

**WORKSHEET #1: Surface Water Supply Description (Section 8.02 (b))** - (If the supplier has more than three Surface Water Sources additional copies of the table should be made)

**Supplier:**

	Source Name	Source Name	Source Name
Location (Keyed to Map)			
DOH PWS ID #			
Surface Area (Nearest Acre)			
Intake Size (Nearest In.)			
Intake Elevation (Nearest 1/100 Ft. - MSL Datum)			
Total Storage Capacity (Nearest 1/10 MG)			
Usable Storage Capacity (Nearest 1/10 MG)			
Watershed Size (Nearest Acre)			
Legally Imposed Discharge (Nearest 1/10 MGD)			
Existing Discharge (Nearest 1/10 MGD)			
Proposed Discharge (Nearest 1/10 MGD)			
Reservoir Function (Storage or Distribution)			
Status (Active, Emergency, Abandoned, Temporarily Abandoned)			
Status Note (Describe if other than Active)			

\*\* Is Storage Curve or Table for each source attached? Yes\_\_\_\_ No\_\_\_\_\_

**WORKSHEET #2A: Groundwater Supply Description (Section 8.02 (b) 4)** - (If the supplier has more than two wells additional copies of the table should be made)

**Supplier:**

	Well ID	Well ID
Location (Keyed to Map)		
DOH PWS ID #		
Well Type (Gravel Packed, Artesian)		
Well Depth (Nearest Ft.)		
Well Diameter (Nearest 1/2")		
Type of Pump		
Age of Pump (Nearest Year)		
Remaining Useful Life of Pump (Nearest Year)		
Rated Capacity of Pump (Nearest GPM)		
Size of Pump Discharge (Nearest 1/2")		
Pump Size (GPM)		
Column Size (Nearest 1/2")		
Head (Nearest Ft.)		
Screen Length (Nearest In.)		
Top of Screen Depth from Surface (Nearest Ft.)		
Depth to Suction (Nearest Ft.)		
Auxiliary Power on Well (Electric, Direct Drive)		
Slot Size (Nearest 1/16")		
Date Well Drilled (Mo/Day/Year)		
Name of Well Driller		
Well Drilling Method (Cable Tool, Reverse Rotary)		
Casing Material		
Well Status (Active, Emergency, Abandoned, Temporarily Abandoned)		
Status Note (Describe if other than Active)		
Last Date Redeveloped or Serviced (Mo/Day/Yr)		

**WORKSHEET #2B: Groundwater Supply Description (Section 8.02 (b) 4)** - (If the supplier has more than **two** wells additional copies of the table should be made)

**Supplier:**

	Well ID	Well ID
Location (Keyed to Map)		
DOH PWS ID #		
Well Type (Gravel Packed, Artesian)		
Well Depth (Nearest Ft.)		
Well Diameter (Nearest 1/2")		
Type of Pump		
Age of Pump (Nearest Year)		
Remaining Useful Life of Pump (Nearest Year)		
Rated Capacity of Pump (Nearest GPM)		
Size of Pump Discharge (Nearest 1/2")		
Pump Size (GPM)		
Column Size (Nearest 1/2")		
Head (Nearest Ft.)		
Screen Length (Nearest In.)		
Top of Screen Depth from Surface (Nearest Ft.)		
Depth to Suction (Nearest Ft.)		
Auxiliary Power on Well (Electric, Direct Drive)		
Slot Size (Nearest 1/16")		
Date Well Drilled (Mo/Day/Year)		
Name of Well Driller		
Well Drilling Method (Cable Tool, Reverse Rotary)		
Casing Material		
Well Status (Active, Emergency, Abandoned, Temporarily Abandoned)		
Status Note (Describe if other than Active)		
Last Date Redeveloped or Serviced (Mo/Day/Yr)		

**WORKSHEET #2C: Groundwater Supply Description (Section 8.02 (b) 4)** - (If the supplier has more than two wells additional copies of the table should be made)

**Supplier:**

	Well ID	Well ID
Location (Keyed to Map)		
DOH PWS ID #		
Well Type (Gravel Packed, Artesian)		
Well Depth (Feet)		
Well Diameter (Nearest 1/2")		
Type of Pump		
Age of Pump (Nearest Year)		
Remaining Useful Life of Pump (Nearest Year)		
Rated Capacity of Pump (Nearest GPM)		
Size of Pump Discharge (Nearest 1/2")		
Pump Size (GPM)		
Column Size (Nearest 1/2")		
Head (Nearest Ft.)		
Screen Length (Nearest Foot)		
Top of Screen Depth from Surface (Nearest Ft.)		
Depth to Suction (Feet)		
Auxiliary Power on Well (Electric, Direct Drive)		
Slot Size (Nearest 1/16")		
Date Well Drilled (Mo/Day/Year)		
Name of Well Driller		
Well Drilling Method (Cable Tool, Reverse Rotary)		
Casing Material		
Well Status (Active, Emergency, Abandoned, Temporarily Abandoned)		
Status Note (Describe if other than Active)		
Last Date Redeveloped or Serviced (Mo/Day/Yr)		

