



Alaska Department of Environmental Conservation

Priority Measures Plan Compliance Certification

I. Instructions

- Use of this form is **ONLY** for Community Water Systems (CWS) serving less than 1,000 persons. CWS serving 1,000 persons or more **DO NOT USE THIS FORM**. Use the Vulnerability Assessment and Emergency Response Plan Compliance Certification Form.
- Complete this form (page 1) and submit to the DEC.
- Keep a copy of this form with your Priority Measures Plan.

II. General Information

CWS Name:		PWSID #:
Mailing Address:		
Contact Name:	Phone #:	
E-mail:	Fax #:	

III. Priority Measures Plan (PMP) Certification Checklist

Do NOT leave ANY items blank in this section. Per the emergency preparedness requirement, elements listed below are required to be addressed in your Priority Measures Plan. An PMP consists of some, but not all, of the requirements of an Emergency Response Plan; it is an abridged version of an Emergency Response Plan. At a minimum, the Priority Measures Plan includes the following information:

NOTE: You are required to enter the page number on which the information (as described in the questions below) is addressed in your PMP.

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:

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 location of up-to-date emergency contact lists.

Yes Page:

3. Identification of alternate drinking water supplies sufficiency 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.

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

Yes Page:

IV. Certification

I submit this Priority Measures Plan Compliance Certification 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*

Owner or Authorized Representative, *Print Name*

Date:

Please send this form to your local DEC Drinking Water Program Office.

Anchorage DEC Office

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

DEC.DWData.anchorage@alaska.gov

Fairbanks DEC Office

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

DEC.DWData.fairbanks@alaska.gov

Soldotna DEC Office

43335 K-Beach Road, Suite 11
Soldotna, AK 99669
Fax: 262-2294

dec.dwdata.soldotna@alaska.gov

Wasilla DEC Office

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

DEC.DWData.wasilla@alaska.gov