

# 2015 Drinking Water Infrastructure Needs Survey and Assessment

U.S. Environmental Protection Agency  
Washington, DC 20460

OMB No.: xxxx-xxxx  
Approval Expires: xx/xx/xxxx  
Federal PWSID No.: xxxxxxxx

**Please verify or correct the following information:**

	Check if Correct as Printed	Corrected Information <i>(Fill in only if preprinted information is missing or incorrect)</i>
Name of System (Community): Kettle Falls Water System	<input checked="" type="checkbox"/>	
Name of Contact for Water System: John Q. Operator <small>(Record name of person completing survey on page 8; may be same person)</small> Street Address: 153 Main Street City, State, and Zip: Kettle Falls, XX 12345	<input checked="" type="checkbox"/>	<h2>Questionnaire Example</h2>
Population Served (if wholesale seller, include population of systems sold to): 13,000	<input checked="" type="checkbox"/>	
Number of Connections (not including those in consecutive systems): 5,200	<input checked="" type="checkbox"/>	
Total System Design Capacity: <u>4.6</u> .MGD		
Source Water Type (Ground, Surface/GWUDI, etc.): Surface	Check All That Apply: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Surface/GWUDI <input type="checkbox"/> Purchased Ground <input type="checkbox"/> Purchased Surface/GWUDI	
Ownership Type: Public	Check All That Apply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Federal Government <input type="checkbox"/> Native American <input type="checkbox"/> Investor-Owned or Private Non-Profit	
<p>Public reporting burden for this collection of information is estimated to average 5.53 hours per response. This estimate includes time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collected. Burden means the total time, effort, or financial resources expended by person(s) to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information; adjust the existing ways to comply with any previously applicable instructions; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15.</p> <p>Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPI, Regulatory Information Division, U.S. Environmental Protection Agency (1804A), Ariel Rios Building, 1200 Pennsylvania Ave., NW, Washington, DC 20460; and Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, N.W., Washington, DC 20503.</p>		

<b>State Use Only</b> State Reviewer: _____	Telephone Number: _____
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Information provided for this survey can be requested by the public; however, EPA will not release the names and addresses of respondents. Also it is our experience that survey information is rarely requested.

## Project Table

Federal PWSID No.: XXXXXXX

<i>Project Number</i>	<i>Project Name</i>	<i>Type of Need</i>	<i>Reason for Need</i>	<i>N,E,R,H (New, Expand, Replace, ReHab)</i>	<i>C or F (Current or Future)</i>	<i>Regulation</i>	<i>Design Capacity (MG, MGD, or kW)</i>	<i>Diameter (inches)</i>	<i>Length (feet)</i>	<i>Number Needed</i>	<i>Cost Estimate</i>	<i>Cost Date (mm/yyyy)</i>	<i>Documentation</i>
1000	Replace Well No. 1	R1	A1	R	C	4A		0.144		1			11
1001	Rehab Well No. 2	R1	A1	H	F	4A		0.228		1			11
1002	Phosphate Addition and Disinfection for Wells	T22	A7	N	C	2A, 2B		0.432		1			7, 11
1003	Upgrade of Filtration Plant	T10	A6	E	C	1A	5			1	5,200,000	01/2011	2, 4, 11
1004	Oak Ridge Tank Rehab	S1	A1	H	C	4A	0.1			1			11
1005	City Center Tank Rehab	S1	A1	H	F	4A	0.25			1			11
1006	Oak Street Pump Station	P2	A1	R	C	4A	2			1			11
1007	Auxiliary Power	W4	A11	N	C	4A	50			1			11
2000	Cast Iron Main Replacement	M1	A1	R	C	4A		6	2,800				11
2001	Cast Iron Main Replacement	M1	A1	R	C	4A		8	1,500				11
2002	Cast Iron Main Replacement	M1	A1	R	C	4A		12	800				11
2003	Transmission	X1	A1	R	C	4A		18	13,200				11
2004	Distribution Looping	X1	A6	N	C	1B		8	10,350				7, 11
2005	Pine Hills	X1	A9	N	C	4A		8	10,560				7, 8, 11
3000	Water Meters	M8	A1	R	F	4A		0.625		5000			11
3001	Water Meters	M8	A1	R	F	4A		0.75		200			11

## Source, Treatment, Storage, and Pumping Inventory

To ensure all potential source, treatment, and storage projects are considered, it may be helpful to complete some or all of this inventory table. However, completion of this table is not required.

