**

3) Are piping, hose, and tank openings constructed so contaminants cannot enter the tank?  
ARM 17.38.503 (3) **(Yes) (No)**

4) Was the tank always used for potable water? **(Yes) (No)**

a) If the tank was used for something other than potable water, what was it used for? ARM  
17.38.503 (8) \_\_\_\_\_

5) Has the tank transported toxic or noxious substances? ARM 17.38.503 (5) **(Yes) (No)**  
If so, what was transported \_\_\_\_\_

6) Are delivery pipes and connectors protected at all times? ARM 17.38.503(6) **(Yes) (No)**

7) Is the unit cleaned and sanitized? ARM 17.38.510  
a) Before the initial use and after a period of non-use? **(Yes) (No)**  
b) After equipment is dismantled or repaired? **(Yes) (No)**  
c) After known errors in sanitary procedures have occurred? **(Yes) (No)**  
d) At least weekly while in use? **(Yes) (No)**

8) Is the equipment cleaned with products allowing for all foreign materials to be flushed  
away? **(Yes) (No)**  
a) What product(s)? \_\_\_\_\_



Providing quality public health services to ensure the conditions for a healthy community.





- 9) Is the equipment sanitized by exposing it to:
- a) Steam for 170° F for 15 minutes, or **(Yes) (No)**
  - b) Steam for 200° F for 5 minutes, or **(Yes) (No)**
  - c) Chlorine, iodine, or other approved sanitizers **(Yes) (No)**
  - d) Test strips being used **(Yes) (No)**
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- 10) Is the equipment sanitized by: ARM 17.38.510 (3)(c)
- a) Fogging **(Yes) (No)**
  - b) Spraying **(Yes) (No)**
  - c) Jet-blowing **(Yes) (No)**
  - d) Other procedure approved by the FCCHD **(Yes) (No)**
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- 11) Is the water to be hauled taken from an approved public water supply system and from a DEQ approved water loading station that meets the requirements of DEQ Circular 1? ARM 17.38.511 (1) **(Yes) (No)**
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- 12) Are monthly bacterial samples being collected from the water hauling equipment or from each approved water supplier the hauler is using? ARM 17.38.511 (2) **(Yes) (No)**
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- 13) Have periodic water samples been taken from the water hauler tank by DEQ or an authorized agent? ARM 17.38.511(3) **(Yes) (No)**
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- 14) At filling points, does the operator and/or inspector check: ARM 17.38.512(1) **(Yes) (No)**
- a) That filling points are constructed in order to protect against contamination of the filling pipe or hose. **(Yes) (No)**
  - b) That there is no direct connection between the hose or pipe on the public water supply and the hauling tank itself (i.e., air gap or backflow prevention device). **(Yes) (No)**
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**Description of Vehicle and Equipment:**

Vehicle license number: \_\_\_\_\_

Description of the tank:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the piping and equipment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Other identifying information:

- 1) Vehicle GVW empty \_\_\_\_\_ full \_\_\_\_\_
- 2) Is the GVW posted on the vehicle? **(Yes) (No)**
- 3) Is the vehicle designed to be a water hauler? **(Yes) (No)**
- 4) Is the tank baffled? **(Yes) (No)**
- 5) Does the driver have a current CDL and tanker endorsement for Montana? **(Yes) (No)**
- 6) Does the tank have a screen vent? **(Yes) (No)**

I have found the vehicle, tank, and equipment to be compliant with the aforementioned regulations. Compliance with the referenced regulations is the responsibility of the vehicle owner.

This certification expires on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. Renewal of this certification requires re-inspection of the vehicle and equipment.

\_\_\_\_\_  
Operator's Name

\_\_\_\_\_  
Operator's Signature

\_\_\_\_\_  
Inspector's Name

\_\_\_\_\_  
Inspector's Signature

