



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 the Vulnerability Assessment and Emergency Response Plan Compliance Certification Form.

2. Complete this form (pages 1-3) and submit it to the DEC.

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

Anchorage Office

555 Cordova Street
Anchorage, AK 99501
6th Floor Fax: 269-7650

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
PWS Security Coordinator: (907) 269-8924

I. System Information

PWS Name

PWS Type

PWS ID#

Mailing
Address

Telephone

E-mail

Fax

II. Priority Measures Plan (PMP) Certification Checklist

Do **NOT** leave **ANY** items blank in this section. Per the emergency preparedness requirements, the elements listed below are required to be addressed in your Priority Measures Plan.

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

***NOTE: 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.**

Yes Page

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.

***NOTE: TNC systems may elect to shut down in the event of an emergency. If a system will be shutting down, this must be noted in the alternate water supply comment box instead of describing the 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

III. 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

Owner,
Print Name