**WORKSHEET #3: Treatment Facility Description (Section 8.02 (c) 1)** - (If the supplier has more than three Treatment Facilities additional copies of the table should be made)

**Supplier:**

	Treatment Facility ID	Treatment Facility ID	Treatment Facility ID
Location (Keyed to Map)			
Source(s) Treated			
Design Flow (Nearest 1/10 MGD)			
Maximum Flow (Nearest 1/10 MGD) (indicating duration)			
Standby Power (Yes/No)			
KW Demand of Facility (Nearest KW)			
KW of Standby Generators (Nearest KW)			
Chemical Feed Equipment (Yes/No)			

Please attach a schematic (see sample on following page) summarizing the treatment process and capacities of components of each treatment facility.

**WORKSHEET 4A: Storage Facility Description (Section 8.02 (c) 2)** - (If the supplier has more than three Storage Facilities additional copies of the table should be made) [REVISED 6/1/93]

**Supplier:**

	Storage Facility Name	Storage Facility Name	Storage Facility Name
Location (Keyed to Map)			
Storage Facility Type (Tank, Stand Pipe, Clearwell)			
Total Storage Volume (Gallons)			
Usable Storage Volume (Gallons)			
Facility Age (Nearest Year)			
Facility Condition (New, Good, Fair, Poor)			
Last Date of Inspection (Mo/Day/Yr)			
Construction Material (Major)			
Interior Paint Coating or Lining (Describe)			
Cathodic Protection (Yes/No)			

**WORKSHEET #4B: Storage Facility Description (Section 8.02 (c) 2)** - (If the supplier has more than three Storage Facilities additional copies of the table should be made) [REVISED 6/1/93]

**Supplier:**

	Storage Facility Name	Storage Facility Name	Storage Facility Name
Location (Keyed to Map)			
Storage Facility Type (Tank, Stand Pipe, Clearwell)			
Total Storage Volume (Gallons)			
Usable Storage Volume (Gallons)			
Facility Age (Nearest Year)			
Facility Condition (New, Good, Fair, Poor)			
Last Date of Inspection (Mo/Day/Yr)			
Construction Material (Major)			
Interior Paint Coating or Lining (Describe)			
Cathodic Protection (Yes/No)			

**WORKSHEET #5A: Pump Station Facility Description (Section 8.02 (c) 3)** - (If the supplier has more than three Pump Station Facilities additional copies of the table should be made) **[REVISED 6/1/93]**

**Supplier:**

	Pump Station Name	Pump Station Name	Pump Station Name
Location (Keyed to Map)			
Type of Pump Station (Booster, Transmission)			
Number of Pumps in Station			
Type of Each Pump and Capacity (or Range for Variable Speed Pumps) (GPM)			
Pump #1			
Pump #2			
Pump #3			
Pump #4			
Pump #5			
Hydropneumatic Storage Tanks (Yes/No)			
KW Demand of Facility (Nearest KW)			
Emergency Power (Yes/No)			
Generator Power Rating (Nearest KW)			

**WORKSHEET #5B: Pump Station Facility Description (Section 8.02 (c) 3)** - (If the supplier has more than three Pump Station Facilities additional copies of the table should be made) **[REVISED 6/1/93]**

**Supplier:**

	Pump Station Name	Pump Station Name	Pump Station Name
Location (Keyed to Map)			
Type of Pump Station (Booster, Transmission)			
Number of Pumps in Station			
Type of Each Pump and Capacity (or Range for Variable Speed Pumps) (GPM)			
Pump #1			
Pump #2			
Pump #3			
Pump #4			
Pump #5			
Hydropneumatic Storage Tanks (Yes/No)			
KW Demand of Facility (Nearest KW)			
Emergency Power (Yes/No)			
Generator Power Rating (Nearest KW)			





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**WORKSHEET #7: Interconnections Description (Section 8.02 (d)) - (If the supplier has more than two Interconnections additional copies of the table should be made) [REVISED 6/1/93]**

