



Advanced Treatment Water Facility Annual Report

Part I Instructions

1. This form must be submitted by all Advanced Treated Water Facilities (AWTF) to the Department of Environmental Protection's Division of Water Resource Management by no later than July 1 of each year following full-scale implementation of a potable reuse system.
2. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.
3. Flows shall be reported on an annual average daily flow in million gallons per day (mgd).
4. Attach additional sheets of paper as needed.

Part II General Information

1. Name person completing this form: _____
2. Title: _____
3. Organization Name: _____
4. Phone Number: _____
5. Email: _____
6. Mailing Address : _____
7. City/Zip Code: _____

Part III Potable Reuse System

Advanced Treated Water Facility Information

Permit Number: _____ Facility Name: _____

Design Flow (mgd): _____ Permitted Capacity (mgd): _____

Annual Average flow (mgd): _____

2. Source Water Information

Source Type: Ground water Surface water Reclaimed water Other (specify)

Location: _____

Design Flow (mgd): _____ Annual Average flow (mgd): _____

Source Type: Ground water Surface water Reclaimed water Other (specify)

Location: _____

Design Flow (mgd): _____ Annual Average flow (mgd): _____

Source Type: Ground water Surface water Reclaimed water Other (specify)

Location: _____

Design Flow (mgd): _____ Annual Average flow (mgd): _____

Potable Water Systems Served

PWS Identification Number: _____ PWS/Company Name: _____

PWS Design Flow (mgd): _____

Annual Average flow supplied to the PWS (mgd): _____

Ground Water Recharge

Recharge type: Injection Rapid-rate land application system

Ground water classification _____

Location: Latitude _____ Longitude _____

Annual Average flow discharged to ground water (mgd): _____

Discharged to Surface Water

Surface water classification: _____

Name of receiving water: _____

Discharge location: Latitude _____ Longitude _____

Annual Average flow discharged to surface water (mgd): _____

Identify other ATWF contributing advanced treated water to the potable reuse system

Permit Number: _____ Facility Name: _____

Permit Number: _____ Facility Name: _____

Part IV Certifications

I certify that the statements made in this ATWF report are true, correct, and complete to the best of my knowledge and belief.

Date : _____ Signature : _____

Title: _____

Phone Number: _____ Email: _____

Organization Name: _____

Address: _____

City/State/Zip Code: _____