

**Note: CWS should incorporate this template into their existing Emergency Response Plan.**

## **DRAFT**

### **Uninterrupted System Service Plan (USSP) Template**

Pennsylvania's Community Water System (CWS) sources and treatment facilities are susceptible to emergency situations resulting from both natural and man-made disasters. Examples of emergencies include tropical storms, flooding, high winds, ice, snow, industrial chemical plant runoff, pipeline ruptures, and transportation corridor spills. Chapter 109.708 (a) – (d) amendments are focused on improving the reliability of service provided to all consumers by requiring the development of a feasible plan to consistently supply an adequate quantity of safe and potable water during emergency situations. This Uninterrupted System Service Plan (USSP) Template must be used to develop this important plan. To minimize the reporting burden and for maintaining security of sensitive documents, the completed USSP will not be required to be reported to the Department; rather, this information should be incorporated into existing Emergency Response Plans and kept onsite for Department review upon request. However, as per 109.708 (a) the accompanying certification form must be submitted which verifies completion of this plan, and identifies whether deficiencies have been identified which prevent uninterrupted system service. If applicable deficiencies have not been corrected by the deadlines specified in 109.708 (a), then a detailed corrective action plan and corresponding completion date schedule must be submitted to the Department within 6 months of the dates specified in 109.708(a)(1) – (3). Proposed corrective action schedule for each deficiency should be commensurate with the complexity of associated corrective actions. Once deficiencies are corrected, USSPs should be updated to document the associated improvements and SOPs.

#### **I. General Information**

<b>PWS Name:</b>		<b>PWSID #:</b>	
<b>Critical Facility Name:</b>		<b>Critical Facility Capacity:</b>	MGD
<b>Critical Facility Description:</b>		<b>Average Daily Demand:</b>	MGD
<b>Critical Facility Address:</b>		<b>Available Finished Storage:</b>	MG
<b>Completed By (Name):</b>		<b>Hours of Finished Storage:</b>	
<b>Date Completed:</b>		<b>Date(s) Updated:</b>	

#### **II. Plan to Provide Uninterrupted System Service**

*Please complete all of the below sections based on which provisions your CWS is prepared to utilize to provide adequate quantity and quality of water during emergency situations. Systems are encouraged to be prepared to utilize as many methods as possible to maximize their capability to provide uninterrupted system service for each critical operational facility. It is necessary to carefully consider both the duration of time needed to switchover to a particular system service option as well as the efficacy of each option to provide adequate quantity of safe and potable water. Developing detailed Standard Operating Procedures (SOPs) for utilizing each alternate is critical to insuring efficient and effective implementation during emergency situations. When determining hours of operation or adequacy of finished water storage, systems should consider finished water volumes necessary to maintain adequate operating pressures throughout all portions of the distribution system. A separate template should be completed for each critical facility utilized by the CWS. For the purposes of this template, "critical facility" is defined as any facility necessary to supply adequate quantity and quality of water (e.g. water treatment plants, raw and finished water pump stations, finished water storage tanks, booster chlorination facilities, etc).*

<b>(A) Auxiliary Power</b>	<b>Connection to at least two independent power feeds from separate substations</b>	
<b>Description of Auxiliary Power</b>	<b>SOP to Utilize Auxiliary Power</b>	
<b>Additional production capacity provided via this auxiliary power:</b>		MGD
<b>Additional hours of operation provided by this auxiliary power:</b>		Hours
<b>Amount of time needed to switchover to this auxiliary power option:</b>		Hours
<b>Date this auxiliary power was last tested:</b>		
<b>Critical CWS staff needed to utilize this option:</b>		
<b>Critical external staff needed to utilize this option:</b>		
<b>24/7 phone numbers for all critical staff:</b>		
<ol style="list-style-type: none"> <li>1. Name and Number</li> <li>2. Name and Number</li> <li>3. Name and Number</li> </ol>		

