

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: P = Permanent E = Emergency O = Other S = Seasonal, not all year I = Interim-Temporary			
Vermont Source Type: 1 Impoundment 2 Lake or Pond 3 Stream 4 Well Points 5 Dug Well 6 Gravel Well 7 Gravel Well Screened 8 Gravel Open End Casing 9 Rock Well 10 Well Spring 11 Purchased 12 Infiltration Gallery Ground Water 13 Infiltration Gallery Surface Water			
EPA Source Type: G = Groundwater, Non purchased S = Surface, Non purchased W = Groundwater, Purchased O = Other P = 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 No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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: _____

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>

Water Supply Division
103 South Main Street
Waterbury, VT 05671-0403
Toll free 1-800-823-6500
Out of State 1-802-241-3400
Fax 1-802-241-3284