Division of Environmental Health
Drinking Water Program

Priority Measures Plan Compliance Certification

Instructions

1. Use this form ***ONLY*** for the following Public Water Systems (PWS):

   -- Community Water Systems (CWS) serving less than 1,000 persons;
   -- Non-Transient Non-Community Water Systems (NTNC) serving less than 1,000 persons;
   -- Transient Water Systems (TNC) serving 1,000 persons or more.

CWS and NTNC serving 1,000 or more persons DO NOT USE THIS FORM. Use Vulnerability Assessment and Emergency Response Plan Certification Form.

2. Complete form (pages 1-2, **do not leave any items blank**) and submit the completed form to a DEC office by **August 20, 2013.**

3. Keep a copy of this form with your Priority Measures Plan.

Anchorage Office
555 Cordova Street
Anchorage, AK 99501
5th Floor Fax: 269-7655

Fairbanks Office
610 University Ave.
Fairbanks, AK 99709-3643
Fax: 451-2188

Soldotna Office
43335 K. Beach Road, Ste. 11
Soldotna, AK 99669
Fax: 262-2294

Wasilla Office
1700 E. Bogard Road
Bldg. B, Suite 103
Wasilla, AK 99654
Fax: 376-2382

E-mail (statewide): DECPWSsecurity@alaska.gov

I. System Information

PWS Name _____ PWS Type _____

PWS ID# _____ City/Town _____

Mailing Address _____

Telephone _____ Fax _____ Em ail _____

II. Certification

I submit this Compliance Checklist in accordance with 18 AAC 80.055. I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Owner, *Signature* _____ Date/Time _____

Owner, *Print Name* _____

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III. Priority Measures Plan (PMP) Certification Checklist

The Priority Measures Plan consists of some, but not all, of the requirements of an Emergency Response Plan; it is an abridged Emergency Response Plan. ***At a minimum, the Priority Measures Plan includes the following information:***

1. **A description of the duties and responsibilities of key water system personnel in emergencies** including an established chain of command which designates authority and takes into account the possible absence of any given individual.

   ☐ **Yes** Page* : ☐ **** You are required to enter the page number on which this information is addressed in your PMP. A Sanitary Survey Inspector must be able to reference this section in your plan.***

2. **An outline of communication pathways** among system personnel and between system personnel and non-system personnel who might be expected to respond to an emergency, including the locations of up-to-date emergency contact lists.

   ☐ **Yes** Page* : ☐

3. **Identification of alternate drinking water supplies** ** sufficient to meet the needs of the water system's individual customers/consumers during an emergency, including:

   a. A plan to provide an alternate water supply for durations ranging from days to months;

   ☐ **Yes** Page* : ☐

   b. Procedures for obtaining, testing, treating, and distributing water from each identified alternate water supply, as needed:

   ☐ **Yes** Page* : ☐

   *c. Provide a brief description of **short-term** alternate water supply.* ☐

   *d. Provide a brief description of **long-term** alternate water supply.* ☐

   ** *TNC* systems may elect to shut down in the event of an emergency, and do not need to designate an alternate water supply.

4. **A plan for responding to complete or partial power loss**.

   ☐ **Yes** Page*: ☐

5. **A plan for annual staff training** in, and practicing of, all components of the priority measures plan.

   ☐ **Yes** Page*: ☐