



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER

**INSTRUCTIONS FOR COMPLETING
PWS INVENTORY & BRIEF DESCRIPTION FORM
(For Use at NCWSs With ONLY Disinfection or No Treatment)**

This is an extensive in-depth inventory of a public water system (PWS) for the purpose of obtaining the necessary background information that is needed for compliance determination and program management. The information is entered into the Pennsylvania Drinking Water Information System (PADWIS) and disseminated to the Environmental Protection Agency's (EPA) Safe Drinking Water Information System (SDWIS), along with satisfying regular requests for information from the Pennsylvania legislature, Governor's office, safe drinking water program staff, and the public.

An inventory of each public water system includes data on the source, treatment, and distribution facilities. Throughout the report, specific identification and code numbers will be assigned by the investigator. The identification numbers for various parts of the system should be shown on the topographical map and flow diagrams that will become part of the report. These same numbers will be used when updating the PADWIS inventory.

Latitudes and longitudes of the various system components must be verified and documented in the inventory forms. Use the USGS 7.5-minute topographical map to verify site locations in degrees, minutes, and seconds. Measurement accuracy should be within one second (100 feet).

Water volumes used in this report are to be entered as gallons or gallons per day (gpd).

Sanitarians, engineers, and hydrogeologists share the responsibilities for completing the forms and for the input of PWS data into PADWIS, depending on the system type and type of data entered. Below is a table outlining the major areas of responsibility.

PWS NAME: Enter the name of the public water system (PWS) as recorded in the Pennsylvania Safe Drinking Water Information System (PADWIS).

ID #: Enter the PWS Identification Number.

TRANSIENT SYSTEM: Enter "No" if this PWS regularly serves at least 25 of the same persons over 6 months per year (which is a nontransient, noncommunity water system - NTNCWS). Otherwise, enter "Yes" (for a transient, noncommunity water system - TNCWS).

OWNER NAME: Enter the legal owner of the system - authority, municipality, corporation, person(s), etc.

OWNERSHIP TYPE: Enter the appropriate name and code from the list below.

| | |
|------------------------|-----------------------|
| A = Authority | S = State |
| F = Federal | W = Water Association |
| I = Investor | L = Mobile Home Park |
| M = Municipality | O = Other |
| P = Private Individual | |

MUNICIPALITY: Enter the municipality serviced by the PWS.

SERVICE AREA: Enter one of the following primary service areas.

| | | |
|------------------|-------------------------|----------------------|
| Residential | Industrial/agricultural | Restaurant |
| Mobile Home Park | Day care center | Highway rest area |
| School | Recreation area | Hotel/motel |
| Institution | Service station | Other transient area |
| Medical facility | Summer camp | (please describe) |

COUNTY: Enter county name (and code) in which the system is regulated.

| | | | |
|----------------|----------------|--------------------|------------------|
| 001 Adams | 035 Clinton | 069 Lackawanna | 103 Pike |
| 003 Allegheny | 037 Columbia | 071 Lancaster | 105 Potter |
| 005 Armstrong | 039 Crawford | 073 Lawrence | 107 Schuylkill |
| 007 Beaver | 041 Cumberland | 075 Lebanon | 109 Snyder |
| 009 Bedford | 043 Dauphin | 077 Lehigh | 111 Somerset |
| 011 Berks | 045 Delaware | 079 Luzerne | 113 Sullivan |
| 013 Blair | 047 Elk | 081 Lycoming | 115 Susquehanna |
| 015 Bradford | 049 Erie | 083 McKean | 117 Tioga |
| 017 Bucks | 051 Fayette | 085 Mercer | 119 Union |
| 019 Butler | 053 Forest | 087 Mifflin | 121 Venango |
| 021 Cambria | 055 Franklin | 089 Monroe | 123 Warren |
| 023 Cameron | 057 Fulton | 091 Montgomery | 125 Washington |
| 025 Carbon | 059 Green | 093 Montour | 127 Wayne |
| 027 Centre | 061 Huntingdon | 095 Northampton | 129 Westmoreland |
| 029 Chester | 063 Indiana | 097 Northumberland | 131 Wyoming |
| 031 Clarion | 065 Jefferson | 099 Perry | 133 York |
| 033 Clearfield | 067 Juniata | 101 Philadelphia | 135 OUT-OF-STATE |

LOCATION/ADDRESS,CITY,ZIP: Enter location of treatment plant/office.

