



**Maryland**  
Department of  
the Environment

**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:**

1. Name of water supply system: \_\_\_\_\_
2. PWSID #: \_\_\_\_\_
3. Number of service connections used by *year-round residents*<sup>1</sup>: \_\_\_\_\_
4. Number of *year-round residents*<sup>1</sup>: \_\_\_\_\_
5. Average number of **same** *non-residents*<sup>2</sup> regularly supplied water for at least four hours per day, four days per week, and for over six months per year: \_\_\_\_\_
6. Average number of *transient consumers*<sup>3</sup> supplied water for more than 60 days per year: \_\_\_\_\_

**Definitions:**

<sup>1</sup> *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.

<sup>2</sup> *non-residents*: 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.

<sup>3</sup> *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:**

1. Source(s) of water (e.g., springs, wells, reservoirs): \_\_\_\_\_
2. If at least one source is a well, the well tag number(s) is/are: \_\_\_\_\_
3. Address/location of source(s): \_\_\_\_\_
4. Location of water treatment plant(s): \_\_\_\_\_

**System Owner Information:**

1. System owner's name: \_\_\_\_\_
2. System owner's address: \_\_\_\_\_
3. 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: \_\_\_\_\_