



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER

ANNUAL SOURCE WATER PROTECTION PROGRAM UPDATE

THIS FORM SHOULD BE COMPLETED IN ORDER TO MAINTAIN ACTIVE STATUS
OF AN APPROVED LOCAL SOURCE WATER PROTECTION (SWP) PROGRAM.

Report for Calendar Year: Jan. 1 To Dec. 31, _____ (Fill in Previous Year)

Source Water Protection Plan Approval Date: _____

RETURN BY MARCH 31 TO THE SAFE DRINKING WATER PROGRAM - REGIONAL SOURCE WATER
PROTECTION MANAGER AT THE REGIONAL OFFICE THAT SERVES YOUR COUNTY (See page 5).

System Name		System Address
PWSID #	Municipality	System Phone #
Source ID(s) #		County
Contact Person Name & Title		Contact Person Address
Contact Person Phone #		Contact Person E-mail Address

Please answer the following questions as completely as possible,
and include additional pages as necessary.

1. What are your source water protection goals? Please check all that apply.

- ☐ Protection of existing source water quality.
☐ Improvement of existing source water quality.
☐ Protection of potential future drinking water source quality (e.g., possible new well locations).
☐ Other: _____

2. Did you have at least one steering committee meeting during the reporting year?

- ☐ Yes. Please indicate when and attach list of meeting attendees and meeting minutes.
☐ No. Please describe what barriers prevented you from having a meeting this year.

3. Were there any changes to your drinking water system with respect to your source(s)?

- ☐ Yes, increases or decreases in withdrawals. Please describe. _____
☐ Yes, changes in usage patterns. Please describe. _____
☐ Yes, sources abandoned or new sources added. Please describe. _____
☐ No.

4. Were there any changes to your drinking water system with respect to land use?

- ☐ Yes, land use changes in SWP zones. Please describe and attach map.

- ☐ Yes, system changes driven by land use. Please describe and attach map.

- ☐ No. (*Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier*)

5. Which of the following land uses do you consider to be the biggest threat to source water quality? Please check all that apply.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Transportation Corridors |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Oil and Gas Development |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Private or Public Forest Land (Timbering) |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Other: _____ |

➤ Is this a change from the land use analysis in your Source Water Protection Plan?

- ☐ Yes. Please describe.

- ☐ No. (*Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier*)

6. Please list your current top three (3) potential sources of contamination (PSOCs):

1. _____
2. _____
3. _____

➤ Is this a change from the PSOCs listed in your Source Water Protection Plan?

- ☐ Yes. Please describe. _____
- ☐ No.

➤ Are there any new PSOCs?

- ☐ Yes. Please list the type, amount, and distance from each water source. Locate the contaminant source(s) on a map as well as the water source and attach to this form.

Type: _____

Amount: _____

Distance: _____

- ☐ No. (*Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier*)

7. Is implementation of SWP area management measures in accordance with the implementation schedule in your plan? If not, please explain.

☐ Yes.

☐ No. Please describe parts of plan not on schedule and provide revised implementation dates.

➤ ***Which of the following management options have you implemented this year or already have in place/maintain? Please describe briefly.***

☐ Public Education.

☐ PSOC Outreach.

☐ Projects with Partner Groups.

☐ Coordination with Emergency Responders.

☐ Land Purchase.

☐ Overlay Zoning.

☐ Ordinances.

☐ Other:

➤ ***Please describe future plans and implementation dates for the upcoming year.***

8. What resources have you applied to your program? Please describe briefly.

☐ Personnel Time.

☐ Volunteer Time.

☐ Grants.

☐ Direct Funding.

☐ Other:

9. What partners have you worked with? Please describe briefly.

☐ County Conservation District.

☐ County Planning.

☐ Emergency Responders.

☐ Watershed Association.

☐ Conservation Organization.

☐ Other:

10. Have you updated and coordinated your emergency response plan to include responses to additional incidents that may impact the quality of your drinking water source?

☐ Yes. ☐ No.

11. Have you updated your contingency plan for providing an alternate supply of drinking water as a result of an actual or recently realized potential drinking water source contamination event?

☐ Yes. ☐ No.

12. What barriers, if any, are preventing you from implementing your Source Water Protection Plan in a manner that meets all of your source water protection goals? Please describe briefly.

☐ Lack of Personnel Time.

☐ Lack of Funding.

☐ Lack of Interest by Local Officials.

☐ Lack of Volunteer or Partner Interest.

☐ Lack of Knowledge.

☐ Other:

13. Please add any additional comments you may have.

Comments:

14. Has the Source Water Protection Plan ever been amended?

- ☐ Yes, and an addendum has been submitted to the Department. Revision Date: _____
☐ Yes, and an addendum will be submitted to the Department. Revision Date: _____
☐ No.

15. Please sign and date.

Signature: _____ Date: _____

DEP REGIONAL OFFICES SAFE DRINKING WATER PROGRAM

- The completed form is to be addressed to: PA DEP - Safe Drinking Water and sent to the address of the appropriate district office or county health department (CHD) having jurisdiction over the water system.
- District and CHD addresses by county can be found within DEP document number 3930-FM-BSDW0560. This document can be located by searching under "forms" for document number 3930-FM-BSDW0560 on eLibrary at the following link: <http://www.depgreenport.state.pa.us/elibrary/GetFolder?FolderID=3195>.