

2015 Drinking Water Infrastructure Needs Survey And Assessment

U.S. Environmental Protection Agency
Washington, DC 20460

Federal PWSID No.:

OMB No.:
Approval Expires:

Please verify or correct the following information:

	Check if Correct as Printed	Corrected Information <i>(Fill in only if preprinted information is missing or incorrect)</i>
Name of System (Community):	<input type="checkbox"/>	
Name of Contact: Street Address: City, State, and Zip:	<input type="checkbox"/>	
Population Served (if wholesaler, include consecutive population as appropriate):	<input type="checkbox"/>	
Number of Connections (not including consecutive systems):	<input type="checkbox"/>	
Total System Design Capacity (in MGD):	<input type="checkbox"/>	
Total Length of Pipe in System (in Feet):	<input type="checkbox"/>	
Source Water Type (Ground, Surface/GWUDI, etc.):	Check All That Apply:	<input type="checkbox"/> Ground <input type="checkbox"/> Surface/GWUDI <input type="checkbox"/> Purchased Ground <input type="checkbox"/> Purchased Surface/GWUDI
Ownership Type:	Check All That Apply:	<input type="checkbox"/> Public <input type="checkbox"/> Investor-Owned or <input type="checkbox"/> Federal Government Private Non-Profit
<p>Public reporting burden for this collection of information is estimated to average 5.53 hours per response. This estimate includes time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collected. Burden means the total time, effort, or financial resources expended by person(s) to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information; adjust the existing ways to comply with any previously applicable instructions; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15.</p> <p>Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPI, Regulatory Information Division, U.S. Environmental Protection Agency (1804A), Ariel Rios Building, 1200 Pennsylvania Ave., NW, Washington, DC 20460; and Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, N.W., Washington, DC 20503.</p>		
<p>State Use Only State Reviewer: _____ Telephone Number: _____</p>		

Information provided for this survey can be requested by the public. It is our experience that this information is rarely requested.

Project Table

Federal PWSID No.: 0

Project Number	Project Name	Type of Need	Reason for Need	<u>N,E,R,H</u>	<u>C</u> or <u>F</u>	Regulation	Design Capacity	Diameter	Length	Number Needed	Cost Estimate	Cost Date	Documentation	Remove Modify or Validate	Comment Codes

Source, Treatment, Storage, and Pumping Inventory

To ensure all potential source, treatment, and storage projects are considered, it may be helpful to complete some or all of this inventory table.
 However, completion of this table is not required.

- **Source Projects** are all projects related to collecting and pumping raw water. This includes wells, surface water intakes, springs, off-stream raw water storage, and pumps.
- **Treatment Projects** are all projects related to disinfection, filtration, or other treatment processes for ground or surface water sources, or for treatment applied in the distribution system.
- **Storage and Pumping Projects** are related to finished or treated water storage, and booster pump stations.

Source Water			
Inventory	Needing Replacement	Needing Rehabilitation	New Infrastructure Needs
Total Number and Capacity of Existing Wells or Springs:	Wells (pumps included) or Springs:	Wells (pumps included) or Springs:	Does your system have additional source water capacity needs to meet the needs of current users? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many additional sources are necessary?
Total Number and Capacity of Existing Surface Water Sources:	Existing Surface Water Intakes (excluding pumps):	Existing Surface Water Intakes (excluding pumps):	
Total Number and Capacity of Existing Pumps (excluding booster pump stations):	Existing Groundwater Pumps (if wells not listed):	Existing Groundwater Pumps (if wells not listed):	
	Existing Raw Surface Water Pumps:	Existing Raw Surface Water Pumps:	
Treatment			
Inventory	Needing Replacement	Needing Expansion/Upgrading or Rehabilitation	New Infrastructure Needs
For the sources identified above, enter the number of locations where the following treatment is applied:			Does your system have additional treatment needs for provisions of additional public health protection or for aesthetic concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much additional treatment is necessary?
Disinfection (including booster disinfection):	Disinfection:	Disinfection:	
Filtration:	Filtration:	Filtration:	
Chemical removal or addition:	Chemical treatment:	Chemical treatment:	
Storage and Pump Stations			
Inventory	Needing Replacement	Needing Rehabilitation	New Infrastructure Needs
Total Number and Capacity of Existing Storage Tanks:	Number of Existing Elevated or Ground-Level Storage Tanks:	Number of Existing Elevated or Ground-Level Storage Tanks:	Does your system have additional storage capacity and/or booster pumping needs to meet the needs of current users? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much additional finished water storage or booster pumping capacity is necessary?
Total Number and Capacity of Existing Booster Pump Stations:	Number of Existing Booster Pump Stations:	Number of Existing Booster Pump Stations:	

Transmission and Distribution Inventory

Transmission and distribution projects are the piping needs of a water system. Projects for **valves, backflow prevention devices and assemblies, and meters** that are not part of a transmission or distribution project listed in this table should be recorded in the table under the tab titled "Inventory Table 3".

