



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 at one of the addresses below or directly to your Environmental Program Specialist.

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

**Anchorage Office**  
555 Cordova Street  
Anchorage, AK 99501  
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

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### I. System Information

PWS Name

PWS Type

PWS ID#

Mailing  
Address

Telephone

E-mail

Fax

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## 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

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**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 or Authorized Representative, *Signature*

Date

Owner or Authorized Representative, *Print Name*