**Supplier:**

	Interconnection ID	Interconnection ID
Location (Keyed to Map)		
Supplier Connected To		
Interconnection Valve Location		
Valve #1		
Valve #2		
Valve Ownership		
Valve #1		
Valve #2		
Direction of Flow (Receiving, Delivering, Both)		
Type (Emergency, Supply, Both, Abandoned)		
Pressure or Gravity		
Quantity of Water Delivered/Received (Average Daily – MGD)		
Quantity of Water Delivered/Received (Annually - MG)		
Frequency of Water Delivered/Received (Daily, Weekly, Monthly, Annually, or Emergency Basis)		
Transmission Main Capacity (MGD)		
Transmission Main Condition (Good, Fair, Poor)		

**WORKSHEET #8:**

**Service Connections and Population Served - Historic, Current, and Projected (Section 8.02 (e) & Section 8.03 (a))  
[REVISED 6/1/93]**

**Supplier:**

# of Service Connections	1999	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989
Residential											
Commercial											
Industrial											
Governmental											
Other											
Total Service Connections	0	0	0	0	0	0	0	0	0	0	0
Number of Metered Services											
% of System Metered											
Total Population Served											

**What is the present population eligible to be served (Section 8.02 (e) 3)?**

**What is the projected population for the five-year planning period (Section 8.03 (a) 1)?**

**What is the projected population for the twenty-year planning period (Section 8.03 (a) 1)?**

**WORKSHEET #9: Master Meter Data (Section 8.02 (f))** - (If the supplier has more than **five** Master Meters additional copies of the table should be made)

**Supplier:**

	METER ID	METER ID	METER ID	METER ID	METER ID
Meter Location (Keyed to Map)					
Device Type (Venturi, etc.)					
Reading Frequency (Daily, etc.)					
Recording Register (Dial, etc.)					
Units of Register					
Multiplier (if any)					
Installation Date					
Size of Meter (Nearest 1/8")					
Connection Size (Nearest 1/8")					
Testing Frequency					
Last Service (Date)					
Last Test/Calibration (Date)					

\*TIR Totalizer Indicator Recorder in mgd

















**WORKSHEET #18: Current Average Daily Demand (ADD) per System and per Capita (Monthly Basis) (Section 8.02 (h) 1)**

**Supplier:**

LAST COMPLETED CALENDAR YEAR 1998

	J <sub>31</sub>	F <sub>28</sub>	M <sub>31</sub>	A <sub>30</sub>	M <sub>31</sub>	J <sub>30</sub>	J <sub>31</sub>	A <sub>31</sub>	S <sub>30</sub>	O <sub>31</sub>	N <sub>30</sub>	D <sub>31</sub>	AVG
ADD <sup>1</sup> (MG)													#DIV/0!
ADD/Capita <sup>2</sup> (GAL)													#DIV/0!

<sup>1</sup> - Based on Monthly Production, Purchase, and Storage Data - (Produced + Purchased  $\pm$  Changes in Storage) / # of Days in Month)

<sup>2</sup> - ADD / Total Population for Last Completed Calendar Year (Worksheet #8)

**WORKSHEET #19: Current and Historic Maximum Daily Demand, Peak Hour Demand, Average Daily Demand, Peaking Factor (Yearly Basis) (Section 8.02 (h) 1)**

**Supplier:**

(Last Completed Calendar Year and Ten Calendar Years of Data Prior to Last Completed Calendar Year)

	1988 <sup>6/21</sup>	1989 <sup>7/3</sup>	1990 <sup>7/10</sup>	1991 <sup>7/21</sup>	1992 <sup>6/18</sup>	1993 <sup>7/6</sup>	1994 <sup>7/21</sup>	1995 <sup>7/27</sup>	1996 <sup>6/15</sup>	1997 <sup>7/14</sup>	1998 <sup>8/13</sup>
MDD <sup>1</sup>											
Peak Hour <sup>2</sup>											
ADD <sup>3</sup>											
Peak Factor <sup>4</sup>											

- 1- Maximum one day rate of water supplied to the system including changes in storage, including depletion from system storage, experienced in the year not affected by unusual demand conditions, such as drought or a significant temporary increase in demand
- 2- Maximum one day of water supplied including changes in storage, including depletion from the storage system, experienced during the year (if available)/24 Hours
- 3- Based on Yearly Production, Purchase, and Storage Data - (Produced + Purchased + Changes in Storage)/ 365 Days
- 4- Peak Factor = MDD / ADD

**WORKSHEET #19: Current and Historic Maximum Daily Demand, Peak Hour Demand, Average Daily Demand, Peaking Factor (Yearly Basis) (Section 8.02 (i) 1)**

**Supplier:**

Please compute using calendar year (January through December)

