2015 Drinking Water Infrastructure Needs Survey And Assessment

OMB No.:

Approval Expires:

U.S. Environmental Protection Agency
Washington, DC 20460

Federal PWSID No.:

Please verify or correct the following information:

	Check if Correct as Printed	Corrected Information *(Fill in only if preprinted information is missing or incorrect)*
Name of System (Community):	☐	
Name of Contact: Street Address: City, State, and Zip:	☐	
Population Served (if wholesaler, include consecutive population as appropriate):	☐	
Number of Connections (not including consecutive systems):	☐	
Total System Design Capacity (in MGD):	☐	
Total Length of Pipe in System (in Feet):	☐	
Source Water Type (Ground, Surface/GWUDI, etc.):	Check All That Apply: ☐ Ground ☐ Surface/GWUDI ☐ Purchased Ground ☐ Purchased Surface/GWUDI	
Ownership Type:	Check All That Apply: ☐ Public ☐ Investor-Owned or ☐ Federal Government Private Non-Profit	

State Use Only

State Reviewer: _____ **Telephone Number:** _____

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*	*N,E,R,H*	*C or F*	*Regula-tion*	*Design Capacity*	*Diameter*	*Length*	*Number Needed*	*Cost Estimate*	*Cost Date*	*Documen-tation*	*Remove Modify or Validate*	*Comment Codes*

EPA Form 6100-01

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? ☐ Yes ☐ No
Total Number and Capacity of Existing Surface Water Sources:	Existing Surface Water Intakes (excluding pumps):	Existing Surface Water Intakes (excluding pumps):	If yes, how many additional sources are necessary?
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? ☐ Yes ☐ No
Disinfection (including booster disinfection):	Disinfection:	Disinfection:	
Filtration:	Filtration:	Filtration:	
Chemical removal or addition:	Chemical treatment:	Chemical treatment:	If yes, how much additional treatment is necessary?

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? ☐ Yes ☐ No
Total Number and Capacity of Existing Booster Pump Stations:	Number of Existing Booster Pump Stations:	Number of Existing Booster Pump Stations:	If yes, how much additional finished water storage or booster pumping capacity is necessary?

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 or pipe in your system is required information if any pipe projects are submitted based solely on survey-generated documentation (documentation codes 10 or 11).

☐ **feet** ☐ **miles** _____ **Total Pipe in System** *(Check feet or miles)*

Total Pipe in System *(Check feet or miles)*		<=6 inch	8-12 inch	15-42 inch	>=48 inch
Plastic	☐ feet ☐ miles _____	Amount of PVC by pipe size	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☑ miles _____	☐ feet ☐ miles _____
	% of total pipe _____	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Ductile Iron	☐ feet ☐ miles _____	Amount of ductile iron by pipe size	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____
	% of total pipe _____	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Cast Iron	☐ feet ☐ miles _____	Amount of cast iron by pipe size	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____
	% of total pipe _____	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Asbestos Cement	☐ feet ☐ miles _____	Amount of asbestos cement by pipe size	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____
	% of total pipe _____	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
Other	☐ feet ☐ miles _____	Amount of other by pipe size	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____	☐ feet ☐ miles _____
	% of total pipe _____	% of other currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %

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: _____

Name (please print): _____

Title: _____

Mailing Address: _____

(Street Address) _____

_____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Best Time to Reach You: _____

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
Project Number	***Project Name***	***Documen-tation Code(s)***	***State/System Survey-Generated Statement***	***Independent Document Name***	***Independent Documentation Page Number(s)***

EPA Form 6100-02