Date Received_____

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ANNUAL SOURCE WATER PROTECTION PROGRAM UPDATE

THIS FORM SHOULD BE COMPLETED IN ORDER TO MAINTAIN ACTIVE STATUS OF AN APPROVED LOCAL SOURCE WATER PROTECTION (SWP) PROGRAM.

Report for Calendar Year: Jan. 1 To Dec. 31, _____ (Fill in Previous Year)

Source Water Protection Plan Approval Date: _____

RETURN BY MARCH 31 TO THE SAFE DRINKING WATER PROGRAM REGIONAL SOURCE WATER PROTECTION MANAGER AT THE REGIONAL OFFICE THAT SERVES YOUR COUNTY (See page 4).

System Name		**System Address**
PWSID #	**Municipality**	**System Phone #**
Source ID(s) #		**County**
Contact Person Name & Title		**Contact Person Address**
Contact Person Phone #		**Contact Person E-mail Address**

Please answer the following questions as completely as possible, and include additional pages as necessary.

1. What are your source water protection goals? Please check all that apply.

- ☐ Protection of existing source water quality.
- ☐ Improvement of existing source water quality.
- ☐ Protection of potential future drinking water source quality (i.e., possible new well locations).
- ☐ Other: _____

2. Did you have at least one steering committee meeting during the reporting year?

- ☐ Yes. Please indicate when and attach list of meeting attendees and meeting minutes.
- ☐ No. Please describe what barriers prevented you from having a meeting this year.

_____

3. Were there any changes to your drinking water system with respect to your source(s)?

- ☐ Yes, increases or decreases in withdrawals. Please describe. _____
- ☐ Yes, changes in usage patterns. Please describe. _____
- ☐ Yes, sources abandoned or new sources added. Please describe. _____
- ☐ No.

4. Were there any changes to your drinking water system with respect to land use?

☐ Yes, land use changes in SWP zones. Please describe and attach map.

_____

☐ Yes, system changes driven by land use. Please describe and attach map.

_____

☐ No. (*Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier)*

5. Which of the following land uses do you consider to be the biggest threat to source water quality? Please check all that apply.

☐ Agricultural
☐ Residential
☐ Industrial
☐ Commercial
☐ Transportation Corridors
☐ Oil and Gas Development
☐ Private or Public Forest Land (timbering)
☐ Other: _____

➢ ***Is this a change from the land use analysis in your Source Water Protection Plan?***

☐ Yes. Please describe.

_____

☐ No. (*Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier)*

6. Please list your current top three (3) potential sources of contamination (PSOCs):

1. _____
2. _____
3. _____

➢ ***Is this a change from the PSOCs listed in your Source Water Protection Plan?***

☐ Yes. Please describe. _____
☐ No.

➢ ***Are there any new PSOCs?***

☐ Yes. Please list the type, amount, and distance from each water source. Locate the contaminant source(s) on a map as well as the water source and attach to this form.

Type: _____

Amount: _____

Distance: _____

☐ No. (*Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier)*

7. Is implementation of SWP area management measures in accordance with the implementation schedule in your plan? If not, please explain.

☐ Yes.

☐ No. Please describe parts of plan not on schedule and provide revised implementation dates.

➢ ***Which of the following management options have you implemented this year or already have in place/maintain? Please describe briefly.***

☐ Public Education.

☐ PSOC Outreach.

☐ Projects with Partner Groups.

☐ Coordination with Emergency Responders.

☐ Land Purchase.

☐ Overlay Zoning.

☐ Ordinances.

☐ Other:

➢ ***Please describe future plans and implementation dates for the upcoming year.***

8. What resources you have applied to your program? Please describe briefly.

☐ Personnel Time.

☐ Volunteer Time.

☐ Grants.

_____

☐ Direct Funding.

_____

☐ Other:

_____

9. What partners have you worked with? Please describe briefly.

☐ County Conservation District.

_____

☐ County Planning.

_____

☐ Emergency Responders.

_____

☐ Watershed Association.

_____

☐ Conservation Organization.

_____

☐ Other:

_____

10. Have you updated and coordinated your emergency response plan to include responses to additional incidents that may impact the quality of your drinking water source?

☐ Yes. ☐ No.

11. Have you updated your contingency plan for providing an alternate supply of drinking water as a result of an actual or recently realized potential drinking water source contamination event?

☐ Yes. ☐ No.

12. What barriers, if any, are preventing you from implementing your Source Water Protection Plan in a manner that meets all of your source water protection goals? Please describe briefly.

☐ Lack of Personnel Time.

_____

☐ Lack of Funding.

_____

☐ Lack of Interest by Local Officials.

_____

☐ Lack of Volunteer or Partner Interest.

☐ Lack of Knowledge.

☐ Other:

13. Please add any addition comments you may have.

Comments:

14. Has the Source Water Protection Plan ever been amended?

☐ Yes, and an addendum has been submitted to the Department. Revision Date: _____
☐ Yes, and an addendum will be submitted to the Department. Revision Date: _____
☐ No.

15. Please sign and date.

Signature: _____ Date: _____

DEP REGIONAL OFFICES SAFE DRINKING WATER PROGRAM		
Northwest Region 230 Chestnut St. Meadville, PA 16335-3481 814-332-6899 Counties: Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren	**Northcentral Region** 208 W. Third St., Suite 101 Williamsport, PA 17701 570-327-3636 Counties: Bradford, Cameron, Clearfield, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union	**Northeast Region** 2 Public Square Wilkes-Barre, PA 18711-0790 570-826-2511 Counties: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming
Southwest Region 400 Waterfront Drive Pittsburgh, PA 15222-4745 412-442-4051 Counties: Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland	**Southcentral Region** 909 Elmerton Ave. Harrisburg, PA 17110 717-705-4708 Counties: Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry and York	**Southeast Region** 2 E. Main Street Norristown, PA 19401 484-250-5900 Counties: Bucks, Chester, Delaware, Montgomery and Philadelphia

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSULVANIA
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BUREAU OF SAFE DRINKING WATER

Comprehensive Monitoring Plan

Complete and submit a copy of this form to the appropriate local DEP office by the dates specified in § 109.717(a).

Safe Drinking Water Program local DEP district offices phone numbers (including 24/7 numbers), mailing addresses and FAX numbers are at this link: http://www.elibrary.dep.state.pa.us/dsweb/Get/Document-117702/3930-FM-BSDW0560.pdf

PART 1: GENERAL SYSTEM INFORMATION

PWS Name:			PWSID:
PWS Type:	☐ **CWS** ☐ **NTNCWS**	Population Served:	
Mailing Address:			
Contact Person:			
Phone:		Email:	
Source Types: (check *all* that apply)	☐ **Surface Water** ☐ **Ground Water** ☐ **GUDI – GW under direct influence of SW**	☐ **Purchased Surface Water** ☐ **Purchased Ground Water** ☐ **Purchased GUDI – GW under direct influence of SW**	**Is PWS selling finished water to any other public water system?** ☐ **Yes** ☐ **No**

PART 2: SOURCE TREATMENT PLANT (TP) & ENTRY POINT (EP) INFORMATION

Availability and Type Codes

Availability Codes	Source Type Codes	
P = Permanent	G = Groundwater	GUDI = Groundwater Under Direct Influence (of SW)
R = Reserve *(must be identified in permit)*	W = Purchased GW	
E = Emergency *(purchased sources only)*	S = Surface Water	Z = Purchased GUDI
	P = Purchased SW	

Table 2A – System-owned Sources

Source ID	Source Name	Source Availability	Source Type	Associated TP ID	EP ID	EP Name	EP Availability

Table 2B – Purchased Sources

Source ID	Source Name	Source Availability	Source Type	EP ID	EP Availability	Seller's PWS ID	Distribution Disinfectant Used by Seller

PART 3: NUMBER OF SAMPLES REQUIRED

EP ID	No. Sources	Source Contribution	Description of How Sources Are Used	No. Samples Req'd
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		
		☐ Alternated ☐ Blended ☐ Both ☐ N/A		

NOTES:

- If only 1 source contributes to EP or sources are blended at a consistent ratio, then only 1 sample/EP is needed for each set of compliance monitoring.
- If multiple sources are used that are alternated where each source is operated by itself, then the number of samples needed for each set of compliance monitoring is equal to the number of sources at that EP.
- If multiple sources are used that are alternated differently or that are blended at different ratios then describe how the sources are used and identify the number of samples that will be required for each set of compliance monitoring to ensure all sources are included.
    - If alternated, what conditions determine when the sources are switched (such as a set schedule)? Is the switchover automatic or manual?
    - If blended, how are the sources used and what conditions determine the blending ratio?

PART 4: TREATMENT INFORMATION

For *each* EP ID, check the appropriate box(es) for the contaminant(s) for which treatment has been installed. If no treatment has been installed, check the N/A box for that contaminant group. *(Copy or print additional pages as needed.)*

EP ID	IOCs ☐ N/A	VOCs ☐ N/A	SOCs ☐ N/A
	☐ Antimony ☐ Cyanide ☐ Arsenic ☐ Fluoride ☐ Asbestos ☐ Mercury ☐ Barium ☐ Nitrate ☐ Beryllium ☐ Nitrite ☐ Cadmium ☐ Selenium ☐ Chromium ☐ Thallium **RADs ☐ N/A** ☐ Gross Alpha ☐ Radium 226 ☐ Radium 228 ☐ Uranium ☐ Gross Beta	☐ 1,1-Dichloroethylene* ☐ Benzene ☐ cis-1,2-Dichloroethylene ☐ Carbon Tetrachloride ☐ trans-1,2-Dichloroethylene* ☐ Dichloromethane ☐ 1,2-Dichloroethane* ☐ Ethylbenzene ☐ 1,1,1-Trichloroethane* ☐ Monochlorobenzene ☐ 1,1,2-Trichloroethane* ☐ Styrene ☐ 1,2,4-Trichlorobenzene ☐ Toluene ☐ 1,2-Dichloropropane ☐ Trichloroethylene* ☐ o-Dichlorobenzene ☐ Tetrachloroethylene* ☐ para-Dichlorobenzene ☐ Xylenes (total) ☐ Vinyl Chloride	☐ 2,4-D ☐ Endrin ☐ 2,4,5-TP ☐ EDB ☐ Alachlor ☐ Glyphosate ☐ Atrazine ☐ Heptochlor ☐ Benzo(a)pyrene ☐ Heptachlor epoxide ☐ Carbofuran ☐ Hexachlorobenzene ☐ Chlordane ☐ Hexachlorocyclopentadiene ☐ Dalapon ☐ Lindane ☐ Di(ethylhexyl)adipate ☐ Methoxychlor ☐ Di(ethylhexyl)phthalate ☐ Oxamyl (Vydate) ☐ DBCP ☐ PCBs ☐ Dinoseb ☐ Pentachlorophenol ☐ Dioxin ☐ Picloram ☐ Diquat ☐ Simizine ☐ Endothall ☐ Toxaphene
EP ID	**IOCs ☐ N/A**	**VOCs ☐ N/A**	**SOCs ☐ N/A**
	☐ Antimony ☐ Cyanide ☐ Arsenic ☐ Fluoride ☐ Asbestos ☐ Mercury ☐ Barium ☐ Nitrate ☐ Beryllium ☐ Nitrite ☐ Cadmium ☐ Selenium ☐ Chromium ☐ Thallium **RADs ☐ N/A** ☐ Gross Alpha ☐ Radium 226 ☐ Radium 228 ☐ Uranium ☐ Gross Beta	☐ 1,1-Dichloroethylene* ☐ Benzene ☐ cis-1,2-Dichloroethylene ☐ Carbon Tetrachloride ☐ trans-1,2-Dichloroethylene* ☐ Dichloromethane ☐ 1,2-Dichloroethane* ☐ Ethylbenzene ☐ 1,1,1-Trichloroethane* ☐ Monochlorobenzene ☐ 1,1,2-Trichloroethane* ☐ Styrene ☐ 1,2,4-Trichlorobenzene ☐ Toluene ☐ 1,2-Dichloropropane ☐ Trichloroethylene* ☐ o-Dichlorobenzene ☐ Tetrachloroethylene* ☐ para-Dichlorobenzene ☐ Xylenes (total) ☐ Vinyl Chloride	☐ 2,4-D ☐ Endrin ☐ 2,4,5-TP ☐ EDB ☐ Alachlor ☐ Glyphosate ☐ Atrazine ☐ Heptochlor ☐ Benzo(a)pyrene ☐ Heptachlor epoxide ☐ Carbofuran ☐ Hexachlorobenzene ☐ Chlordane ☐ Hexachlorocyclopentadiene ☐ Dalapon ☐ Lindane ☐ Di(ethylhexyl)adipate ☐ Methoxychlor ☐ Di(ethylhexyl)phthalate ☐ Oxamyl (Vydate) ☐ DBCP ☐ PCBs ☐ Dinoseb ☐ Pentachlorophenol ☐ Dioxin ☐ Picloram ☐ Diquat ☐ Simizine ☐ Endothall ☐ Toxaphene

PART 5: WAIVER INFORMATION

For *each* EP ID, check the appropriate box(es) for the contaminant(s) for which a waiver has been approved. If no waivers have been approved for that contaminant group, check the N/A box. *(Copy or print additional pages as needed.)*

EP ID	IOCs ☐ N/A	VOCs ☐ N/A	SOCs ☐ N/A
	☐ Antimony ☐ Arsenic ☐ Asbestos ☐ Barium ☐ Beryllium ☐ Cadmium ☐ Chromium ☐ Cyanide ☐ Fluoride ☐ Mercury ☐ Selenium ☐ Thallium	☐ 1,1-Dichloroethylene* ☐ cis-1,2-Dichloroethylene ☐ trans-1,2-Dichloroethylene* ☐ 1,2-Dichloroethane* ☐ 1,1,1-Trichloroethane* ☐ 1,1,2-Trichloroethane* ☐ 1,2,4-Trichlorobenzene ☐ 1,2-Dichloropropane ☐ o-Dichlorobenzene ☐ para-Dichlorobenzene ☐ Benzene ☐ Carbon Tetrachloride ☐ Dichloromethane ☐ Ethylbenzene ☐ Monochlorobenzene ☐ Styrene ☐ Toluene ☐ Trichloroethylene* ☐ Tetrachloroethylene* ☐ Xylenes (total) ☐ Vinyl Chloride	☐ 2,4-D ☐ 2,4,5-TP ☐ Alachlor ☐ Atrazine ☐ Benzo(a)pyrene ☐ Carbofuran ☐ Chlordane ☐ Dalapon ☐ Di(ethylhexyl)adipate ☐ Di(ethylhexyl)phthalate ☐ DBCP ☐ Dinoseb ☐ Dioxin ☐ Diquat ☐ Endothall ☐ Endrin ☐ EDB ☐ Glyphosate ☐ Heptochlor ☐ Heptachlor epoxide ☐ Hexachlorobenzene ☐ Hexachlorocyclopentadiene ☐ Lindane ☐ Methoxychlor ☐ Oxamyl (Vydate) ☐ PCBs ☐ Pentachlorophenol ☐ Picloram ☐ Simizine ☐ Toxaphene
EP ID	**IOCs ☐ N/A**	**VOCs ☐ N/A**	**SOCs ☐ N/A**
	☐ Antimony ☐ Arsenic ☐ Asbestos ☐ Barium ☐ Beryllium ☐ Cadmium ☐ Chromium ☐ Cyanide ☐ Fluoride ☐ Mercury ☐ Selenium ☐ Thallium	☐ 1,1-Dichloroethylene* ☐ cis-1,2-Dichloroethylene ☐ trans-1,2-Dichloroethylene* ☐ 1,2-Dichloroethane* ☐ 1,1,1-Trichloroethane* ☐ 1,1,2-Trichloroethane* ☐ 1,2,4-Trichlorobenzene ☐ 1,2-Dichloropropane ☐ o-Dichlorobenzene ☐ para-Dichlorobenzene ☐ Benzene ☐ Carbon Tetrachloride ☐ Dichloromethane ☐ Ethylbenzene ☐ Monochlorobenzene ☐ Styrene ☐ Toluene ☐ Trichloroethylene* ☐ Tetrachloroethylene* ☐ Xylenes (total) ☐ Vinyl Chloride	☐ 2,4-D ☐ 2,4,5-TP ☐ Alachlor ☐ Atrazine ☐ Benzo(a)pyrene ☐ Carbofuran ☐ Chlordane ☐ Dalapon ☐ Di(ethylhexyl)adipate ☐ Di(ethylhexyl)phthalate ☐ DBCP ☐ Dinoseb ☐ Dioxin ☐ Diquat ☐ Endothall ☐ Endrin ☐ EDB ☐ Glyphosate ☐ Heptochlor ☐ Heptachlor epoxide ☐ Hexachlorobenzene ☐ Hexachlorocyclopentadiene ☐ Lindane ☐ Methoxychlor ☐ Oxamyl (Vydate) ☐ PCBs ☐ Pentachlorophenol ☐ Picloram ☐ Simizine ☐ Toxaphene

