

Maryland CWNS 2012 – Small Systems Survey Report

1.0 GENERAL FACILITY DATA:

A/F Number:	City Name:	Facility Name:
Authority Name:	Mailing Address:	
System Name:	Ownership (Public or Private):	Interim Treatment Plant (Y/N):
County:		Discharges to Another Facility (Y/N):
2000 CWNS-FFS Available (Y/N):		A/F Number of Facility Receiving Disc:

2.0 FACILITY NATURES:

Present Nature	Projected Nature	Facility Change	Comments

3.0 FACILITY DESCRIPTION:

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4.0 INDIVIDUALS CONTACTED: * = primary point of contact

Name	Title	Phone / Fax / E-Mail

5.0 GEOGRAPHIC DATA: County Name: Congressional District: HUC8 Watershed:

Location Name	Latitude	Longitude	Source of Data	Comments

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6.0 POPULATION DATA:

Source:

Resident	Present	Future	Non-resident	Present	Future	Comments
Receiving Collection			Receiving Collection			
Receiving Treatment			Receiving Treatment			
ISDS			ISDS			

7.0 ENVIRONMENTAL PERMIT DATA:

Type Permit	Permit Number	Expiration Date	Discharge Method	Discharge Location	Comments

8.0 FLOW DATA:

Source:

MGD	Existing	Present Design	Future Design	Comments
Total Flow				
Municipal Flow				
Industrial Flow				
Infiltration Flow				
Peak (Wet Weather) Flow				

9.0 COMBINED SEWER DATA:

Population Served	Acreage Covered	Comments

10.0 EFFLUENT DATA: Treatment Levels

Present Design Effluent	Projected Design Effluent	Comments
Present Nutrient Removal - Y/N: N	Projected Nutrient Removal - Y/N: N	

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11.0 UNIT PROCESS / BMP DATA:

Item No.	Unit Process or BMP Description	Status		Change	Comments
		In Use √	Proposed √		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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12.0 ESTIMATED CAPITAL IMPROVEMENT NEEDS

12.1 Supporting Documentation (Attached to This Report)

Document Designation	Title	Author	Date Published	Comments
A				
B				
C				
D				
E				

12.2 List of Projects, Documentation of Need and/or Cost

Project No.	Need Code	Documentation			Cost Est. (\$x1000)	Basis of Cost	Comments
		Doc. Code	Document Designation (From 12.1)	Page References			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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12.0 ESTIMATED CAPITAL IMPROVEMENT NEEDS (continued)

12.3 Project Description and Justification

Project No. (from 13.2)	Description of Water Quality or Health Problem	Location of the Problem	Solution to the Problem	Comments
1				
2				
3				
4				
5				
6				

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13.0 CERTIFICATION OF ACCURACY FOR EPA:

13.1 Technical Assistance Provider / Surveyor Certification

As the MCET Technical Assistance Provider for this municipality and the State Small Systems Surveyor for the 2012 CWNS, I hereby certify that to the best of my knowledge the municipality has the clean water needs described in this document.

Name:

Date:

Title:

Signature:

13.2 Local Official Certification

As a local official, I hereby certify that to the best of my knowledge the municipality has the clean water needs described in this document.

Name:

Date:

Title:

Signature:

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14.0 GENERAL COMMENTS

15.0 SPECIAL COMMENTS TO DATA ANALYST