

**NYSERDA WTP SURVEY**

**CONTACT INFORMATION**

Name of Facility: \_\_\_\_\_ PWS\_ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Individual Completing the Survey: \_\_\_\_\_  
 Age of WTP \_\_\_\_\_ yrs Date of Last Upgrade: \_\_\_\_\_ Avg. Age of Distribution System \_\_\_\_\_ yrs

**PROCESS INFORMATION**

1) Source water evaluation:

Daily Production (MGD)	Average	Max	Design
Ground			
Surface & GWUDI			
Purchased			

If you use ground water production, how many wells are operated: **year round?** \_\_\_\_\_ **seasonally?** \_\_\_\_\_  
 No. of wells that are: **up to 100 feet deep?** \_\_\_\_\_ **101 to 500 feet deep?** \_\_\_\_\_ **over 500 feet deep?** \_\_\_\_\_  
 If you have a surface water plant, is it fed by gravity or raw water pump(s)? **Gravity / Pump(s)**

2) What is the approximate amount of treated water unaccounted for:

At the WTP? \_\_\_\_\_ **GPD**; for the distribution system? \_\_\_\_\_ **GPD**

3) Are there currently any significant leaks inside of your treatment plant? **Yes / No**

4) Is finished water pumped to distribution system (vs. gravity feed)? **Yes / No**

Average System Pressure \_\_\_\_\_ **psi** Number of Pressure Zones \_\_\_\_\_

5) Size of service area: **Sq. Miles?** \_\_\_\_\_ **Miles of Piping?** \_\_\_\_\_ **No. of Users ?** \_\_\_\_\_

6) How much usable treated water storage do you have in your entire system? \_\_\_\_\_ **MG**

7) Do you have any interconnections with other water systems? **Yes / No**

8) Please mark each treatment process / chemical that is used in your water system:

**Disinfection**

Cl Gas: \_\_\_\_\_ Hypo: \_\_\_\_\_ Ozone: \_\_\_\_\_

UV: \_\_\_\_\_ Other: ( \_\_\_\_\_ ): \_\_\_\_\_

**Clarification**

Gravity: \_\_\_\_\_ Upflow: \_\_\_\_\_ DAF: \_\_\_\_\_

**Filtration**

Gravity: \_\_\_\_\_ Pressure: \_\_\_\_\_

Membrane: \_\_\_\_\_ Reverse Osmosis: \_\_\_\_\_

**Residuals Management**

None: \_\_\_\_\_ Non-Mechanical: \_\_\_\_\_

Mechanical: \_\_\_\_\_

**Other/Miscellaneous**

Aeration with Blowers: \_\_\_\_\_

Softening/Ion Exchange: \_\_\_\_\_

Reservoir Aeration: \_\_\_\_\_

Rapid Mix: \_\_\_\_\_

Flocculation: \_\_\_\_\_

**Details:**

No. of Filtration Units: \_\_\_\_\_

Backwash System:

Gravity: \_\_\_\_\_ Pumped: \_\_\_\_\_ Air Scour: \_\_\_\_\_

No. of Mixers / Blowers: \_\_\_\_\_ / \_\_\_\_\_

9) How many hours per day, on average, does your treatment system operate? \_\_\_\_\_ **hours/day**

- 10) Do you have any large industrial customers? **Yes / No**  
 What percentage of your total daily consumption is for industrial users? \_\_\_\_\_ %  
 Do you make untreated water available to your customers? **Yes / No** Would you? **Yes / No**  
 Would any of your industrial customers use untreated water if available? **Yes / No / Don't Know**
- 11) Do you filter-to-waste: **at plant startup? Yes / No** **after each backwash? Yes / No**  
 If so, is the period of filter-to-waste based on: **time? \_\_\_\_\_ minutes; Turbidity? Yes / No**  
 Do you monitor turbidity/particles during filter-to-waste? **Yes / No**
- 12) If you do not currently produce water overnight, would you consider doing so? **Yes / No**
- 13) Do you have standby power generation? **Yes / No**  
 If yes, what type of fuel do you use? **Natural Gas / Diesel / Other**  
 Capacity of Backup/Standby Power \_\_\_\_\_ **kW**  
 Approximate Percentage of Full Plant Load that Can be Provided \_\_\_\_\_ %  
 Are You Currently Involved in a Peak Demand Shift/Offset Program? **Yes / No**  
 If not, why? **Air Permitting / Generator Capacity / Operating Constraints / Other**  
**Describe:** \_\_\_\_\_
- 14) How many Variable Frequency Drive (VFD) pump controllers do you have? \_\_\_\_\_ **VFDs**
- 15) Are you currently undergoing any major renovations/system improvements? **Yes / No**  
**Describe:** \_\_\_\_\_
- 16) What are your distribution/treatment objectives:  
**Distribution:** \_\_\_ **Disinfection:** \_\_\_ **Particulate:** \_\_\_ **Metals:** \_\_\_ **Taste/Odor:** \_\_\_  
**Hardness:** \_\_\_ **TOC:** \_\_\_ **Contaminate:** \_\_\_ (**Organic / Inorganic / Radionuclide**)  
**Other (Describe):** \_\_\_\_\_
- 17) What is the turbidity of your raw water? Avg \_\_\_\_\_ (NTUs); Peak \_\_\_\_\_ (NTUs)
- 18) Total floor area of buildings served by electric and/or gas? \_\_\_\_\_ sq ft.
- 19) How many engine driven pumps do you use? \_\_\_\_\_
- 20) Total solids/sludge produced? \_\_\_\_\_ (dry tons/day)

**ENERGY USE INFORMATION**

- 1) What types of energy do you use:
- |                   |       |                  |                   |
|-------------------|-------|------------------|-------------------|
| _____ Electricity |       |                  |                   |
| _____ Natural Gas | _____ | Therms per year  | \$ _____ per year |
| _____ Fuel Oil    | _____ | Gallons per year | \$ _____ per year |
| _____ Propane     | _____ | Gallons per year | \$ _____ per year |
| _____ Other       | _____ | _____ per year   | \$ _____ per year |

**\*\*\*\* Please complete the detailed electric use information requested on the next page. \*\*\*\***

***If you would prefer us to contact your energy service provider directly, please provide account number(s) and sign the authorization on the attached sheet.***

***Fax the authorization directly to 1-845-294-0643 Attention: WTP Energy Release.***