PART 6: ENTRY POINT SAMPLING INFORMATION

Monitoring Status & Frequency Codes

Monitoring Status Codes	Monitoring Frequency Codes	
I = Initial/Increased	A = Annual	3 = Triennial (every 3 years)
S = Standard/Routine	Q = Quarterly	9 = Every 9 years
R = Reduced	W = Waiver Approved	6 = Every 6 years (RADs only)

NOTE: Samples may be composited for IOCs, VOCs and SOCs (RADs samples may *not* be composited). If the population is greater than 3,300, compositing may only be done at sampling points within a single system. If the population is less than or equal to 3,300, samples may be composited among different systems. No more than 5 samples may be included in the composite sample.

Table 4A – Inorganic Chemicals (IOCs) *Year Waiver Expires:_____*

EP ID	Monitoring		Year Due	Sampling Schedule	Included in Composite?	EPs Included in Composite Sample
	Status	Frequency				

NOTE: Compliance monitoring for contaminants for which treatment has been installed must be conducted at least annually, unless increased monitoring is required. For *each* EP, identify in a separate row any individual contaminants that are on a monitoring frequency that is different from the group frequency.

Table 4B – Volatile Organic Chemicals (VOCs) *Year Waiver Expires:_____*

EP ID	Monitoring		Year Due	Sampling Schedule	Included in Composite?	EPs Included in Composite Sample
	Status	Frequency				

NOTE: Compliance monitoring for all VOCs must be conducted at least annually if any VOC removal treatment has been installed or if any VOCs were previously detected, unless increased monitoring is required.

Table 4C – Synthetic Organic Chemicals (SOCs) *Year Waiver Expires:_____*

EP ID	Monitoring		Year Due	Sampling Schedule	Included in Composite?	EPs Included in Composite Sample
	Status	Frequency				

NOTES: Compliance monitoring for contaminants for which treatment has been installed or that were previously detected must be conducted at least annually unless increased monitoring is required. For *each* EP, identify in a separate row any individual contaminants that are on a monitoring frequency that is different from the group frequency.

