



NEW SYSTEM QUESTIONNAIRE

State Form 46977 (R5 / 6-18)
Indiana Department of Environmental Management (IDEM)

Please return form to: IDEM-Drinking Water Branch
100 N. Senate Ave. Mail Code 66-34
Indianapolis, IN 46204-2251
FAX: (317) 234-7436
E-mail: DWBMGR@idem.in.gov

System name		County
Physical facility address		Telephone
City	State INDIANA	ZIP

Water Supplied by: <input type="checkbox"/> Ground Water <input type="checkbox"/> Surface Water <input type="checkbox"/> Water Company (Name: _____)			
Number of Wells	Depth of Well(s)	Number of Service Connections (<i>buildings, trailers, units, etc.</i>)	
Population (<i>Residential</i>)	Population (<i>Transient</i>)*	Population (<i>Non-Transient</i>)*	Number of Entry Points (<i>to distribution system</i>)*
Is this Well Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If yes, give the season dates From _____ To _____	
Service Areas:			
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Office Building	<input type="checkbox"/> Mobile Home Park
<input type="checkbox"/> Recreational Area	<input type="checkbox"/> Service Station	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Municipality
<input type="checkbox"/> Golf Course	<input type="checkbox"/> Industrial/Agricultural	<input type="checkbox"/> Medical Facility	<input type="checkbox"/> Residential Area
<input type="checkbox"/> Other, <i>specify</i> : _____	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Campground	<input type="checkbox"/> Nursing Home
Type of ownership:			
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Local Government	<input type="checkbox"/> Private	<input type="checkbox"/> Municipal
<input type="checkbox"/> Other, <i>specify</i> : _____	<input type="checkbox"/> Native American	<input type="checkbox"/> State Government	<input type="checkbox"/> Non-Profit

● **MAILING INFORMATION** (*Individual responsible for communication with IDEM via mail.*)

Address			
City	State	ZIP	E-mail
Mailing Name (<i>First</i>)	Mailing Name (<i>Last</i>)		Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Mailing Title	Telephone ()	Extension	

● **OPERATOR INFORMATION** (*Individual responsible for operation, maintenance, and sampling.*)

Address			E-mail
City	State	ZIP	Are you a certified operator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator Name (<i>First</i>)	Operator Name (<i>Last</i>)	Telephone ()	Extension

● **OWNER INFORMATION** (*Owner or ultimately responsible party.*)

Address			E-mail
City	State	ZIP	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Owner Name (<i>First</i>)	Owner Name (<i>Last</i>)	Telephone ()	Extension

● **BILLING INFORMATION** (*Financial contact for Drinking Water fees. Please provide a year-round address.*)

Address		City	State	ZIP
Billing Name (<i>First</i>)		Billing Name (<i>Last</i>)		Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Title	Telephone ()	Extension	Fax ()	

● **SAMPLING REMINDER INFORMATION** Enter the telephone number or e-mail to be used for sampling reminders: _____

*An **Entry Point**: The point where the water enters the distribution system; after all treatment (chlorination, softening, etc.), but before entry into the distribution system.
***Transient Population**: An average number of people served daily by a facility (at least sixty (60) days per year).
***Non-Transient Population**: An average number of the same persons which are served regularly by a facility (at least six (6) months or 180 days per year).

System Name

Comments / Reason For Change:

Complexity of treatment (<i>Check all that apply.</i>) <input type="checkbox"/> Pressure tank <input type="checkbox"/> Softener <input type="checkbox"/> Pressure filtration <input type="checkbox"/> Reverse Osmosis (RO) <input type="checkbox"/> Other: _____

Chlorination: <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> Pellet
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Was building construction date AFTER 10/01/1999? (<i>Needed for capacity development</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
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System type (<i>check one</i>) <input type="checkbox"/> Transient Public Water System <input type="checkbox"/> Non-Transient Public Water System <input type="checkbox"/> Community Public Water System
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Field signature	Date signed (<i>mm/dd/yy</i>)
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Changed by:	Date changed (<i>mm/dd/yy</i>)
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Flow Diagram: Please sketch the water flow from source, through storage, treatment and how the distribution system is set up.