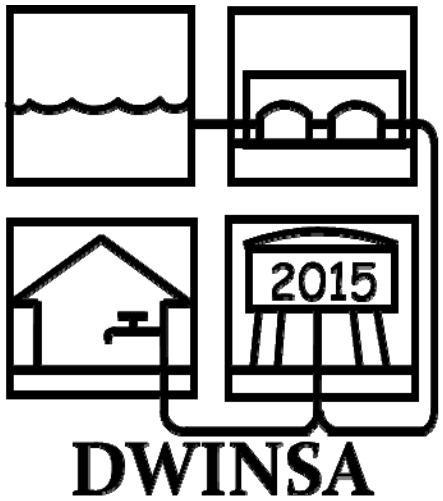
NEEDS EVALUATION GUIDE



U.S. Environmental Protection Agency
Office of Ground Water and Drinking Water

Note: This guide is intended to assist states and EPA Regions in determining system needs. This guide notes documentation requirements. A single asterisk (*) indicates that weight of evidence (WOE) is required and two asterisks (**) indicate that WOE plus independent documentation (ID) is required. If this Evaluation Guide is signed and adequate information is included, this document can serve as survey-generated documentation of need.

System Schematic:

2015 DRINKING WATER NEEDS EVALUATION GUIDE

SECTION I: SYSTEM AND SURVEYOR INFORMATION

Date of Survey: _____ Surveyor: _____

A. System Name: _____ **PWSID:** _____

B. Person(s) Interviewed:

Name:_____ Title:_____

Phone: _____ E-mail address:_____

Name:_____ Title:_____

Phone: _____ E-mail address:_____

C. System Address (Street or P.O.): _____

(City): _____ (State): _____ (Zip):_____

Telephone Number:_____ Fax:_____

Best Time of Day to Reach System Contact: _____

D. Ownership (Circle One) Public Investor-owned Private Non-Profit	**E. Seller?** System Sold To: _____ PWSID:_____ Population of Consecutive System:_____ Connections in Consecutive System:_____
F. System Size Population Served: _____ Residential Connections: _____ Non-residential Connections:_____	**G. Source** (Circle All That Apply) Groundwater Surface Water/GWUDI Purchased Groundwater Purchased Surface Water/GWUDI Water
H. Water Demand (with units) Average Daily Demand: _____ Maximum Daily Demand: _____	

SECTION II: SOURCES AND TREATMENT

A. Groundwater Sources

Source Name/No.				
Capacity				
Source Type • Well • Spring • Inf. Gallery				
Age/Condition • Well • Pump • Controls				
Rehab Needed?* (WOE not required for well pump) (C) or (F)				
Replacement Needed?* (WOE not required for well pump) (C) or (F)				
Water Quality Problems? (Describe, e.g., biological, physical, chemical, corrosive)				
New Source Needs?* What is the total reliable source capacity when the largest source is out of service?				

B. Groundwater Treatment

Treatment Plant Name/No.			
Capacity			
Plant type (e.g., ion exchange)			
List unit processes			
Age/Condition • Plant • Components			
Choose only one	Rehab Needed? • Plant • Components (C) or (F)		
	Expansion/Upgrade Needed?** • Plant (C) or (F)		
	Replacement Needed? • Plant** • Components (C) or (F)		
New Treatment Needs?**			

C. Surface Water Sources

1. Provide the following information for each surface water supply:

Source Name/No.		
Raw Water Storage?		
Source Type • Stream • Lake/Res • GWUDI		
Treated?		
Reliable Source Capacity		
Raw Water Quality (consider T&O, precursors, etc.)		
Rehab Needed?* (C) or (F)		
Replacement Needed?* (C) or (F)		
New Source Needs**		

D. Surface Water Treatment

Treatment Plant Name/No.			
Capacity			
Plant Type (e.g., conventional filtration)			
List unit processes			
Raw Water Pumps (condition, capacity, redundancy)			
Age/Condition • Plant • Components			
Choose only one	Rehab Needed? • Plant • Components (C) or (F)		
	Expansion/Upgrade Needed?** • Plant (C) or (F)		
	Replacement Needed? • Plant** • Components (C) or (F)		
New Treatment Needs?**			