<b>(B) Auxiliary Power</b>	<b>On-site auxiliary power sources – permanent generators</b>	
<b>Description of Equipment</b>	<b>SOP to Utilize Equipment</b>	
<b>Additional production capacity provided via this auxiliary power:</b>		MGD
<b>Additional hours of operation provided by this auxiliary power:</b>		Hours
<b>Amount of time needed to switchover to this auxiliary power option:</b>		Hours
<b>Date this auxiliary power was last tested:</b>		
<b>Critical CWS staff needed to utilize this option:</b>		
<b>Critical external staff needed to utilize this option:</b>		
<b>24/7 phone numbers for all critical staff:</b>		
<ol style="list-style-type: none"> <li>1. Name and Number</li> <li>2. Name and Number</li> <li>3. Name and Number</li> </ol>		

<b>(C) Auxiliary Power</b>	<b>Off-site auxiliary power sources – reserved access to portable generators (PaWARN, Portable, or Rental)</b>	
<b>Description of Equipment</b>	<b>SOP to Utilize Equipment</b>	

<b>Additional production capacity provided via this auxiliary power:</b>	MGD
<b>Additional hours of operation provided by this auxiliary power:</b>	Hours
<b>Amount of time needed to obtain/transport/setup this auxiliary power option:</b>	Hours
<b>Date this auxiliary power was last tested:</b>	
<b>Critical CWS staff needed to utilize this option:</b>	
<b>Critical external staff needed to utilize this option:</b>	
<b>What efforts were made to help insure that during an area wide emergency your system will be a priority to obtain this portable generator before another user (e.g. rental contract)?</b>	
<b>24/7 phone numbers for all critical staff:</b>	
<ol style="list-style-type: none"> <li>1. Name and Number</li> <li>2. Name and Number</li> <li>3. Name and Number</li> </ol>	

<b>(D) Alternate Provisions</b>	<b>Finished Water Storage Capacity</b>	
<b>Description of Storage</b>	<b>SOP to Utilize Storage</b>	

<b>Additional quantity finished water provided via this storage tank (consider pressure zones):</b>	MGD
<b>Additional hours of finished water supply provided by this alternate provision:</b>	Hours
<b>Amount of time needed to switchover (valves) to this alternate provision:</b>	Hours
<b>Date finished water storage capacity was last relied upon during an emergency:</b>	
<b>Critical CWS staff needed to utilize this option:</b>	
<b>Critical external staff needed to utilize this option:</b>	
<b>Are pumps needed to utilize this finished water storage?</b>	
<b>24/7 phone numbers for all critical staff:</b>	
<ol style="list-style-type: none"> <li>1. Name and Number</li> <li>2. Name and Number</li> <li>3. Name and Number</li> </ol>	

<b>(E) Alternate Provision</b>	<b>Interconnection #1 with neighboring water system</b>	
	<b>Description of Interconnection</b>	<b>SOP to Utilize Interconnection</b>

**Additional finished water supply provided via this interconnection:**      gpm and psi

**Additional hours of operation provided by this interconnection:**      Hours

**Amount of time needed to switchover (valves) to this interconnection:**      Hours

**Date this interconnection was last tested under actual operating pressures:**

**Critical CWS staff needed to utilize this option:**

**Critical external staff needed to utilize this option:**

**24/7 phone numbers for all critical staff:**

1. Name and Number
2. Name and Number
3. Name and Number

<b>(F) Alternate Provision</b>	<b>Interconnection #2 with neighboring water system</b>	
	<b>Description of Interconnection</b>	<b>SOP to Utilize Interconnection</b>