	1998	1999	2000	2001	2002	2003	2004	2005	200_	200_	200_
MDD <sup>1</sup>											
Peak Hour <sup>2</sup>											
ADD <sup>3</sup>											
Peak Factor <sup>4</sup>											

- 1- Maximum one day rate of water supplied to the system including changes in storage, including depletion from system storage, experienced in the year not affected by unusual demand conditions, such as drought or a significant temporary increase in demand
- 2- Maximum one day of water supplied including changes in storage, including depletion from the storage system, experienced during the year (if available)/24 Hours
- 3- Based on Yearly Production, Purchase, and Storage Data - (Produced + Purchased + Changes in Storage)/ 365 Days
- 4- Peak Factor = MDD / ADD

**WORKSHEET #20: Current Water Use (Gallons) by Category and Sub-category\* (SIC Code) (Section 8.02 (h) 2)** - (Fill in available information based upon meter readings - If monthly data is unavailable fill in total column - if SIC information unavailable group data into major categories indicated by shading)

**Supplier:**

Last completed Calendar Year 1998. (Not available for monthly basis.)

	J	F	M	A	M	J	J	A	S	O	N	D	TOT
Residential (Total)	0	0	0	0	0	0	0	0	0	0	0	0	0
Single													0
Multi													0
Commercial (Total)	0	0	0	0	0	0	0	0	0	0	0	0	0
01 thru 09													0
15 thru 17													0
40 thru 48													0
50, 51													0
52 thru 59													0
60 thru 67													0
70 thru 89													0
Industrial (Total)	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0
20,22 thru 39													0
49													0
Government (Total)	0	0	0	0	0	0	0	0	0	0	0	0	0
91 thru 97													0
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

\* - Section 5.00 of the Regulations identifies Sub-Categories (SIC Codes), e.g. Agriculture - Major Groups 01 thru 09.

**WORKSHEET #21: Historic Water Use (Gallons) by Category and Sub-category\* (SIC Code) (Section 8.02 (h) 2)** - (Fill in available information based upon meter readings - if SIC information unavailable group data into major categories indicated by shading)

**Supplier:**

(Ten Calendar Years of Data Prior to Last Completed Calendar Year)

	1997	1996	1995	1994	1993	1992	1991	1990	1989
Residential (Total)	0	0	0	0	0	0	0	0	0
Single									
Multi									
Commercial (Total)	0	0	0	0	0	0	0	0	0
01 thru 09									
15 thru 17									
40 thru 48									
50, 51									
52 thru 59									
60 thru 67									
70 thru 89									
Industrial (Total)	0	0	0	0	0	0	0	0	0
14									
20,22 thru 39									
49									
Government (Total)	0	0	0	0	0	0	0	0	0
91 thru 97									
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* - Section 5.00 of the Regulations identifies Sub-Categories (SIC Codes), e.g. Agriculture - Major Groups 01 thru 09.

**WORKSHEET #22: Current & Historic Average Daily Demand (MGD) by Category and Sub-category\* (SIC Code) (Section 8.02 (h))**

2) - (Fill in available information based upon meter readings - if SIC information unavailable group data into major categories indicated by shading)

**Supplier:**

(Last Completed Calendar Year and Ten Calendar Years of Data Prior to Last Completed Calendar Year)

	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989	1988
Residential (Total)	0	0	0	0	0	0	0	0	0	0	0
Single											
Multi											
Commercial (Total)	0	0	0	0	0	0	0	0	0	0	0
01 thru 09											
15 thru 17											
40 thru 48											
50, 51											
52 thru 59											
60 thru 67											
70 thru 89											
Industrial (Total)	0	0	0	0	0	0	0	0	0	0	0
14											
20,22 thru 39											
49											
Government (Total)	0	0	0	0	0	0	0	0	0	0	0
91 thru 97											
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* - Section 5.00 of the Regulations identifies Sub-Categories (SIC Codes), e.g. Agriculture - Major Groups 01 thru 09.





**WORKSHEET #25: Historic Fire Fighting and Non-Account Water Use (MG) (Section 8.02 (h) 5**

**Supplier:**

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Fire Fighting (MG)										
Total Non-Account										
Total Water <sup>1</sup>										
% Non-Account Water <sup>2</sup>										

<sup>1</sup> - Total Water = Total Water Produced + Total Water Purchased

<sup>2</sup> - % Non-Account Water = (Total Non-Account/Total Water)

**WORKSHEET #26: Current and Projected (5 and 20 Year) Fire Fighting and Non-Account Water Use Estimates (MG) (Sections 8.02 (h) 5 & 8.03 (d))**