E. Treatment Schematic(s):

ADDRESS PROCESS WASTEWATER & SLUDGE:

SECTION III: FINISHED/TREATED WATER STORAGE

A. Storage Facilities

Name/No.				
Capacity (MG)				
Type • Elevated • Ground • Standpipe Buried (fully or partially) • Hydropneumatic				
Material				
Age/Condition				
Rehab Needed? (C) or (F)				
Replacement Needed?* (WOE not required for replacement of hydropneumatic tanks or cisterns) (C) or (F)				
New Storage Needs? (e.g., Is storage adequate for existing population?) * WOE required for new hydropneumatic tanks ** WOE plus independent documentation required for new elevated and ground-level finished water storage tanks				

SECTION IV. DISTRIBUTION SYSTEM

A. Distribution System Pumps or Pump Stations

(Keep in mind that raw and finished water pump needs are included in the treatment section.)

Name/No.				
Capacity (MG)				
Type				
Age/Condition				
Issues to consider: • controls • pump house • zones of low pressure • redundancy • safety (pits, etc.)				
Rehab Needed? (C) or (F)				
Replacement Needed?* (WOE only required for replacing pump stations) (C) or (F)				
New Pumping Needs? * WOE required for new pumps ** WOE plus independent documentation required for new pump stations				

B. New Pipe Needs:** Consider if the system needs new pipe for issues such as looping to address water quality problems or to serve homes with contaminated or inadequate sources.

Needs for new installation	Length	Diameter	Discussion
Distribution			
Transmission			

C. Rehabilitation and Replacement Needs (WOE with independent documentation only if needs exceed 10 percent of total pipe):** Review distribution system information and maps for length and diameter of existing pipe needing rehabilitation or replacement. Consider the following:

- Material
- Diameter
- Age
- Condition
- Pressure Complaints
- Leaks and breaks
- Soil conditions/Corrosivity
- Installation (bedding, depth of bury…)

Needs for rehabilitation or replacement of existing mains	Existing pipe (Feet or Miles)	Rehab (H) or Replace (R)	Current (C) or Future (F)	Length of pipe to rehab/replace (Feet or Miles)	Discussion
Distribution <6-inch					
Distribution 6-inch					
Distribution 8-inch					
Distribution 10-inch					
Distribution 12-inch					
Distribution 18-inch					
Distribution 24-inch +					
Transmission (size)					

Total amount of pipe in the system (feet or miles)	

D. Meters Indicate type and number of water meters that need to be installed or replaced.

Type	Number of Meters	Diameter of Meters	New or Replacement	Why is this project needed?
Domestic				
Other				

E. Backflow Indicate type and number of backflow prevention assemblies that need to be installed or replaced.

Type	Number of Assemblies	Diameter of Assemblies	New or Replacement	Why is this project needed and is the system responsible for the cost?
Domestic				
Other				

F. Services Indicate the type and number of service lines that need to be replaced.

Type	Number of Service Lines	New or Replacement	Why is this project needed?
Lead			
Other[1]			

[1] Include information on ownership (i.e., does the system own the service lines or the consumer).

G. Valves Indicate type and number of valves that need to be installed or replaced in addition to those included in any pipe projects.

Number of Valves	Diameter of Valves	New* or Replacement*	Why is this project needed?

SECTION V: OTHER INFRASTRUCTURE NEEDS

A. SCADA

Note – if at all possible, obtain documented cost estimate from system

B. Emergency Power (* WOE for new generators/emergency power)

Note – rehabilitation of generators is considered O&M – not allowed for Needs Survey

C. Other (* WOE for documentation of need; documented cost estimate required)

Note – Use for types of need not already addressed. Consider green infrastructure or climate resiliency-related needs such as a berm to protect an at-risk pump station or elevating an emergency power generator.