



**RESERVOIRS AND OTHER IMPOUNDMENTS:** Identify the capacity, design and construction of water tanks.

---



---

Complete the following information for all reservoirs:

NAME	SURFACE AREA	CAPACITY	TYPE OF FENCING	RECREATIONAL FACILITIES

**PIPELINES:**

Identify the miles of pipe in the system.

What are the age ranges of the pipe in the system?

Is the system connected to any other provider or backup facility?

Yes  No

If so, identify the facility.

What communities are serviced by the facility? \_\_\_\_\_

Identify any new construction or repairs planned for the upcoming year.

---



---

**TESTING AND TREATMENT:**

Identify the annual volume of water provided.	
Identify the frequency of bacteriological tests.	
Identify the frequency of chemical and mineralogical tests.	
Identify the types of contaminants for which testing is done.	
If applicable, identify aquifers from which water is drawn.	

Describe the size and location of chlorine and sodium hypochlorite tanks at treatment plants.

---



---

Identify any changes in chemical or mineral levels over the past 12 months.

---



---

Have any wells been shut down due to contamination? (If so, describe) \_\_\_\_\_

---



---

**CUSTOMERS:**

Identify the approximate number of customers serviced by the authority.

Residential [ ] Commercial [ ] Industrial [ ] Warehousing [ ]

Identify the three largest consumers of water in the district, and their volume.

\_\_\_\_\_

Identify consumers with the largest fire suppression systems.

\_\_\_\_\_

Do the serviced communities have fire hydrants? \_\_\_\_\_

**PAYROLL:** If the workers compensation policy is not attached, list the annual payroll as follows:

Officers/supervisors _____	Clerical _____
Other (identify) _____	Chemists & samplers _____
Drivers _____	Operations _____
Maintenance/repair _____	

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title \_\_\_\_\_