On the table below, please provide an estimate of the total feet or miles of pipe in your system, if possible. Completion of this table is not required, but it may be helpful to ensure all potential transmission and distribution pipe projects are considered.

Note: The total feet or miles of pipe in your system is required information if any pipe projects are submitted based solely on survey-generated documentation (documentation codes 10 or 11).		<input type="checkbox"/> feet <input type="checkbox"/> miles	Total Pipe in System <i>(Check feet or miles)</i>			
<u>Total Pipe in System</u> <i>(Check feet or miles)</i> <input type="checkbox"/> feet <input type="checkbox"/> miles _____ <u>Plastic</u> _____ % of total pipe _____	Amount of PVC by pipe size % of this category/size pipe currently in poor condition or beyond useful life	<u><=6 inch</u> <input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<u>8-12 inch</u> <input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<u>15-42 inch</u> <input type="checkbox"/> feet <input checked="" type="checkbox"/> miles _____ _____%	<u>>=48 inch</u> <input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	
<input type="checkbox"/> feet <input type="checkbox"/> miles _____ <u>Ductile Iron</u> _____ % of total pipe _____	Amount of ductile iron by pipe size % of this category/size pipe currently in poor condition or beyond useful life	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	
<input type="checkbox"/> feet <input type="checkbox"/> miles _____ <u>Cast Iron</u> _____ % of total pipe _____	Amount of cast iron by pipe size % of this category/size pipe currently in poor condition or beyond useful life	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	
<input type="checkbox"/> feet <input type="checkbox"/> miles _____ <u>Asbestos Cement</u> _____ % of total pipe _____	Amount of asbestos cement by pipe size % of this category/size pipe currently in poor condition or beyond useful life	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	
<input type="checkbox"/> feet <input type="checkbox"/> miles _____ <u>Other</u> _____ % of total pipe _____	Amount of other by pipe size % of other currently in poor condition or beyond useful life	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	<input type="checkbox"/> feet <input type="checkbox"/> miles _____ _____%	

Meters, Service Lines, Backflow Prevention Devices/Assemblies, Valves, etc.

Projects for meters, service lines, backflow prevention devices and assemblies, valves, and other miscellaneous projects are recorded in this section to accommodate entries of multiple identical items on one line in the project table.

Record only projects that are not a part of another project (e.g., water main replacement projects will already include valves and other appurtenances). EPA requires documentation of all projects provided. Applicable types of documentation are presented in List 4 of the Lists of Codes. Use only existing documentation of cost. We do not expect you to develop new cost estimates.

To ensure all potential projects are considered, it may be helpful to complete some or all of this inventory table. However, completion of this table is not required.

Inventory	Needing Replacement	New Infrastructure Needs
Total Number of Existing Water Meters:	Number of Water Meters:	Number of Water Meters:
Total Number of Existing Backflow Prevention Devices/Assemblies:	Number of Backflow Prevention Devices/Assemblies:	Number of Backflow Prevention Devices/Assemblies:
Total Number of Valves:	Number of Valves:	Number of Valves:
Total Number of Lead Service Lines:		

Respondent Information

Please provide the following information in case we need to contact you for clarification or additional explanation of any of your responses.

Contact Person (Person who completed this questionnaire):

Signature:	_____	Telephone Number:	_____
Name (please print):	_____	Fax Number:	_____
Title:	_____	E-mail Address:	_____
Mailing Address:	_____	Best Time to Reach You:	_____
(Street Address)	_____		

If you have any questions, contact your state coordinator.

CLOSING: Thank you for your help. Did you remember to?

- Identify, by project number, available documentation for all needs and costs reported?
- Email the questionnaire and email or mail the documentation to your state?

Summary of Survey-Generated and Independent Documentation for Each Project				Federal PWSID No.:	0
<i>Project Number</i>	<i>Project Name</i>	<i>Documentation Code(s)</i>	<i>State/System Survey-Generated Statement</i>	<i>Independent Document Name</i>	<i>Independent Documentation Page Number(s)</i>