



SOURCE WATER DOCUMENTATION

Form W-101

Data compiled by: _____

Clinic Name: _____

Location No: _____

Date Data compiled: _____

Name of water supply company: _____

Address: _____

Telephone Number (business hours): _____

Telephone Number (emergency): _____

Name(s) of contact person: _____

A. Primary water source is: (check applicable source)

Private well _____

Municipal well (Name) _____

River (Name) _____

Lake, pond or reservoir _____

Other (Provide detail) _____

Secondary water source is: _____

Lowest annual water temperature: Distance _____
to Water treatment facility/plant: Water _____ miles.
pressure range entering facility: Time of _____ psi to _____ psi
highest pressure: _____ a.m. _____ p.m.
Diameter of water main entering the facility: _____ inches

Comments: _____

*Theoretical citywide pressure range which is subject to field change. Any questions regarding pressure contact NYCDEP's Flow Test Unit at 718-595-7029.

B. Water Treatment: Chemical Additives

The source water supply is treated with the following chemicals and target levels supplied by the responsible agency.

(check applicable chemicals)

Alum (aluminum sulfate) at target level of _____ mg/L

Ferric chloride at a target level of _____ mg/L

Chlorine at a target level of _____ mg/L

Chloramine at a target level of _____ mg/L

Flouride at a target level of _____ mg/L

Gypsum _____

Copper sulfate Reason: _____

Acid (state type and pH target level) _____

Soda ash Reason: _____

Other _____

C. Back Flow Prevention:

By local or state regulation, the source water main must be back flow prevented?

Yes

No

By local or state regulation, back flow preventors must be inspected by a licensed plumber?

Yes

No

From Local Facility Records

Since last recording period the source water supply has been interrupted:

times.