**Supplier:**

LAST COMPLETED CALENDAR YEAR 1998

	1998	5 Year	20 Year
--	------	--------	---------

Fire Fighting			
---------------	--	--	--

Non-Account Water			
Main Flushing/System Maintenance			
Storm Drain Flushing			
Sewer Cleaning			
Street Cleaning			
Schools and Other Public Buildings			
Landscaping in Public Areas			
Swimming Pools			
Construction Sites			
Water Quality and Other Testing			
Process Water at Treatment Plants			
Other Unmetered Uses			
Leakage, Theft, Meter Error			
Total Non-Account Water Use (MG)			
% Non-Account Water (Total Non-Account/Total Water)			

**WORKSHEET #27: Projected Water Use and Demand (MG) by Category and Sub-category (SIC Code) for 5 Year and 20 Year Planning Periods (Section 8.03 (b))**

**Supplier:**

	5 Year *			20 Year *		
	Annual Use	ADD	MDD	Annual Use	ADD	MDD
Residential (Total)	0	0	0	0	0	0
Single						
Multi						
Commercial (Total)	0	0	0	0	0	0
01 thru 09						
15 thru 17						
40 thru 48						
50, 51						
52 thru 59						
60 thru 67						
70 thru 89						
Industrial (Total)	0	0	0	0	0	0
14						
20,22 thru 39						
49						
Government (Total)	0	0	0	0	0	0
91 thru 97						
Totals	0	0	0	0	0	0

Includes an allowance for 15% unaccounted water.



**WORKSHEET #29: Well Data for Available Water Analysis (Section 8.04)**

**Supplier:**

Well Name	
Well # or Other ID	
Town	
USGS Quadrangle	
Aquifer Well Withdrawing From	
Name of Original Driller	
Date of Last Aquifer Test	
Name of Entity Conducting Last Aquifer Test	
For Last Aquifer Test	
a) Pumping Rate (Nearest GPM)	
b) Duration (Nearest Hr.)	
c) Pump Capacity (Nearest GPM)	
d) Yield (Nearest GPM)	
e) Specific Capacity (GPM/Ft)	
f) Transmissivity (Ft <sup>2</sup> /Day)	
Depth to Bedrock (Nearest Ft.)	
Aquifer Saturated Thickness-Well Location (Nearest Ft.)	
Depth from Watertable to Bottom of Well (Nearest Ft.)	
Watertable Elevation (Nearest Ft.)	
Ground Elevation (Nearest Ft.)	
Volume Well is Currently Pumping (Nearest GPM)	
Well Rating (Nearest GPM)	
Well Maximum Pumping Rate (Nearest GPM)	
Number of Observation Wells	

**WORKSHEET #29-A: Available Water (MGD) Summary Data (Section 8.04)  
NEW 6/1/93]**

**Supplier:**

Condition:	Existing (1998)	5-Year Projection	20-Year Projection
Ground Water Capacity <sup>(1)</sup>			
Surface Water (Operational Safe Yield)			
Water Purchased From Other Suppliers			
Total Available * Water <sup>(2)</sup>			
Average Daily Demand			
Maximum Daily Demand			

**WORKSHEET #29: Well Data for Available Water Analysis (Section 8.04)**

**Supplier:**

Well Name	
Well # or Other ID	
Town	
USGS Quadrangle	
Aquifer Well Withdrawing From	
Name of Original Driller	
Date of Last Aquifer Test	
Name of Entity Conducting Last Aquifer Test	
For Last Aquifer Test	
a) Pumping Rate (Nearest GPM)	
b) Duration (Nearest Hr.)	
c) Pump Capacity (Nearest GPM)	
d) Yield (Nearest GPM)	
e) Specific Capacity (GPM/Ft)	
f) Transmissivity (Ft <sup>2</sup> /Day)	
Depth to Bedrock (Nearest Ft.)	
Aquifer Saturated Thickness-Well Location (Nearest Ft.)	
Depth from Watertable to Bottom of Well (Nearest Ft.)	
Watertable Elevation (Nearest Ft.)	
Ground Elevation (Nearest Ft.)	
Volume Well is Currently Pumping (Nearest GPM)	
Well Rating (Nearest GPM)	
Well Maximum Pumping Rate (Nearest GPM)	
Number of Observation Wells	

**WORKSHEET #30: Residential Retrofit Program (RRP) Summary (Section 8.06 (b)) [REVISED 6/1/93]**

This worksheet is intended to be used as an outline of the components of the proposed residential retrofit program. See regulations for definition of the multi-residential user category.