**Additional finished water supply provided via this interconnection:**      gpm and psi

**Additional hours of operation provided by this interconnection:**      Hours

**Amount of time needed to switchover (valves) to this interconnection:**      Hours

**Date this interconnection was last tested under actual operating pressures:**

**Critical CWS staff needed to utilize this option:**

**Critical external staff needed to utilize this option:**

**24/7 phone numbers for all critical staff:**

1. Name and Number
2. Name and Number
3. Name and Number

<b>(G) Alternate Provision</b>	<b>“Other” - CWS should include any <i>other</i> alternate system specific provision(s) they have identified as valuable to maintaining uninterrupted system service</b>	
<b>Description of Alternate Provision</b>	<b>SOP to Utilize Alternate Provision</b>	

<b>Additional production capacity provided via this option:</b>	MGD
<b>Additional hours of operation provided by this option:</b>	Hours
<b>Amount of time needed to switchover to this option:</b>	Hours
<b>Date this option was last tested:</b>	
<b>Critical CWS staff needed to utilize this option:</b>	
<b>Critical external staff needed to utilize this option:</b>  <b>24/7 phone numbers for all critical staff:</b> <ol style="list-style-type: none"> <li>1. Name and Number</li> <li>2. Name and Number</li> <li>3. Name and Number</li> </ol>	

**III. USSP Form Review and Certification of Completion**

After completing the USSP form, all applicable system personnel should meet to review the overall USSP, evaluate all options and corresponding SOPs related to how the options will be utilized to provide uninterrupted system service, and reach a consensus regarding whether the overall plan is considered adequate to provide uninterrupted system service for all critical facilities.

The corresponding USSP completion certification form must be submitted to the Department by the dates specified in 109.708 (a). If applicable, a detailed corrective action plan and corresponding completion date schedule must be submitted to the Department within 6 months of the dates specified in 109.708(a)(1) – (3).

**IV. Training Review and Update**

The following staff have been trained on implementation of the USSP:

- Name/ Training Date

During the training, the SOPs to implement were reviewed and updated as necessary, along with the overall USSP.

Next scheduled training / update: Date:

<b>USSP Completed By Signature:</b>	<b>Date:</b>
<b>USSP Reviewed By Signature:</b>	<b>Date:</b>

## UNINTERRUPTED SYSTEM SERVICE PLAN (USSP) CERTIFICATION FORM

Public Water System Name: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

Date of Completion of USSP: \_\_\_\_\_

After completing the USSP form, all applicable system personnel should meet to review the overall USSP, evaluate all primary and alternate options included within the plan, and corresponding SOPs related to how the options will be utilized to provide uninterrupted system service, and reach a consensus answer to the following question:

Are additional corrective actions needed in order for this plan to be considered adequate to provide uninterrupted system service for all critical facilities?

NO:

YES:  By answering "Yes", a detailed corrective action plan and corresponding completion date schedule must be submitted to the Department within 6 months of the dates specified in § 109.708(a)(1) – (3).

If you answered "Yes" above, briefly summarize deficiencies identified that still require corrective actions:

Deficiency 1: \_\_\_\_\_

Associated Critical Facility: \_\_\_\_\_

Deficiency 2: \_\_\_\_\_

Associated Critical Facility: \_\_\_\_\_

Deficiency 3: \_\_\_\_\_

Associated Critical Facility: \_\_\_\_\_

Deficiency 4: \_\_\_\_\_

Associated Critical Facility: \_\_\_\_\_

**Certified by:**

As a representative of the Public Water System (PWS) indicated above, I certify that the Uninterrupted System Service Plan was completed in accordance with the requirements outlined in § 109.708 of the Department of Environmental Protection (DEP)'s regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Complete and submit this form to the appropriate local DEP office **by the dates specified in § 109.708(a)(1) – (3).**

*Safe Drinking Water Program local DEP district offices phone numbers (including 24/7 numbers), mailing addresses and FAX numbers are at this link:*

<http://www.elibrary.dep.state.pa.us/dsweb/Get/Document-117702/3930-FM-BSDW0560.pdf>

**For DEP Use Only - Checked by:** \_\_\_\_\_ **Date:** \_\_\_\_\_