

Water Supply Division

**PUBLIC WATER SUPPLY SURVEY**

DATE: \_\_\_\_\_ WATER SYSTEM NAME: \_\_\_\_\_  
(Business name/Organization name)

	Operator(s)	Responsible Person(s)	Owner(s)
Name			
Street Address			
Town/State /Zip			
Phone Work: Home:			
Email			

Is the water system in operation all year?  YES or  NO\*

\* If no, the system operates from (Open) \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

If you own the line serving your system, is it greater than 500 feet?  Yes  No

What is the total number of persons using the water? \_\_\_\_\_ (for restaurant use= maximum seating capacity#)

What is the total number of service connections? \_\_\_\_\_ (see attached definitions)

Total number of apartment units? \_\_\_\_\_ Total number of condo units? \_\_\_\_\_

Ownership: (pick one)

Federal  State  Mixed  Private  Local  Co-op  Out of State

**Service Category:** (pick as many as apply)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> r1 residential           | <input type="checkbox"/> r2 mobile home park            | <input type="checkbox"/> r3 condos            | <input type="checkbox"/> r9 other resid. area    |
| <input type="checkbox"/> s1 school                | <input type="checkbox"/> s6 agricultural                | <input type="checkbox"/> t2 service station   | <input type="checkbox"/> t9 other transient area |
| <input type="checkbox"/> s2 institution           | <input type="checkbox"/> s7 nursing home                | <input type="checkbox"/> t3 summer camp       | <input type="checkbox"/> o1 interstate carrier   |
| <input type="checkbox"/> s3 med facility/hospital | <input type="checkbox"/> s8 commercial                  | <input type="checkbox"/> t4 restaurant        | <input type="checkbox"/> o2 wholesales           |
| <input type="checkbox"/> s4 industrial/office     | <input type="checkbox"/> s9 other semi-residential area | <input type="checkbox"/> t5 highway rest area | <input type="checkbox"/> o9 other area           |
| <input type="checkbox"/> s5 daycare               | <input type="checkbox"/> t1 recreational area           | <input type="checkbox"/> t6 motel/hotel       |  |

### SOURCES

If your system has one source, please fill out information under Source #1. If there are more sources, use #2 for second, #3 for third.

	Source #1	Source #2	Source #3
Name of Source:			
Location of Source: (Town)			
Use: <b>P</b> = Permanent <b>E</b> = Emergency <b>O</b> = Other <b>S</b> = Seasonal, not all year <b>I</b> = Interim-Temporary			
Vermont Source Type: <b>1</b> Impoundment <b>2</b> Lake or Pond <b>3</b> Stream <b>4</b> Well Points <b>5</b> Dug Well <b>6</b> Gravel Well <b>7</b> Gravel Well Screened <b>8</b> Gravel Open End Casing <b>9</b> Rock Well <b>10</b> Well Spring <b>11</b> Purchased <b>12</b> Infiltration Gallery Ground Water <b>13</b> Infiltration Gallery Surface Water			
EPA Source Type: <b>G</b> = Groundwater, Non purchased <b>S</b> = Surface, Non purchased <b>W</b> = Groundwater, Purchased <b>O</b> = Other <b>P</b> = Surface, Purchased			
Water Treatment: (for each source) Do you treat water?(Yes or No) Do you Chlorinate?(Yes or No) Continuously, or Standby Chlorinator Do you soften the water? (Yes or No) Do you have a filtration system? (Yes or No)	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### DEFINITIONS

Type of System	Definition	Abbreviation
Public Community Water System	Public water system which serves at least fifteen (15) service connections used by year-round residents or regularly serves at least 25 year-round residents.	PCWS
Public Non-Transient, Non Community	Public water system that is not a PCWS and regularly serves at least 25 of the same persons more than six months per year. Examples; schools, factories, office building.	NTNC
Public Transient, Non Community	Public water system which serves at least 25 or more people (need not be the same people) more than 60 days per year. Examples; restaurants, motels, campgrounds.	TNC
Service Connection	(defined in the Vermont Water Supply rule-Chapter 21, on page 2-5) means each single family home, Condominium unit, single rental unit mobile home, or other commercial or industrial establishment, or other living unit which obtains water from a system.	

I hereby certify on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ that the statements and representations made in this survey are true and accurate to the best of my knowledge and that I have authority to sign this application.

Signature: \_\_\_\_\_  
(owner or responsible person/municipal representative)

Printed Name and Title: \_\_\_\_\_

Honorable Jim Douglas, Governor    George Crombie, ANR Secretary    Jeffrey Wennberg, DEC Commissioner

This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit VT WSD directly at <http://www.vermontdrinkingwater.org>

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