Supplier:  
Date: \_\_\_\_\_

**Background Information**

Do you have a current or historic residential retrofit program?  
Single Family: No \_\_\_ Yes \_\_\_ If yes, program dates (e.g. 1990 - present): \_\_\_\_\_  
Multi-residential: No \_\_\_ Yes \_\_\_ If yes, program dates: \_\_\_\_\_  
Were the retrofit devices analogous to those now required? No \_\_\_ Yes \_\_\_  
Estimated number of single-family customers retrofitted to date: \_\_\_\_\_  
Percentage of single-family customers retrofitted: \_\_\_\_\_  
Estimated number of multi-residential customers retrofitted to date: \_\_\_\_\_  
Percentage of multi-residential customers retrofitted: \_\_\_\_\_

**Kit Distribution**

**A. For water suppliers needing new or additional supplies within 5 years:**

Single-family distribution method: Mailing \_\_\_\_\_ Door-to-door delivery \_\_\_\_\_  
Customer cost: No direct cost \_\_\_\_\_ At cost ( \_\_\_\_\_ )/kit

Multi-residential distribution: Mailing \_\_\_\_\_  
Delivery to landlord/manager \_\_\_\_\_  
Delivery to individual apartments \_\_\_\_\_  
Customer cost: No direct cost \_\_\_\_\_ At cost ( \_\_\_\_\_ )/kit

Note: Attach copy of reorder card(s), survey form(s), and explanation(s) of the need for and cost effectiveness of full compliance with conservation requirements

**B. For water suppliers with adequate supplies for at least 5 years:**

Single-family distribution method:  
\_\_\_\_\_ Retrofit kit request cards: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
Requested kits: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
\_\_\_\_\_ Toll free kit request phone number, included in bill message  
Requested kits: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
\_\_\_\_\_ Kits directly distributed: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
\_\_\_\_\_ Other method approved by DWSM and described in text of plan  
Consumer cost: No direct cost \_\_\_\_\_ At cost ( \_\_\_\_\_ )/kit

Multi-residential distribution method:  
\_\_\_\_\_ Retrofit kit request cards: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
Requested kits: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
\_\_\_\_\_ Toll free kit request phone number, included in bill message  
Requested kits: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
\_\_\_\_\_ Kits directly distributed: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_  
\_\_\_\_\_ Other method approved by DWSM and described in text of plan  
Consumer cost: No direct cost \_\_\_\_\_ At cost ( \_\_\_\_\_ )/kit

Note: Attach copy of reorder card(s), survey form(s), and request card(s) or bill message(s)

**WORKSHEET #30 (page 2 of 3) [REVISED 6/1/93]**

Kit Contents

Device \_\_\_\_\_ # \_\_\_\_\_ Model # \_\_\_\_\_ Vendor or Manufacturer \_\_\_\_\_

Participating in DWSM-sponsored statewide bid? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Attach copy of illustrated leak detection pamphlet and illustrated installation instructions.

**Annual Notification of Achievements**

Annual notices to customers will be: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_

**Installation Reminder Cards**

How will customers be reminded (within 30 - 60 days of receiving their kits) of the importance of water conservation and to install the water saving plumbing devices? (check all that apply)

- \_\_\_\_\_ Installation reminder cards: Mailed \_\_\_\_\_ Delivered \_\_\_\_\_
- \_\_\_\_\_ Local newspaper(s)
- \_\_\_\_\_ Telemarketing
- \_\_\_\_\_ Other (described in text of plan)

**Installation Assistance**

Will a phone number be provided for customer questions about installation?

Single-family:

- \_\_\_\_\_ 800 number to contact: utility \_\_\_\_\_ consultant \_\_\_\_\_
- \_\_\_\_\_ Regular number to contact: utility \_\_\_\_\_ consultant \_\_\_\_\_
- \_\_\_\_\_ No phone assistance will be offered

Multi-residential:

- \_\_\_\_\_ 800 number to contact: utility \_\_\_\_\_ consultant \_\_\_\_\_
- \_\_\_\_\_ Regular number to contact: utility \_\_\_\_\_ consultant \_\_\_\_\_
- \_\_\_\_\_ No phone assistance will be offered

Installation assistance will be available to single-family customers: At no direct cost \_\_\_\_\_

At cost (\$ \_\_\_\_\_ per \_\_\_\_\_)

Provided by: Utility staff \_\_\_\_\_ Contractor (name: \_\_\_\_\_)

How will customers be made aware of installation assistance? \_\_\_\_\_

Will installation assistance or demonstrations be offered to multi-residential customers? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe details in text of plan.

**WORKSHEET #30 (page 3 of 3) [REVISED 6/1/93]**

Program Evaluation

In addition to the kit survey data, what other information will be collected or tracked?

Single-family customers:

- \_\_\_\_\_ Number of customers offered kits; number of kit requests; % response
- \_\_\_\_\_ Number and type of kits supplied; % of customers retrofitted
- \_\_\_\_\_ Location, address, phone number of residences that received kits
- \_\_\_\_\_ Date kit sent/delivered or date of installation
- \_\_\_\_\_ Changes in water consumption  
(meter tracking for before/after annual water use comparisons)
- \_\_\_\_\_ Conservation attitudes and utility evaluations, measured by random phone survey
- \_\_\_\_\_ Other: \_\_\_\_\_

Multi-residential customers:

- \_\_\_\_\_ Number of customers offered kits; number of multi-kit requests; % response
- \_\_\_\_\_ Number and type of multi-kits supplied; % of multi-residential customers retrofitted
- \_\_\_\_\_ Address, phone number of customers that received kits
- \_\_\_\_\_ Actual addresses of retrofitted buildings
- \_\_\_\_\_ Description of retrofitted buildings (apartments, condos, hospitals, prisons, etc.)
- \_\_\_\_\_ Actual number of residential units retrofitted (e.g. number of apartments or prison cells)
- \_\_\_\_\_ Date kit sent/delivered or date of installation
- \_\_\_\_\_ Changes in water consumption  
(meter tracking for before/after annual water use comparisons)
- \_\_\_\_\_ Conservation attitudes and utility evaluations, measured by random phone survey
- \_\_\_\_\_ Other: \_\_\_\_\_

Note: Describe the Residential Retrofit Program implementation schedule, the public information and education efforts, and other RRP details in the text of the plan.

**WORKSHEET #31: Cost Analysis of a Proposed LDR Program (Section 8.07 (b) 2)**

**Supplier:** \_\_\_\_\_

**Area to be Surveyed**

- 1a. Total miles of main to be surveyed  
(do not include mileage of service lines) \_\_\_\_\_
- 1b. Average number of miles to be surveyed per day \_\_\_\_\_
- 1c. Number of working days needed to complete the survey  
(line 1a divided by line 1b) \_\_\_\_\_

**Staffing**

- 2a. How many agency staff will be used? \_\_\_\_\_  
 Staff costs, including wages and benefits:
 

Person 1	\$/hour:	_____	\$/day:	_____
Person 2	\$/hour:	_____	\$/day:	_____
TOTAL	\$/hour:	_____	\$/day:	_____

- 2b. How many consultant staff will be used? \_\_\_\_\_  
 Consultant costs:
 

Person 1	\$/hour:	_____	\$/day:	_____
Person 2	\$/hour:	_____	\$/day:	_____
TOTAL	\$/hour:	_____	\$/day:	_____

**Leak Detection Survey Costs**

	<u>\$/day</u>	<u># days</u>	<u>Cost</u>
Agency crew costs _____			
Consultant crew costs _____			
Vehicle costs _____			
Other daily costs _____			
Cost of leak detection equipment			
Leak detection team training			
Other costs			
<b>3 TOTAL LEAK DETECTION COSTS</b> _____			

Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

**WORKSHEET #32: Leak Detection Project Summary (Sections 8.07 (b) 2 & 8.07 (b) 3)**

**Supplier:**

**Leak Detection Summary**

Total number of days leak surveys were conducted \_\_\_\_\_  
 First survey date \_\_\_\_\_ Last survey date \_\_\_\_\_  
 Number of listening points: meters: \_\_\_\_\_  
 hydrants: \_\_\_\_\_  
 valves: \_\_\_\_\_  
 test rods: \_\_\_\_\_  
 other: \_\_\_\_\_  
 total: \_\_\_\_\_  
 Number of suspected leaks: \_\_\_\_\_  
 Number of pinpointed leaks: \_\_\_\_\_  
 Survey time: \_\_\_\_\_ Miles of main surveyed: \_\_\_\_\_  
 Pinpointing time: \_\_\_\_\_ hours

Average survey rate =  $\frac{\text{miles of main surveyed} \times 8}{\text{total survey and pinpointing hours}}$  = \_\_\_\_\_ miles/day

Total number of visible leaks reported from other sources since survey started (not discovered during leak detection surveys): \_\_\_\_\_

**Leak Repair Summary**

First leak repair made: \_\_\_\_\_ Last leak repair made: \_\_\_\_\_

Number of repairs with excavations: \_\_\_\_\_ Total water losses from excavated leaks: \_\_\_\_\_  
 Number of repairs without excavations: \_\_\_\_\_ Total water losses from nonexcavated leaks: \_\_\_\_\_  
 Total number of repaired leaks (sum): \_\_\_\_\_ Total water losses (sum): \_\_\_\_\_ gpm

