**Non-Transient Non-Community Public Water System Capacity Survey**

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| **System Name:** | System Name | **PWS ID:** PWS ID |  |  |

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| System Mailing Address: | | | | System Address | | | | | | |
| System Phone Number: | | | System Phone | | **System Email Address:** | | | System Email | | | |
| Board Chair/Owner: | | Chair/Owner Name | | | **Designated Operator:** | | Operator Name | | | | |
| Financial Contact: | Financial Contact Name | | | | **Population:** | Population | | | **Service Connections:** | No. Connections | |

**Instructions:** This survey is a self-assessment, which is a valuable tool to understand areas of strength and areas for improvement. This survey provides insight into elements that bolster a water system’s ability to be sustainable, maintain compliance with drinking water regulations, and provide quality drinking water on a continuous basis. Complete this survey using the drop-down box in the second column to indicate your answer. If a Yes/No question isn’t applicable, notate the question number at the bottom of the form in the Notes section with an explanation why the specified goal doesn’t apply. Type or insert signature of governing body member/owner and designated operator in the signature area with date completed. Email (preferred), mail, or fax the completed survey using the information at the top of the form.

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| **Water Supply Management** | | |
| 1 | - | Is all source water metered? |
| 2 | - | Are you able to identify and repair leaks within the system? |
| 3 | - | Do you have a plan for an alternate water source, if needed? (i.e. emergency connection, regionalization, purchasing, etc.) |
| **Personnel Management** | | |
| 4 | - | Does the designated operator hold the required operator license for the system? |
| 5 | - | Do you have written personnel policies & procedures? |
| 6 | - | Do all personnel receive the required, on-going training for their position? |
| **Policies and Procedures** | | |
| 7 | - | Does the system have an active cross-connection control and backflow prevention program? |
| 8 | - | Do you have procedures for mitigation and response to online/digital security breach or hazards? |
| **Operation and Maintenance** | | |
| 9 | - | Does the system have a current operation and maintenance manual? |
| 10 | - | Do you have a system for scheduling routine preventive maintenance? |
| 11 | - | Are outside services and support available to the system, if needed? |
| 12 | - | Are all system records easily accessible and maintained per regulatory requirements? |
| **Financial** | | |
| 13 | - | Do you have an annually reviewed and approved water budget? |
| 14 | - | Has the system developed both a short and long-term capital improvement plan? |
| **Governing Body/Owner Accountability** | | |
| 15 | - | Do members of the governing body/owner tour the water facilities and understand PWS regulations? |
| 16 | - | Have you planned, or considered planning, for governing body/owner succession to ensure management of system isn’t interrupted? |
| 17 | - | Are public records maintained and made available to the public? |
| **Asset Management** | | |
| 18 | - | Do you have a documented full inventory of assets directly related to the water system, including computer & automated systems, with condition, location, and age for each asset listed? |
| 19 | - | Does the water system management understand its required sustained level of service? |
| 20 | - | Have you identified all water system assets that are critical to its required sustained performance? |
| 21 | - | Do you have a capital improvement plan and operation and maintenance strategies to maintain a minimum life-cycle cost of the water system? |
| 22 | - | Do you have a long-term financial strategy for the water system? |
| **Purchased Water** | | |
| 23 | - | Do you have a contract to purchase water as your main supply? |
| 24 | - | Are policies in place to address loss of supply of purchased water? |

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| Type name or insert signature and date | | |
| Governing Body Member/Owner Signature and Date | | |
| Type name or insert signature and date | | |
| Designated Operator Signature and Date | | |
|  | | |
| **Notes:** | Notes, including clarification on questions, goals for improvement, and requests for more information. |