Table 4D – Radiological Chemicals (RADs)

EP ID	Contaminant	Monitoring		Year Due	Sampling Schedule
		Status	Frequency		
	Gross Alpha				
	Ra 226/228				
	Uranium				
	Gross Alpha				
	Ra 226/228				
	Uranium				
	Gross Alpha				
	Ra 226/228				
	Uranium				
	Gross Alpha				
	Ra 226/228				
	Uranium				
	Gross Alpha				
	Ra 226/228				
	Uranium				

NOTE: Compliance monitoring for contaminants for which treatment has been installed must be conducted at least annually, unless increased monitoring is required.

PART 7: DISTRIBUTION SYSTEM SAMPLING INFORMATION

Question 7A: Describe how sources that are not used at least once/week are represented in disinfection byproducts sampling:

_____

_____

NOTE: If additional sampling locations are needed or additional monitoring (at existing compliance sampling locations) is needed, update the *Disinfectants/Disinfection Byproducts Monitoring Plan* and attach a copy of the revised plan with this form.

Question 7B. Describe how all sources that are not used at least once/week are captured in coliform and disinfectant residual sampling.

_____

_____

NOTE: If additional sampling locations are needed or additional monitoring (at existing compliance sampling locations) is needed, update the *Coliform Sample Siting Plan & the Distribution Disinfectants Monitoring Plan* and attach a copy of each revised plan with this form.

Question 7C: Describe how all sources that are not used at least once/week are captured in lead and copper and water quality parameter sampling.

_____

_____

NOTE: If additional sampling locations are needed, update the *Lead & Copper Sample Siting Plan* and attach a copy of the revised plan with this form. If additional monitoring (at existing compliance sampling locations) is needed, consult with the appropriate local DEP office to discuss your monitoring requirements.

PART 8: ATTACHMENTS

Attachment 1 – *Coliform Sample Siting Plan*, dated _____ (date of last revision)

Attachment 2 – *Disinfectants/Disinfection Byproducts Monitoring Plan*, dated _____ (date of last revision)

Attachment 3 – *Lead & Copper Sample Siting Plan*, dated _____ (date of last revision)

***Note*: CWS should incorporate this template into their existing Emergency Response Plan.**

DRAFT
Uninterrupted System Service Plan (USSP) Template

Pennsylvania's Community Water System (CWS) sources and treatment facilities are susceptible to emergency situations resulting from both natural and man-made disasters. Examples of emergencies include tropical storms, flooding, high winds, ice, snow, industrial chemical plant runoff, pipeline ruptures, and transportation corridor spills. Chapter 109.708 (a) – (d) amendments are focused on improving the reliability of service provided to all consumers by requiring the development of a feasible plan to consistently supply an adequate quantity of safe and potable water during emergency situations. This Uninterrupted System Service Plan (USSP) Template must be used to develop this important plan. To minimize the reporting burden and for maintaining security of sensitive documents, the completed USSP will not be required to be reported to the Department; rather, this information should be incorporated into existing Emergency Response Plans and kept onsite for Department review upon request. However, as per 109.708 (a) the accompanying certification form must be submitted which verifies completion of this plan, and identifies whether deficiencies have been identified which prevent uninterrupted system service. If applicable deficiencies have not been corrected by the deadlines specified in 109.708 (a), then a detailed corrective action plan and corresponding completion date schedule must be submitted to the Department within 6 months of the dates specified in 109.708(a)(1) – (3). Proposed corrective action schedule for each deficiency should be commensurate with the complexity of associated corrective actions. Once deficiencies are corrected, USSPs should be updated to document the associated improvements and SOPs.

