

New Jersey Department of Environmental Protection
Division of Water Supply & Geoscience

Water Supply Damage Assessment Report

Notes

- This form is for use by water systems that have experienced extensive damage to a critical facility and/or damage to a large portion of the system's infrastructure/facilities (i.e. hurricane damage).
- Complete page 1 of this form to provide a summary damage assessment within 6 hours following the emergency incident.
- Complete relevant Sections I through V, to provide a detailed damage assessment, and identification of the resources required to mitigate the emergency, no later than 16 hours following the emergency incident.
- Send the completed report forms to the Division's general email address at wsemergency@dep.nj.gov unless otherwise specified.

NJDEP - Division of Water Supply & Geoscience Water Supply Damage Assessment Report

General Information:

Date of Assessment: _____ Prepared by: _____ Initial Report [] ; Updated Report []

System Name:	PWSID #: NJ
NJDEP Hotline Assigned Tracking Number:	
Point of Contact:	Title:
Cell Phone:	Work Phone:
Fax Number:	Email:

Summary Damage Assessment:

Infrastructure Component (Check N/A if infrastructure doesn't apply)	Name, Facility ID & Location of Infrastructure	Damage Description O – Operational P – Partial Loss T – Total Loss (If P or T prepare detailed assessment)	Present Capacity %	Needs: Manpower, Equipment, Supplies (check column)		Estimated Repair Time (days)	Condition of Access Routes O – Open C – Closed S – Specialized Vehicle
				Urgent < 3 days	Projected > 3 days		
SOURCE N/A []							
FINISHED WATER STORAGE N/A []							
DISTRIBUTION TRANSMISSION N/A []							
RAW WATER TRANSMISSION N/A []							
TREATMENT FACILITY N/A []							
PUMP STATION N/A []							

Water Supply Emergency Report

Section I: Damage Assessment of Source Water*

* If water is treated, complete form for Treatment Plant

If water is pumped from source to distribution, complete form for Pumping Station

Date of Assessment: _____ Initial Report [] Updated Report []

Water System: _____ PWSID #: NJ

Surveyor: _____ Title: _____

Cell phone: _____ Work phone: _____

Additional phone: _____ Email: _____

Name of Water Source _____ ID# (WL/IN)

Location of Water Source _____

Type of water source: River Intake []; Reservoir Intake [] Well []; Other (specify) []

Access Method: Truck [] 4WD Vehicle [] Car [] Foot [] Boat [] Air [] No Access []

Describe any blockage of access roads:

Describe needs to provide access:

Is the source operating normally? Yes [] No []

If No, Describe damage to source water capability:

Describe needs to repair damage and restore normal operation:

Water Supply Emergency Report

Section II Damage Assessment of Storage Tanks

Date of Assessment: _____ Initial Report [] Updated Report []

Water System: _____ PWSID #: NJ

Surveyor: _____ Title: _____

Cell phone: _____ Work phone: _____

Additional phone: _____ Email: _____

Name of Storage Tank _____

Location of Water Tank _____

Type of tank: Elevated [] Above ground [] Underground [];

Capacity of Storage tank (in MG); _____

Presently the tank is: Full [] 3/4 Full [] 1/2 Full [] 1/4 Full [] Empty [] As of (date): _____

Access Method: Truck [] 4WD Vehicle [] Car [] Foot [] Boat [] Air [] No Access []

Describe any blockage of access roads: _____

Describe needs to provide access: _____

Is the tank operating normally? Yes [] No []

Is the tank equipped with an isolation valve? Yes [] No []

Provide status of isolation valve: Open [] Closed []

Is the tank secured against unauthorized access? Yes [] No []

Describe damage to storage tank, if any: _____

Describe needs to repair damage and restore normal operation: _____

Water Supply Emergency Report

Section III Damage Assessment of Water Transmission Mains

Date of Assessment:

Initial Report [] Updated Report []

Water System:

PWSID #: NJ

Surveyor:

Title:

Cell phone:

Work phone:

Additional phone:

Email:

What source of water does the transmission main convey?

