

# Capital Works Application Drinking Water System Information Form

Community Name:  
Water Supply Name:

Population:  
Population Served:  
Households Served:

1. What was the metered water usage for this water system during the past year?

		Units (Example- m <sup>3</sup> /d, USGPM)
Average Daily Water Use		
Maximum Daily Use*		
Overnight Flow **		
Per Capita Use***		L/p/d

\* The maximum amount of water supplied to the water distribution system on any given day within a calendar year.

\*\* Observed instantaneous flow between the hours of 12 am – 5 am.

\*\*\* Average use per person per day (L/person/day)

Are hydrants left open to maintain the chlorine residual? ☐ Yes ☐ No ☐ Unknown  
 Do residents keep service lines running in the winter months? ☐ Yes ☐ No ☐ Unknown  
 Are there industrial users on the water system? (i.e., fish plant) ☐ Yes ☐ No ☐ Unknown  
 Are there significant leaks on the distribution system? ☐ Yes ☐ No ☐ Unknown  
 Does the community perform leak detection? ☐ Yes ☐ No ☐ Unknown

2. Does the water supply provide water to any of the following types of users:

☐ Hospital ☐ School ☐ Long-term care facility ☐ Other: \_\_\_\_\_

3. Does the community see variability in the water quality throughout the year? ☐ Yes ☐ No

If yes, which season has the worst water quality?

☐ Spring ☐ Summer ☐ Fall ☐ Winter

4. Does the community have a dedicated operator of the water system? If more than one, list all.

☐ Yes Name: \_\_\_\_\_ Level of certification: \_\_\_\_\_  
☐ No

5. What are the objectives of the water treatment system upgrades?

☐ Meet all water quality guidelines ☐ Provide disinfection  
☐ Improve color ☐ Address DBP issues  
☐ Treat for a specific parameter (eg. pH, arsenic, etc.). Parameter: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

6. What are the objectives of the water distribution system upgrades?

7. What is the annual household water rate/tax?

Submitted By:  
Date:

Position:  
Phone:

Organization: