

LEVEL 2 ASSESSMENT FORM

I. General Information

PWS Name:		PWSID #:
Contact Name:		Phone #:
PWS Address:		E-mail:
Name of Lead Assessor:		Date Completed:
Lead Assessor's DEP Client ID:		Classes & Subclasses:
Level 2 Trigger	E. Coli Positive: YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, which sample(s) from section II?
	2 ND Level 1: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of 1 st Level 1:

II. Positive Sample Information *Use page 7 to report additional positive monthly samples

Positive Sample #1:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Positive Sample #2:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Positive Sample #3:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Positive Sample #4:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

III. Assessment Questions

A. Source – Well

**If PWS does not use a well source check here and skip to subsection B*

Which well sources were used during the monitoring period? _____ _____	Answer to Question			
	YES	NO	N/A	Unk.
Questions				
1. Is the well located in a pit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the ground graded to prevent surface water flow towards the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the well casing extend at least 18" above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the exposed portion of the well casing in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the well have a secured sanitary seal well cap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the sanitary seal well cap vented and screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there an air gap between the well vent and ground surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are appropriate backflow prevention devices installed, maintained and tested on all cross connections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does raw water quality data indicate changes to the source water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has source yield changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there obvious sources of contamination in the vicinity of the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was the well pump recently repaired or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there signs of vandalism at the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have there been any unusual weather events that may have impacted the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have there been any sewer overflows or spills, chemical spills or other disturbances in the area of the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name: _____ Client ID: _____

B. Source – Spring

**If PWS does not use a spring source check here and skip to subsection C*

Which spring sources were used during the monitoring period? _____ _____	Answer to Question			
	YES	NO	N/A	Unk.
Questions				
1. Is the spring box locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are drainage ditches and surface flow diverted away from the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the spring box maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are overflow vents and drain pipes screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does raw water quality data indicate changes to the source water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the source yield changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there obvious sources of contamination in the vicinity of the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there signs of vandalism at the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have there been unusual weather events that may have impacted the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have there been any sewer overflows or spills, chemical spills or other disturbances in the area of the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name: _____ Client ID: _____

C. Source – Surface Water

**If PWS does not use a surface water source check here and skip to subsection D*

Which surface water sources were used during the monitoring period? _____ _____	Answer to Question			
	YES	NO	N/A	Unk.
Questions				
1. Is the surface water intake screened and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the pump house protected from unauthorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does raw water quality data indicate changes to the source water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there obvious sources of contamination within the watershed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there signs of vandalism at the surface water intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have severe weather events such as heavy rainfall, rapid snowmelt, drought, or reservoir turnover occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have there been any sewer overflows or spills, chemical spills or other disturbances in the area of the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name: _____ Client ID: _____

D. Treatment Process

**If PWS does not utilize any treatment check here and skip to subsection E*

Questions	Answer to Question			
	YES	NO	N/A	Unk.
1. Have there been interruptions in any treatment processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the treatment plant(s) or finished water pump(s) experienced any power interruptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has there been any recent installation or repair of treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been changes to any treatment processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does water quality data indicate inadequate/inappropriate treatment of water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all treatment processes operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there an air gap between treatment instrumentation and waste lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were there any failures to meet required CT values?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did treatment plant flow rates exceed the permitted capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the PWS meeting all permit special conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did a review of the turbidity data reveal any anomalies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name: _____ Client ID: _____

E. Plumbing System for a PWS with a Single Service Connection

**If PWS has multiple service connections, check here and skip to subsection F*

Questions	Answer to Question			
	YES	NO	N/A	Unk.
1. Has there been any recent plumbing work conducted at the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there evidence that the system experienced low or negative pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are appropriate backflow prevention devices installed, maintained, and tested on all cross connections within the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does water quality data collected in the plumbing system show results indicative of an issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have any water related customer complaints been received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name: _____ Client ID: _____

F. Distribution System for PWS with Multiple Service Connections

*If PWS has a single service connection, check here and skip to subsection G

Questions	Answer to Question			
	YES	NO	N/A	Unk.
1. Have line breaks and repairs, or large firefighting events occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If samples were collected from inside a building, has there been any recent plumbing work conducted at the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If samples were collected from inside a building, does the site have additional water treatment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there evidence that the system experienced low or negative pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was there any scheduled flushing of the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are pump stations protected from unauthorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are appropriate backflow prevention devices installed, maintained, and tested on all cross connections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are air relief valves maintained and operational without leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are pump stations maintained and equipment operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are fire hydrants and blow offs maintained and operational without leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does water quality data collected in the distribution system show results indicative of an issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have any water related customer complaints been received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there any evidence of intentional contamination in the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name: _____ Client ID: _____

G. Storage Tank

*If no storage tank check here and skip to section IV.

Questions	Answer to Question			
	YES	NO	N/A	Unk.
1. Is the pressure tank maintaining an appropriate minimum pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all vents and overflow pipes screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the tank maintained and free of rust, holes and leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any unsealed openings in the storage facility such as access doors, vents or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are signs of vandalism visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are roof hatches and manhole openings tightly covered and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do downspouts and overflow pipes drain water away from structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor Name: _____ Client ID: _____

IV. Water Quality Data Table

Parameter	# of Each Sample Type Collected		
	Raw (R)	Entry Point (EP)	Distribution (D)
Chlorine Residual (mg/L)			
Turbidity (NTU)			
Coliform Bacteria			
Other (Specify Below)			

V. Issue Descriptions and Corrective Actions *Use page 8 to report additional issues & corrective actions.

Issue		Corrective Action
Subsection Letter & Question #	Description	

Issue		Corrective Action
Subsection Letter & Question #	Description	

Issue		Corrective Action
Subsection Letter & Question #	Description	

Issue		Corrective Action
Subsection Letter & Question #	Description	

* No issues were found during the assessment:

VI. Verification

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief.

Lead Assessor's Name (printed):
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Lead Assessor's Signature:	Date:
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NOTES:

- The completed form must be submitted to DEP within 30 days of a public water system triggering a Level 1 Assessment.
- The completed form is to be addressed to: PA DEP – Safe Drinking Water, at the address from the list on pages 9-10 of the appropriate district office having jurisdiction over the public water system. For counties marked with an asterisk (*), address to the appropriate County Health Department (CHD), which is an agent of DEP for the Safe Drinking Water Program.
- ***The public water supplier must consult with DEP within 14 days of receiving written notification of an insufficient assessment.***

VII. State Review NOTE: This section is to be completed by the DEP representative reviewing the assessment

Name of Reviewer:		Date Reviewed:	
Assessment Complete: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Likely Reason for Positive Samples Determined: YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
Corrective Actions Completed: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Proposed Schedule Acceptable: YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
Assessment Level Reset: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Assessment Sufficient: YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
Signature of Reviewer:			

Reporting for Additional Positive Samples (continued from Section II., page 1)

Positive Sample #5:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Positive Sample #6:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Positive Sample #7:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Positive Sample #8:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Positive Sample #9:	Sample Location ID#:	Sample Location Name:
Positive Sample Date:	Name of Sample Collector:	
Chlorine Residual:	Free <input type="checkbox"/> Total <input type="checkbox"/> Not Measured <input type="checkbox"/>	mg/L
Was the sample collected according to the sample siting plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the condition of the sample tap appropriate for collection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were the samples collected in accordance with proper sample collection protocols?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Reporting for additional Issue Descriptions and Corrective Actions (continued from Section IV., page 5)

