PUBLIC WATER SUPPLY

Community and Non-Community Public Water Supply System Records

Prepared and Distributed by MT DEQ
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Phone: 406-444-4400

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Kalispell, MT 59901
406-755-8985

Billings Office
Airport Business Park IP-9
1371 Rimtop Drive
Billings, MT 59105-9702
406-247-4445

Missoula Office
2801 Connery Way, Suite A
Missoula, MT 59808

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Helena Field Services Section

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JoMay Adler Elizabeth.Adler@mt.gov	Environmental Science Specialist	406-541-9016	Missoula

Public Water System Name: _____

PWSID # _____

Location _____

Operator _____ Backup Operator _____

Contact Person _____

Mailing Address _____

_____

Phone: Work _____ Home: _____

Cell _____ Email _____

Type of PWS _____ Community

_____ Non Transient/Non Community

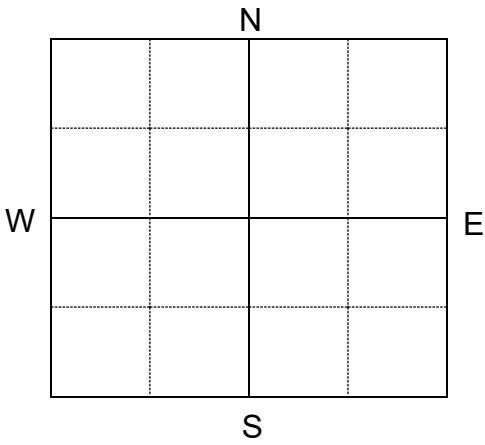
_____ Transient/Non Community

Location of water source: County _____

_____ mi $^{N}_{S}$ _____ mi $^{E}_{W}$ of intersection of _____ and _____

_____¼ _____¼ _____ ¼ Sec _____

TWP _____ ☐N ☐S Range_____ ☐E ☐W



Latitude _____ ° _____ ’ _____ ”

Longitude _____ ° _____ ’ _____ ”

WELL INFORMATION

GWIC Log # _____ DNRC Log # _____

Water Right # _____

Date of construction _____

Well Driller _____

Well Depth _____ft.

Static Water Level _____ft.

Pumping Water Level _____ft.

WELL CONSTRUCTION DETAILS

Casing

From	To	Diameter	Wall Thickness	Pressure Rating	Joint	Type

Completion (Perf/Screen)

From	To	Dia	Openings	Size of Openings	Description

Annular Space (Seal/Grout/Packer)

From	To	Description	Cont. Fed?

PUMP INFORMATION

Date of current installation _____

Brand Name _____ Type of Pump _____

Model No. _____ Serial No. _____

Installers Name _____

Depth to Pump _____ft. Depth to intake _____in.

Rated capacity _____gpm Discharge pressure _____psi

Notes:

WELL INFORMATION

GWIC Log # _____ DNRC Log # _____

Water Right # _____

Date of construction _____

Well Driller _____

Well Depth _____ft.

Static Water Level _____ft.

Pumping Water Level _____ft.

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WELL CONSTRUCTION DETAILS

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From	To	Diameter	Wall Thickness	Pressure Rating	Joint	Type

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Annular Space (Seal/Grout/Packer)

From	To	Description	Cont. Fed?

PUMP INFORMATION

Date of current installation _____

Brand Name _____ Type of Pump _____

Model No. _____ Serial No. _____

Installers Name _____

Depth to Pump _____ft. Depth to intake _____in.

Rated capacity _____gpm Discharge pressure _____psi

Notes:

MOTOR INFORMATION

Brand Name _____

Model No. _____ Serial No. _____

Horse power (HP) _____

Volts_____ Fr_____ Amps_____ RPM_____ Hz_____

Duty Rating (or Code)_____ Fuse/circuit breaker requirement _____

☐ Owners/maintenance manual filed. Location _____

PRESSURE TANK INFORMATION

Brand Name _____

Size _____gal. Material _____

Number of Tanks_____ Pressure Rating_____psi

Type of Air Recharge _____

Cleaning Frequency _____

Pressure relief valve ☐ yes ☐ No

Cut in _____psi Cut out _____psi

Cycle Run Time _____min _____sec

CAPTIVE AIR TANK INFORMATION

Brand Name _____

Number of Tanks_____ Size _____

Make _____ Model _____

Precharge _____psi Date checked _____

Pressure relief valve ☐ yes ☐ No

Cut in _____psi Cut out_____psi

Cycle Run Time _____min _____sec

CAPTIVE AIR TANK INFORMATION

Brand Name _____

Number of Tanks_____ Size _____

Make _____ Model _____

Precharge _____psi Date checked _____

Pressure relief valve ☐ yes ☐ No

Cut in _____psi Cut out _____psi

Cycle Run Time _____min _____sec

CAPTIVE AIR TANK INFORMATION

Brand Name _____

Number of Tanks _____ Size _____

Make _____ Model _____

Precharge _____ psi Date checked _____

Pressure relief valve ☐ yes ☐ No

Cut in _____ psi Cut out _____psi

Cycle Run Time _____min _____sec

PUMPING RECORDS

Water metered: ☐ yes ☐ No

Electric power metered: ☐ yes ☐ No

Pumping capacity (actual) _____gpm

☐ metered ☐ calculated ☐ volumetric ☐ estimate

WATER USE INFORMATION

Date Observed _____

Total Service Connections _____

Total Active Connections _____

Residential Population _____

Transient Population _____

NTNC Population (Schools, business, etc) _____

Operate: ☐ Year round ☐ Seasonal

Dates _____ to _____

Average Daily Production _____gal

Average Monthly Production _____gal

Avg Summer Prod _____gal

Avg Winter Prod _____gal

Average Annual Production _____gal

Notes:

