Water Supply Program
Maryland Department of the Environment
1800 Washington Boulevard, Suite 450
Baltimore, MD 21230-1708

Water Supply Program System Survey

System Population Information:

Name of water supply system: _____

PWSID #: _____

Number of service connections used by *year-round residents*[1]*:* _____

Number of *year-round residents*[1]**:** _____

Average number of **same** *non-residents*[2] regularly supplied water for at least four hours per day, four day per week, and for over six months per year _____

Average number of *transient consumers*[3] supplied water for more than 60 days per year: _____

Definitions:

[1] *year-round resident:* an individual whose primary residence is served by the water system. The individual need not live at the residence for 365 days a year for it to be considered their year-round residence.

[2] *non-resident:* an individual who does not reside at a place served by the water system, but has a regular opportunity to consume the water for at least four hours or more per day, four days or more per week for at least six months of the year. Examples include children at a school or employees at a work place.

[3] *transient consumer:* an individual who has the opportunity to consume water from a system, but who does not frequent the facility regularly. Examples are visitors at a campground or customers at a restaurant.

Source Information:

Source(s) of water (e.g., springs, wells reservoirs): _____

If at least one source is well, the well tag number(s) is/are: _____

Address/location of source(s): _____

Location of water treatment plant(s): _____

System Owner Information:

System owner's name: _____

System owner's address: _____

System owner's telephone number: _____

I do hereby affirm that this record contains no willful misrepresentations or falsifications and that this information given by me is true to the best of my knowledge and belief.

Name of person completing survey: _____ Phone Number: _____

Signature: _____ Date: _____