- **Source Projects** are all projects related to collecting and pumping raw water. This includes wells, surface water intakes, springs, off-stream raw water storage, pumps, and well houses.
- **Treatment Projects** are all projects related to disinfection, filtration, or other treatment processes for ground or surface water sources, or for treatment applied in the distribution system.
- **Storage and Pumping Projects** are related to finished or treated water storage, and booster pump stations.

Source Water			
Inventory	Needing Replacement	Needing Rehabilitation	New Infrastructure Needs
Total Number and Capacity of Existing Wells or Springs: <b><u>2 wells – 0.4 MGD total</u></b>	Wells (pumps included) or Springs: <b><u>1</u></b>	Wells (pumps included) or Springs: <b><u>1</u></b>	Does your system have additional source water capacity needs to meet the needs of current users? (check one) Yes ___ No <input checked="" type="checkbox"/> x ___
Total Number and Capacity of Existing Surface Water Sources: <b><u>1 surface source – 4.2 MGD</u></b>	Existing Surface Water Intakes (excluding pumps): _____	Existing Surface Water Intakes (excluding pumps): _____	If yes, how many additional sources are necessary? _____
Total Number and Capacity of Existing Pumps (excluding booster pump stations): <b><u>2 pumps – 5.0 MGD each</u></b>	Existing Groundwater Pumps (if wells not listed): _____	Existing Groundwater Pumps (if wells not listed): _____	
	Existing Raw Surface Water Pumps: _____	Existing Raw Surface Water Pumps: _____	
Treatment			
Inventory	Needing Replacement	Needing Expansion/Upgrading or Rehabilitation	New Infrastructure Needs
For the sources identified above, enter the number of locations where the following treatment is applied:			
Disinfection (including booster disinfection): _____	Disinfection: _____	Disinfection: _____	Does your system have additional treatment needs for provision of additional public health protection or for aesthetic concerns? (check one) Yes <input checked="" type="checkbox"/> x ___ No ___ If yes, what additional treatment is necessary? <i>Fe and Mn sequestration and disinfection.</i>
Filtration: <b><u>1</u></b>	Filtration: _____	Filtration: <b><u>1</u></b>	
Chemical removal or addition: _____	Chemical treatment: _____	Chemical treatment: _____	
Storage and Pump Stations			
Inventory	Needing Replacement	Needing Rehabilitation	New Infrastructure Needs
Total Number and Capacity of Existing Storage Tanks: <b><u>Three tanks – 0.1, 0.25 and 1.0 MG</u></b>	Number of Existing Elevated or Ground-Level Storage Tanks: _____	Number of Existing Elevated or Ground-Level Storage Tanks: <b><u>2</u></b>	Does your system have additional storage capacity and/or booster pumping needs to meet the needs of current users? (check one) Yes ___ No <input checked="" type="checkbox"/> x ___
Total Number and Capacity of Existing Booster Pump Stations: <b><u>1 station – 2.0 MGD</u></b>	Number of Existing Booster Pump Stations: <b><u>1</u></b>	Number of Existing Booster Pump Stations: _____	If yes, how much additional finished water storage or booster pumping capacity is necessary? _____

# Transmission and Distribution Inventory

**Transmission and distribution projects** are the piping needs of a water system. **Projects for valves, backflow assemblies, and meters** that are not part of a transmission or distribution project listed in this table should be recorded in the table on page 6.

On the table below, please provide an estimate of the total feet or miles of pipe in your system, if possible. Completion of this table is not required, but it may be helpful to ensure all potential transmission and distribution pipe projects are considered.