STORAGE FACILITY INFORMATION

Total volume _____gal

Year Constructed _____

Date of Last Clean/Inspection _____

Who Clean/Inspected Tank _____

Disinfect storage after repairs ☐ Yes ☐ No

☐ Liquid Chlorine at _____ concentration

☐ Tablet Chlorine at _____ concentration

NSF approved chlorine ☐ Yes ☐ No

Brand Name chlorine _____

Dosage for 1 mg/L storage disinfection _____

Dosage for 50 mg/L storage disinfection (non-potable) _____

List Special Volume Users: (example – swimming pool, kitchen, landscaping, laundromat, etc.)

DISTRIBUTION SYSTEM

Types of pipe _____ Size: _____

Types of pipe _____ Size: _____

Types of pipe _____ Size: _____

☐ Detail Map available. Location _____

Sketch important system facilities locations below:

TO ACCESS A CURRENT
PUBLIC WATER SUPPLY ONLINE QUERY REPORT
GO TO
http://deq.mt.gov/wqinfo/pws/default.mcpx

Bacteria Sample Results

Lab _____ Phone _____

Address _____

Date Mailed	Location	Date Tested	Results

Other Samples Results

Date	Monitoring for	Lab	Results

☐ Copies of monitoring reports located at _____

SAMPLING PLAN

Identify locations for taking samples.

Sketch (or attach a map) if possible.

☐ Coliform Bacteria (TCR)

☐ Lead/Copper (Pb/Cu)

☐ Disinfection Byproduct (DBP)

RECORD OF INSPECTIONS AND SANITARY SURVEYS

Date	Type of Inspection	By	Copy of Report Location

Significant Deficiencies:

Date	Significant Deficiencies

Corrective Action Taken:

Date	Action

ACTIVITY LOG

Use this log to record any activity related to the water system. For example – maintenance, repairs, chemical additions, pressure checks, use estimates, problems, complaints, starting or stopping of well operation, etc.

Date	Activity

ACTIVITY LOG (Cont'd)

Date	Activity

ACTIVITY LOG (Cont'd)

Date	Activity

ACTIVITY LOG (Cont'd)

Date	Activity

Notes (limited to 2,500 characters)

CONTACT LIST

PLUMBER _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

ELECTRICIAN _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

PARTS _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

PARTS _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

PARTS _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

GENERAL REPAIR CONTRACTOR _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

LAB _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

CHEMICALS _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

ENGINEERING FIRM _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

INSURANCE AGENT _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

EMERGENCY CONTACT LIST

Owner Response Team

OWNER _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

OPERATOR _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

Public Officials

FIRE DEPT _____

Emergency # _____

POLICE DEPT _____

Emergency # _____

COUNTY EMERGENCY COORDINATOR _____

Emergency # _____

STATE EMS OFFICE _____

Emergency # _____

CITY EMS COORDINATOR _____

Emergency # _____

Utilities

MONTANA ONE CALL **503-232-1987 or 877-668-4001**

Web www.callbeforeyoudig.org

BACKHOE/EXCAVATOR CONTRACTOR _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

POWER COMPANY _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

GAS COMPANY _____

Address _____

Work # _____ Home # _____ Cell # _____

Email _____ Web _____

TELEPHONE COMPANY _____

Contact # _____

Email _____ Web _____

Media Contacts

RADIO STATION _____ **Contact #** _____

Address _____

Email _____ Web _____

TV STATION _____ **Contact #** _____

Address _____

Email _____ Web _____

NEWSPAPER _____ **Contact #** _____

Address _____

Email _____ Web _____

OTHER CONTACTS

County Health Department # _____
Web _____

Montana Safety & Health Bureau 406-444-6401
Web http://erd.dli.mt.gov/safety-health/safety-health

Water Protection Bureau - Discharge 406-444-2838
Web http://www.deq.mt.gov/wqinfo/waterdischarge/default.mcpx

DPHHS – Food and Consumer Safety 406-444-2408

Web http://www.dphhs.mt.gov/publichealth/fcs/index.shtml

DEQ Public Water Supplies 406-444-4400
Web http://deq.mt.gov/wqinfo/pws/ApplicationRequirements.mcpx

DEQ Wastewater 406-444-2477
Web http://deq.mt.gov/wqinfo/pws/WW/AppRequirements.mcpx

EPA http://www.epa.gov

Name _____
Address _____
Work # _____ Home # _____ Cell # _____
Email _____ Web _____

Name _____
Address _____
Work # _____ Home # _____ Cell # _____
Email _____ Web _____

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Address _____
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Email _____ Web _____

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