I.General Information

PWS Name:	**PWSID #:**	
Critical Facility Name:	**Critical Facility Capacity:**	MGD
Critical Facility Description:	**Average Daily Demand:**	MGD
Critical Facility Address:	**Available Finished Storage:**	MG
Completed By (Name):	**Hours of Finished Storage:**	
Date Completed:	**Date(s) Updated:**	

II. Plan to Provide Uninterrupted System Service

Please complete all of the below sections based on which provisions your CWS is prepared to utilize to provide adequate quantity and quality of water during emergency situations. Systems are encouraged to be prepared to utilize as many methods as possible to maximize their capability to provide uninterrupted system service for each critical operational facility. It is necessary to carefully consider both the duration of time needed to switchover to a particular system service option as well as the efficacy of each option to provide adequate quantity of safe and potable water. Developing detailed Standard Operating Procedures (SOPs) for utilizing each alternate is critical to insuring efficient and effective implementation during emergency situations. When determining hours of operation or adequacy of finished water storage, systems should consider finished water volumes necessary to maintain adequate operating pressures throughout all portions of the distribution system. A separate template should be completed for each critical facility utilized by the CWS. For the purposes of this template, "critical facility" is defined as any facility necessary to supply adequate quantity and quality of water (e.g. water treatment plants, raw and finished water pump stations, finished water storage tanks, booster chlorination facilities, etc).

(A) Auxiliary Power	Connection to at least two independent power feeds from separate substations
Description of Auxiliary Power	**SOP to Utilize Auxiliary Power**

Additional production capacity provided via this auxiliary power: MGD
Additional hours of operation provided by this auxiliary power: Hours
Amount of time needed to switchover to this auxiliary power option: Hours
Date this auxiliary power was last tested:
Critical CWS staff needed to utilize this option:
Critical external staff needed to utilize this option: **24/7 phone numbers for all critical staff:** **1. Name and Number** **2. Name and Number** **3. Name and Number**

(B) Auxiliary Power	On-site auxiliary power sources – permanent generators
Description of Equipment	**SOP to Utilize Equipment**

Additional production capacity provided via this auxiliary power: MGD
Additional hours of operation provided by this auxiliary power: Hours
Amount of time needed to switchover to this auxiliary power option: Hours
Date this auxiliary power was last tested:
Critical CWS staff needed to utilize this option:
Critical external staff needed to utilize this option: **24/7 phone numbers for all critical staff:** **1. Name and Number** **2. Name and Number** **3. Name and Number**

(C) Auxiliary Power	Off-site auxiliary power sources – reserved access to portable generators (PaWARN, Portable, or Rental)

Description of Equipment	SOP to Utilize Equipment

Additional production capacity provided via this auxiliary power: MGD
Additional hours of operation provided by this auxiliary power: Hours
Amount of time needed to obtain/transport/setup this auxiliary power option: Hours
Date this auxiliary power was last tested:
Critical CWS staff needed to utilize this option:
Critical external staff needed to utilize this option: **What efforts were made to help insure that during an area wide emergency your system will be a priority to obtain this portable generator before another user (e.g. rental contract)?** **24/7 phone numbers for all critical staff:** **1. Name and Number** **2. Name and Number** **3. Name and Number**

(D) Alternate Provisions	Finished Water Storage Capacity

Description of Storage	SOP to Utilize Storage

Additional quantity finished water provided via this storage tank (consider pressure zones): MGD
Additional hours of finished water supply provided by this alternate provision: Hours
Amount of time needed to switchover (valves) to this alternate provision: Hours
Date finished water storage capacity was last relied upon during an emergency:
Critical CWS staff needed to utilize this option:
Critical external staff needed to utilize this option: **Are pumps needed to utilize this finished water storage?** **24/7 phone numbers for all critical staff:** **1. Name and Number** **2. Name and Number** **3. Name and Number**

(E) Alternate Provision	Interconnection #1 with neighboring water system
Description of Interconnection	**SOP to Utilize Interconnection**

Additional finished water supply provided via this interconnection: gpm and psi
Additional hours of operation provided by this interconnection: Hours
Amount of time needed to switchover (valves) to this interconnection: Hours
Date this interconnection was last tested under actual operating pressures:
Critical CWS staff needed to utilize this option:
Critical external staff needed to utilize this option: **24/7 phone numbers for all critical staff:** **1. Name and Number** **2. Name and Number** **3. Name and Number**