<b>Note: The total feet or miles of pipe in your system is required information if any pipe projects are submitted based solely on survey-generated documentation (documentation codes 10 or 11).</b>		<u>50</u>	<b>Total feet or miles of pipe in system</b> <i>(Circle or underline feet or miles)</i>			
<b>Total Pipe in System</b> <i>(Circle or underline feet or miles)</i>		<u>&lt;=6 inch</u>	<u>8-12 inch</u>	<u>15-42 inch</u>	<u>&gt;=48 inch</u>	
<b>Plastic</b>	<u>64,000</u> Feet or miles	Amount of PVC by pipe size	<u>34,000</u> feet or miles	<u>30,000</u> feet or miles	_____ feet or miles	_____ feet or miles
	<u>24</u> % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	<u>0</u> %	<u>0</u> %	_____ %	_____ %
<b>Ductile Iron</b>	<u>181,700</u> Feet or miles	Amount of ductile iron by pipe size	<u>110,000</u> feet or miles	<u>71,700</u> feet or miles	_____ feet or miles	_____ feet or miles
	<u>69</u> % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	<u>0</u> %	<u>0</u> %	_____ %	_____ %
<b>Cast Iron</b>	<u>18,300</u> Feet or miles	Amount of cast iron by pipe size	<u>2,800</u> feet or miles	<u>2,300</u> feet or miles	<u>13,200</u> feet or miles	_____ feet or miles
	<u>7</u> % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	<u>100</u> %	<u>100</u> %	<u>100</u> %	_____ %
<b>Asbestos Cement</b>	_____ Feet or miles	Amount of asbestos cement by pipe size	_____ feet or miles	_____ feet or miles	_____ feet or miles	_____ feet or miles
	_____ % of total pipe	% of this category/size pipe currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %
<b>Other</b>	_____ Feet or miles	Amount of other by pipe size	_____ feet or miles	_____ feet or miles	_____ feet or miles	_____ feet or miles
	_____ % of total pipe	% of other currently in poor condition or beyond useful life	_____ %	_____ %	_____ %	_____ %

## Meters, Service Lines, Backflow Prevention Devices/Assemblies, Valves, etc

Projects for meters, service lines, backflow prevention devices and assemblies, valves, hydrants and other miscellaneous projects are recorded in this section to accommodate entries of multiple identical items on one line in the project table. **Record only projects that are not a part of another project (e.g., water main replacement projects will already include valves and other appurtenances).** EPA requires documentation of all projects provided. Applicable types of documentation are presented in List 4 of the Lists of Codes. Use only existing documentation of cost. We do not expect you to develop new cost estimates.

Inventory	Needing Replacement	New Infrastructure Needs
Total Number of Existing Water Meters: <u>5,200</u>	Number of Water Meters: <u>5,200</u>	Number of Water Meters: _____
Total Number of Existing Backflow Prevention Devices/Assemblies: _____	Number of Backflow Prevention Devices/Assemblies: _____	Number of Backflow Prevention Devices/Assemblies: _____
Total Number of Existing Valves: _____	Number of Valves: _____	Number of Valves: _____
Total Number of Lead Service Lines: _____		

## Respondent Information

Please provide the following information in case we need to contact you for clarification or additional explanation of any of your responses.

Contact Person (Person who completed this questionnaire):

Signature: *John Q. Operator*

Telephone Number: (987) 654-3210

Name (please print): John Q. Operator

Fax Number: (987) 654-3211

Title: Water Treatment Plant Supervisor

E-mail Address: JQP@gmail.com

Mailing Address: 153 Main Street

Best Time to Reach You: 9:00 – 5:00 Eastern, Mon-Fri

(Street Address)

Kettle Falls, XX 12345

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**If you have any questions, contact your state coordinator.**

**CLOSING: Thank you for your help. Did you remember to:**

- Attach all additional project tables to the questionnaire?
- Identify, by project number, available documentation for all needs and costs reported above?

Jane Q. Official  
Division of Water  
One Capital Street  
Capital, XX 99999