Raw [] Finished []

Is the transmission main operating normally?

Yes [] No []

Is the transmission main isolated from service?

Yes [] No []

Is the transmission main damaged?

Yes [] No []

If Yes, complete questions 1 through 9 below:

1) Location Reference:

From:

To

2) Municipality

3) County

4) Length (mi)

5) Diameter (in)

6) Construction Type

7) Nominal Pressure

8) No. of stream crossings:

9) No. of crossings damaged:

Access Method: Truck [] 4WD Vehicle [] Car [] Foot [] Boat [] Air [] No Access []

Describe any blockage of access roads:

Describe needs to provide access:

Describe damage to transmission main capability:

Describe needs to repair damage and restore normal operation:

Water Supply Emergency Report

Section IV Damage Assessment of Treatment Plant

Date of Assessment: Initial Report [] Updated Report []

Water System: PWSID #: NJ

Surveyor: Title:

Cell phone: Work phone:

Additional phone: Email:

Plant supervisor Phone:

Plant operator Phone:

Name of Treatment Plant ID# (TP) :

Location of Treatment Plant

Access Method: Truck [] 4WD Vehicle [] Car [] Foot [] Boat [] Air [] No Access []

Describe any blockage of access roads:

Describe needs to provide access:

Describe general condition of treatment plant:

Describe any structural damage:

List treatment processes:

Is the treatment plant operational? Yes [] No []

Percent Operational: 100% [] 75% [] 50% [] 25% [] Treatment plant capacity (MG/day):

Is the treated water in compliance with SDWA standards/requirements? Yes [] No []

If no, which treatment processes are impacted?

**Damage Assessment of Treatment Plant – Cont.
Assessment of Power Supply**

Is the treatment plant operating under normal power supplies?

Yes [] No []

If no, describe damages to main power supply (mains, transformer, controls):

Describe needs pertaining to damages to power supply:

Is the treatment plant operating under auxiliary power supplies?

Yes [] No []

Auxiliary power is capable of sustaining what percentage of treatment/pumping operations?

100% [] 75% [] 50% [] 25% []

How long (in days) will fuel reserves sustain auxiliary power generators?

Describe needs pertaining to sustaining auxiliary power supply:

Describe generator type, fuel needs and reserve capacity:

Damage Assessment of Treatment Plant – Cont.

Assessment of Analytical Services

Describe operational status of in-house laboratory analytical services:

Describe status of contract laboratory services:

Water Supply Emergency Report

Section V: Damage Assessment of Pumping and Booster Station(s)

Date of Assessment: _____ Initial Report [] Updated Report []

Water System: _____ PWSID #: NJ

Surveyor: _____ Title: _____

Cell phone: _____ Work phone: _____

Additional phone: _____ Email: _____

Name of Station _____

Location of Station _____

Access Method: Truck [] 4WD Vehicle [] Car [] Foot [] Boat [] Air [] No Access []

Describe any blockage of access roads: _____

Describe needs to provide access: _____

Describe general condition of booster/pump station: _____

Describe any structural damage: _____

Describe needs to restore operation (complete pump specification section below when applicable): _____

Booster/Pump Station capacity (MG/day): _____

List treatment processes, if none then indicate N/A: _____

Is the Booster/Pump Station operational? _____ Yes [] No []

Percent Operational: 100% [] 75% [] 50% [] 25% []

Is the Booster/Pumping Station operating under normal power supplies?

Yes [] No []

If No, describe damages to main power supply (mains, transformer, controls):

Describe needs pertaining to damages to power supply:

Is the Booster/Pumping Station operating under auxiliary power supplies?

Yes [] No []

Auxiliary power is capable of sustaining what percentage of treatment/pumping operations?

100% [] 75% [] 50% [] 25% []

How long (in days) will fuel reserves sustain auxiliary power generators?

Describe needs pertaining to sustaining auxiliary power supply:

Pump Specifications

Type of pump(s)				Pump specifications				
Submersible	Vertical Turbine	Centrifugal	Other	Volts	Amps	Cycles (Hz)	Speed (RPM)	Brand Name