TELEPHONE NUMBER: Enter telephone number of treatment plant and/or system office.

POPULATION SERVED: Enter total population served per day by the PWS (use best available information from the system). If this PWS serves both TNCWS and NTNCWS populations, then list the population of the NTNCWS.

NUMBER OF CONNECTIONS: Enter the total number of service connections (each building or facility).

NUMBER OF METERS: Enter the number of service connections equipped with water meters.

PRODUCTION: Enter the arithmetic average of the volume of daily production in gallons. The average is to be based on daily water production for the most recent calendar year.

HOURS OPERATED/DAY: Enter the number of hours the treatment plant or pumping station is normally operated each day.

BEGIN/END SEASON: Enter the beginning date (MMDD) and end date (MMDD) for a facility which is operated seasonally.

LABORATORY NAME: Enter the name of the primary laboratory used for water quality analysis.

RESPONSIBLE OFFICIAL: Enter name, title, address, and telephone number of the system official for legal correspondence.

WATER SYSTEM PERSONNEL: Enter name, certification type and number, address, and telephone number (home number for emergencies) of plant/system operator.

GENERAL DESCRIPTION / SOURCE WATER INFORMATION

Please refer to the instructions at the top of Sheet 2 for information needed concerning a general description of the water system.

SUMMARY/ALL SOURCES

- SOURCE ID: Enter a unique number from 01 through 89 to identify the source to which the information applies.
- SOURCE NAME: Enter the name of the source (example: Well No. 1).
- LATITUDE/LONGITUDE: Enter the latitude and longitude of the source in degrees, minutes, and seconds.
- SOURCE TYPE: Enter the appropriate code from the list below (SWI = Surface Water Influence):
 - S = Surface Water
 - G = Groundwater
 - Y = Ground Under SWI
 - P = Purchased Surface Water
 - W = Purchased Groundwater
 - Z = Purchased Ground Under SWI
- YEAR CONSTRUCTED: Enter the year in which the source was constructed.
- AVAILABILITY: Enter the appropriate source availability code.
 - P = Permanent Source
 - R = Reserve Source (as an approved back-up)
 - E = Emergency Source (available, but needs testing before use)
- PUMPING CAPACITY: Enter the pumping capacity of the source in gallons per minute (GPM). The pumping capacity is the maximum volume of water which a source pump is capable of pumping per day.
- TREATMENT PLANT ID: Enter a unique number from 300 through 389 to identify this treatment facility.

GROUNDWATER SOURCES

- SOURCE ID: Enter a unique number from 01 through 89 to identify the source to which the information applies (only for those source types listed as G, W, Y, or Z).
- SOURCE NAME: Enter the name of the source.
- GUDI (Groundwater Under Direct Influence): Enter "Yes" if the source falls within the criteria for using DEP's Surface Water Identification Protocol (SWIP). Enter "No" if otherwise.

NOTE: Complete the Community Water System inventory, if this box is marked "Yes". Additional SWIP information may also be needed (Refer to Appendix E, TAB 1, of the Data Management Binder)

- WHPP: Indicate whether a wellhead protection program has been approved (Yes or No).

NOTE: Complete the Community Water System inventory if this source is involved in a Wellhead Protection Program.

- SURFACE ELEVATION: Enter the source's surface elevation in feet (you may obtain this information from a topographic map).
- TOTAL DEPTH: Enter the well depth in feet (surface elevation to well bottom). For springs that are coded as groundwater sources, enter zero.

Instructions

- PUMP TYPE: Enter pump type.
 - S = Submersible
 - J = Jet (turbine)
 - O = Other (explain in system description at the top of form, Sheet 2)
- WATER LEVEL, STATIC: Enter the static water level (from the surface) to tenths of a foot. Attach the water system's daily water level records, if available.
- WATER LEVEL, PUMPING: Enter the pumping water level (from the surface) to tenths of a foot. Attach the water system's daily water level
- WELL CASING DEPTH: Enter the casing depth to tenths of a foot. If you estimate the casing depth, enter in feet.
- WELL CASING DIAMETER: Enter diameter in inches.
- SINGLE OR DOUBLE: Enter "S" (single) or "D" (double) for casing.
- SAN SEAL: Enter "Yes" if the well has a properly installed sanitary seal or "No" if it does not.
- PITLESS ADAPTER: Enter "Yes" if the well has a properly installed pitless adapter or "No" if it does not.