(F) Alternate Provision	Interconnection #2 with neighboring water system
Description of Interconnection	**SOP to Utilize Interconnection**

Additional finished water supply provided via this interconnection: gpm and psi
Additional hours of operation provided by this interconnection: Hours
Amount of time needed to switchover (valves) to this interconnection: Hours
Date this interconnection was last tested under actual operating pressures:
Critical CWS staff needed to utilize this option:
Critical external staff needed to utilize this option: **24/7 phone numbers for all critical staff:** **1. Name and Number** **2. Name and Number** **3. Name and Number**

(G) Alternate Provision	**"Other" - CWS should include any *other* alternate system specific provision(s) they have identified as valuable to maintaining uninterrupted system service**

Description of Alternate Provision	SOP to Utilize Alternate Provision

Additional production capacity provided via this option:	MGD
Additional hours of operation provided by this option:	Hours
Amount of time needed to switchover to this option:	Hours
Date this option was last tested:	
Critical CWS staff needed to utilize this option:	
Critical external staff needed to utilize this option: **24/7 phone numbers for all critical staff:** **1. Name and Number** **2. Name and Number** **3. Name and Number**	

III. USSP Form Review and Certification of Completion

After completing the USSP form, all applicable system personnel should meet to review the overall USSP, evaluate all options and corresponding SOPs related to how the options will be utilized to provide uninterrupted system service, and reach a consensus regarding whether the overall plan is considered adequate to provide uninterrupted system service for all critical facilities.

The corresponding USSP completion certification form must be submitted to the Department by the dates specified in 109.708 (a). If applicable, a detailed corrective action plan and corresponding completion date schedule must be submitted to the Department within 6 months of the dates specified in 109.708(a)(1) – (3).

IV. Training Review and Update

The following staff have been trained on implementation of the USSP:

- **Name/ Training Date**

During the training, the SOPs to implement were reviewed and updated as necessary, along with the overall USSP.

Next scheduled training / update: Date:

USSP Completed By Signature:	**Date:**
USSP Reviewed By Signature:	**Date:**

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

UNINTERRUPTED SYSTEM SERVICE PLAN (USSP) CERTIFICATION FORM

Public Water System Name: _____ PWSID Number: _____

Date of Completion of USSP: _____

After completing the USSP form, all applicable system personnel should meet to review the overall USSP, evaluate all primary and alternate options included within the plan, and corresponding SOPs related to how the options will be utilized to provide uninterrupted system service, and reach a consensus answer to the following question:

Are additional corrective actions needed in order for this plan to be considered adequate to provide uninterrupted system service for all critical facilities?

NO: ☐

YES: ☐ By answering "Yes", a detailed corrective action plan and corresponding completion date schedule must be submitted to the Department within 6 months of the dates specified in § 109.708(a)(1) – (3).

If you answered "Yes" above, briefly summarize deficiencies identified that still require corrective actions:

Deficiency 1: _____

Associated Critical Facility: _____

Deficiency 2: _____

Associated Critical Facility: _____

Deficiency 3: _____

Associated Critical Facility: _____

Deficiency 4: _____

Associated Critical Facility: _____

Certified by:

As a representative of the Public Water System (PWS) indicated above, I certify that the Uninterrupted System Service Plan was completed in accordance with the requirements outlined in § 109.708 of the Department of Environmental Protection (DEP)'s regulations.

Signature: _____ Date: _____

Print Name & Title: _____

Phone Number: _____

Complete and submit this form to the appropriate local DEP office ***by the dates specified in § 109.708(a)(1) – (3).***

Safe Drinking Water Program local DEP district offices phone numbers (including 24/7 numbers), mailing addresses and FAX numbers are at this link:

http://www.elibrary.dep.state.pa.us/dsweb/Get/Document-117702/3930-FM-BSDW0560.pdf

For DEP Use Only **- Checked by:** _____ **Date:** _____