**Protection Plan Annual Review**

**Water System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PWSID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Has a new water source been placed on-line?

Has the maximum raw water flow rate increased?

Has an interference occurred that caused a prolonged shut down of the water plant?

 🞏 Yes 🞏 No

 🞏 Yes 🞏 No

 🞏 Yes 🞏 No

Is the protection plan older than 3 years?

 🞏 Yes 🞏 No

**Potential Contaminant Source Inventory**

**(Don’t change the original source number)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source Number | Facility Name | Facility Address | Latitude/Longitude | Comments |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Has any new potential contaminant source been added to the inventory?

 🞏 Yes 🞏 No

**Notification Roster**

|  |  |  |
| --- | --- | --- |
| **Contact Name/Position** | **Phone Number #1** | **Phone Number #2** |
|  |  | 🞎 Cell🞎 Work🞎 Home |  | 🞎 Cell🞎 Work🞎 Home |
|  |  | 🞎 Cell🞎 Work🞎 Home |  | 🞎 Cell🞎 Work🞎 Home |
|  |  | 🞎 Cell🞎 Work🞎 Home |  | 🞎 Cell🞎 Work🞎 Home |
|  |  | 🞎 Cell🞎 Work🞎 Home |  | 🞎 Cell🞎 Work🞎 Home |
|  |  | 🞎 Cell🞎 Work🞎 Home |  | 🞎 Cell🞎 Work🞎 Home |

Has a significant change occurred on the notification roster?

 🞏 Yes 🞏 No

If yes to any of the above, revise the protection plan.

I certify that the information provided in this annual protection plan review and potential contaminate source inventory is accurate to the best of my knowledge.

Signature of protection contact person