Gallons of water saved per year (Total water losses (gpm) x 525600): \_\_\_\_\_ gallons/year

Existing leakage rate: \_\_\_\_\_ gallons/day/mile

Complete the following leak repair cost chart:

	Materials	Labor	Equipment	Other	Total
Excavated leak cost					
Unexcavated leak cost					
Total Cost					

Note: See AWWA Manual 36, "Water Audits and Leak Detection", for a sample Project Summary

**WORKSHEET #32 (page 2 of 2)**

**Leak Detection Project Cost-Effectiveness**

Step 1. Calculate the value of water recovered from all repaired leaks

- 1a. Total Water Losses (see above) \_\_\_\_\_gallons
- 1b. Total cost per gallon of recoverable leakage  
(line 4c of the Worksheet #33) \$\_\_\_\_\_/gallon
- 1c. Annual value of water recovered  
(multiply line 1a by line 1b) \$\_\_\_\_\_
- 1d. Two-year value of water recovered  
(multiply line 1c by 2) \$\_\_\_\_\_

Step 2. Determine leak detection survey costs:

- 2a. Equipment \_\_\_\_\_
- 2b. Training \_\_\_\_\_
- 2c. Staff \_\_\_\_\_
- 2d. Consultants \_\_\_\_\_
- 2e. Vehicle \_\_\_\_\_
- 2f. Other \_\_\_\_\_
  
- 2g. Total Cost  
(sum lines 2a - 2f) \$ \_\_\_\_\_

Step 3. Calculate benefit to cost ratio  
(divide line 1d by line 2g) \_\_\_\_\_

Step 4. Average survey cost per mile of main surveyed  
(divide line 2g by total miles surveyed) \$\_\_\_\_\_/mile

Note: See AWWA Manual 36, "Water Audits and Leak Detection", for a sample Benefit-Cost Analysis

Preparer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Date: \_\_\_\_\_



**WORKSHEET #34: Existing Treatment and Treatment Needed to Meet SDWA Requirements (Section 8.07 (f))** - (Fill in applicable choices below to complete Worksheet. For each source, identify all existing (E), future (F), or possible (P) treatments needed. Also list the chemical(s) used - e.g. if a supplier uses Alum for Coagulation the response should look like E - Alum. If a supplier has more than 3 supply sources additional copies of the table should be made) **[REVISED 6/1/93]**

**Supplier:**

	Source ID	Source ID	Source ID
Surface Water (Yes/No)			
Groundwater (Yes/No)			
Aeration			
Prechlorination			
Coagulation			
Sedimentation			
Iron Removal			
Mn Removal			
Fluoridation			
Disinfection			
Corrosion Control			
Preozonation			
Filtration			
VOC Removal			
THM Removal			
Other _____			

**WORKSHEET #34: Existing Treatment and Treatment Needed to Meet SDWA Requirements (Section 8.07 (f))** - (Fill in applicable choices below to complete Worksheet. For each source, identify all existing (E), future (F), or possible (P) treatments needed. Also list the chemical(s) used - e.g. if a supplier uses Alum for Coagulation the response should look like E - Alum. If a supplier has more than 3 supply sources additional copies of the table should be made) [REVISED 6/1/93]

**Supplier:**

Page 2 of 2

	Source ID	Source ID	Source ID
Surface Water (Yes/No)			
Groundwater (Yes/No)			
Aeration			
Prechlorination			
Coagulation			
Sedimentation			
Iron Removal			
Mn Removal			
Fluoridation			
Disinfection			
Corrosion Control			
Preozonation			
Filtration			
VOC Removal			
THM Removal			
Other _____			







**WORKSHEET #38: Supplier Revenue and Expenses for the Last Three Years (Section 8.10)**

**Supplier:**

Supplier's Fiscal Year Starts \_\_\_\_\_

**LAST COMPLETED FISCAL YEAR 1997/98**

Revenue*	Fiscal Year 1997/98	Fiscal Year 1996/97	Fiscal Year 1995/96
Annual Water Rate Revenue			
General Facility Charge Revenue			
Special Assessment Revenue			
Capital Funds			
Reserve Fund Revenue			
Other Earned Revenue			
Other Unearned Revenue			
<b>Totals</b>	\$0	\$0	\$0

**LAST COMPLETED FISCAL YEAR 1998**

Expenses*	Fiscal Year 1997/98	Fiscal Year 1996/97	Fiscal Year 1995/96
Annual Water System Indebtedness			
Debt Service on Bonds			
Operation and Maintenance Expenses			
Other Expenses			
<b>Totals</b>	\$0	\$0	\$0

\* - Financial Management Section of Plan Should Explain Grouping of Figures