Issue		Corrective Action
Assessment Section Letter & Question #	Description	

Issue		Corrective Action
Assessment Section Letter & Question #	Description	

Issue		Corrective Action
Assessment Section Letter & Question #	Description	

Issue		Corrective Action
Assessment Section Letter & Question #	Description	

DEP AND CHD OFFICES CONTACT LIST

County	PWS ID# 1st 3 Digits	Address	Telephone Number
Adams	701	150 Roosevelt Ave., Ste 200, York, PA 17401-3381	(717) 771-4481
*Allegheny	502	Allegheny Co. Health Dept., PDWWM, Bldg #5, 3901 Penn Ave., Pittsburgh, PA 15224-1347	(412) 578-8047
Armstrong	503	Armbrust Prof. Ctr., 8205 Route 819, Greensburg, PA 15601	(724) 925-5400
Beaver	504	715 15 th St., Beaver Falls, PA 15010	(724) 847-5270
Bedford	405	3001 Fairway Dr., Altoona, PA 16602-4473	(814) 946-7292
Berks	306	1005 Cross Roads Blvd., Reading, PA 19605	(610) 916-0100
Blair	407	3001 Fairway Dr., Altoona, PA 16602-4473	(814) 946-7292
Bradford	208	600 Gateway Dr., Mansfield, PA 16933	(570) 662-0830
Bucks	109	2 E. Main St., Norristown, PA 19401	(484) 250-5900
Butler	510	121 N. Mill St., New Castle, PA 16101	(724) 656-3160
Cambria	411	286 Industrial Park Rd., Ebensburg, PA 15931-4119	(814) 472-1900
Cameron	612	600 Gateway Dr., Mansfield, PA 16933	(570) 662-0830
Carbon	313	5 West Laurel Blvd., Pottsville, PA 17901-2454	(570) 621-3118
Centre	414	186 Enterprise Dr., Phillipsburg, PA 16866	(814) 342-8200
Chester	115	2 E. Main St., Norristown, PA 19401	(484) 250-5900
Clarion	616	1 st Floor, White Memorial Bldg., Knox, PA 16232	(814) 797-1191
Clearfield	617	186 Enterprise Dr., Phillipsburg, PA 16866	(814) 342-8200
Clinton	418	208 W. Third St., Suite 101, Williamsport, PA 17701	(570) 327-3675
Columbia	419	309 N. 5 th St., Suite D, Sunbury, PA 17801-2003	(570) 988-5500
Crawford	620	230 Chestnut St., Meadville, PA 16335-3481	(814) 332-6899
Cumberland	721	150 Roosevelt Ave., Ste 200, York, PA 17401-3381	(717) 771-4481
Dauphin	722	909 Elmerton Avenue, Harrisburg, PA 17110	(717) 705-4708
Delaware	123	2 E. Main St., Norristown, PA 19401	(484) 250-5900
Elk	624	321 N. State St., North Warren, PA 16365	(814) 723-3273
*Erie	625	Erie Co. Health Dept., 606 W. Second St., Erie, PA 16507	(814) 451-6700
Fayette	526	Fayette Co. Health Center, 100 New Salem Rd., Uniontown, PA 15401	(724) 439-7431
Forest	627	321 N. State St., North Warren, PA 16365	(814) 723-3273
Franklin	728	150 Roosevelt Ave., Ste 200, York, PA 17401-3381	(717) 771-4481
Fulton	429	150 Roosevelt Ave., Ste 200, York, PA 17401-3381	(717) 771-4481
Greene	530	Fayette Co. Health Center, 100 New Salem Rd., Uniontown, PA 15401	(724) 439-7431
Huntingdon	431	3001 Fairway Dr., Altoona, PA 16602-4473	(814) 946-7292
Indiana	532	286 Industrial Park Rd., Ebensburg, PA 15931-4119	(814) 472-1900
Jefferson	633	1 st Floor, White Memorial Bldg., Knox, PA 16232	(814) 797-1191
Juniata	434	909 Elmerton Avenue, Harrisburg, PA 17110	(717) 705-4708
Lackawanna	235	Room 400, Samters Bldg., 101 Penn Ave., Scranton, PA 18503-2025	(570) 963-4521
Lancaster	736	1661 Old Philadelphia Pike, Lancaster, PA 17602	(717) 299-7601
Lawrence	637	121 N. Mill St., New Castle, PA 16101	(724) 656-3160
Lebanon	738	1661 Old Philadelphia Pike, Lancaster, PA 17602	(717) 299-7601
Lehigh	339	4530 Bath Pike, Bethlehem, PA 18017	(610) 861-2070
Luzerne	240	2 Public Square, Wilkes-Barre, PA 18701-1915	(570) 826-2511
Lycoming	441	208 W. Third St., Suite 101, Williamsport, PA 17701	(570) 327-3675

County	PWS ID# 1 st 3 Digits	Address	Telephone Number
McKean	642	321 N. State St., North Warren, PA 16365	(814) 723-3273
Mercer	643	121 N. Mill St., New Castle, PA 16101	(724) 656-3160
Mifflin	444	3001 Fairway Dr., Altoona, PA 16602-4473	(814) 946-7292
Monroe	245	HC 1 Box 95B, Swiftwater, PA 18370	(570) 895-4040
Montgomery	146	2 E. Main St., Norristown, PA 19401	(484) 250-5900
Montour	447	309 N. 5 th St., Suite D, Sunbury, PA 17801-2003	(570) 988-5500
Northampton	348	4530 Bath Pike, Bethlehem, PA 18017	(610) 861-2070
Northumberland	449	309 N. 5 th St., Suite D, Sunbury, PA 17801-2003	(570) 988-5500
Perry	750	909 Elmerton Avenue, Harrisburg, PA 17110	(717) 705-4708
Philadelphia	151	2 E. Main St., Norristown, PA 19401	(484) 250-5900
Pike	252	HC 1 Box 95B, Swiftwater, PA 18370	(570) 895-4040
Potter	653	600 Gateway Dr., Mansfield, PA 16933	(570) 662-0830
Schuylkill	354	5 West Laurel Blvd., Pottsville, PA 17901-2454	(570) 621-3118
Snyder	455	309 N. 5 th St., Suite D, Sunbury, PA 17801-2003	(570) 988-5500
Somerset	456	286 Industrial Park Rd., Ebensburg, PA 15931-4119	(814) 472-1900
Sullivan	257	600 Gateway Dr., Mansfield, PA 16933	(570) 662-0830
Susquehanna	258	Room 400, Samters Bldg., 101 Penn Ave, Scranton, PA 18503-2025	(570) 963-4521
Tioga	259	600 Gateway Dr., Mansfield, PA 16933	(570) 662-0830
Union	460	309 N. 5 th St., Suite D, Sunbury, PA 17801-2003	(570) 988-5500
Venango	661	121 N. Mill St., New Castle, PA 16101	(724) 656-3160
Warren	662	321 N. State St., North Warren, PA 16365	(814) 723-3273
Washington	563	715 15 th St., Beaver Falls, PA 15010	(724) 847-5270
Wayne	264	Room 400, Samters Bldg., 101 Penn Ave., Scranton, PA 18503-2025	(570) 963-4521
Westmoreland	565	Armbrust Prof. Ctr., 8205 Route 819, Greensburg, PA 15601	(724) 925-5400
Wyoming	266	2 Public Square, Wilkes-Barre, PA 18701-1915	(570) 826-2511
York	767	150 Roosevelt Ave., Ste 200, York, PA 17401-3381	(717) 771-4481