TREATMENT PLANT, MONITORING, STORAGE

TREATMENT PLANT SUMMARY

- PLANT ID #: Enter the unique plant ID number assigned to this facility or facilities on Sheet 2 under "Treatment Plant ID".
- ENTRY POINT ID #: Enter a unique 3-digit number from 101 through 199 (from MSIS) for the entry point.
- TREATMENT OBJECTIVE: Enter the treatment objective code. A treatment objective should be entered for each chemical application or treatment. For example, if you have a plant that feeds chlorine and involves zeolite treatment, then two separate treatment objectives should be entered.

Example:

Chlorine = D (Disinfection)

Zeolite = F, M or S* (Iron removal, manganese removal, or softening)

*Note the primary purpose for the objective

| | |
|--------------------------------------|---------------------------|
| B = Disinfection By-products Control | C = Corrosion Control |
| D = Disinfection | E = Dechlorination |
| F = Iron Removal | I = Inorganics Removal |
| M = Manganese Removal | O = Organics Removal |
| P = Particulate Removal | R = Radionuclides Removal |
| S = Softening (Hardness Removal) | T = Taste/Odor Control |
| Z = Other | |

- TREATMENT PROCESS: Enter the treatment process code. Refer to Appendix C of TAB 1 in the Data Management Binder for acceptable treatment process codes which are listed according to the treatment objectives with which they may be associated. If a treatment process is used to achieve more than one treatment objective, then the treatment process must be entered for each treatment objective.
- PERMIT: Enter "Yes" if the treatment is approved and has a valid permit, "No" if not, or "NA" if permitting activities do not apply to the treatment.
- YEAR INST/CONSTR: Enter the year when the treatment plant was installed or constructed.
- CAPACITY: Enter the permitted hydraulic capacity (in gallons per minute) of the treatment plant. Plant capacity is the designed water treatment plant production capability, based on the anticipated peak daily water usage.
- O & M: Enter "Yes" if the PWS has a valid, up-to-date Operation and Maintenance Plan that is easily available. Otherwise, enter "No".

MONITORING

- MONITORING TEST USED: Enter the name and code used for self-monitoring.

| | |
|----------------------|------------------------|
| B = Bromine Test Kit | T = Turbidity |
| D = DPD Chlorine | N = Not available |
| I = Iodine Test Kit | Z = Other (Enter name) |
| O = Orthotolidine | |

- HOW OFTEN: Enter frequency of test.

| | |
|-------------------------------------|----------------------------|
| C = Continuous (in-line instrument) | M = Monthly |
| D = Daily | 2XD = Two times per day |
| W = Weekly | 3XW = Three times per week |

- LABORATORY PARAMETER: Enter the laboratory parameter name and code.

| | |
|---------------------|---------------|
| B = Bacteriological | T = Turbidity |
| N = Nitrate/Nitrite | O = Other |
| V = VOCs | |

- MONITORING FREQUENCY: Enter the usual sample period for each parameter used.

| | |
|-------------|---------------|
| D = Daily | Q = Quarterly |
| M = Monthly | A = Annually |

- SAMPLE LOCATION: Enter location where sample should be collected (Example: "After storage tank").

STORAGE FACILITIES

- ID #: Enter a unique number from 01 through 89 to identify the storage facility.

- TYPE: Enter the storage facility type and code:

| | |
|-----------------------------------|--------------------|
| E = Elevated tank | R = Open reservoir |
| G = Covered Groundlevel Reservoir | S = Standpipe |
| H = Hydropneumatic | O = Other |

- YEAR CONSTRUCTED: Enter the year when the storage unit was installed.

- MATERIAL: Enter the construction material of the storage facility:

| | |
|----------------|-----------|
| C = Concrete | S = Steel |
| E = Earthen | W = Wood |
| F = Fiberglass | O = Other |

- CAPACITY: Enter the storage capacity in gallons and the total at the bottom of the column if more than one storage facility is used.

- PURPOSE: Enter the purpose/function of the storage facility.

| | |
|--------------------|---------------------|
| R = Raw water | X = Fire protection |
| F = Finished water | O = Other |

- LEAD ACTION LEVEL: Enter "Yes" if the 90th percentile for lead analysis is over 15 µg/l, or "No" if otherwise. Enter "N/A" when lead analysis is not required.

PUBLIC EDUCATION: Enter "Yes" if a public education program has been completed (concerning exceedence of the lead action level). Enter "No" if a public education program has not been completed or "N/A" when an education program is not required.