



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION

Surface Water Capacity Reporting Form

Public Water System Name:

PWSID:

Treatment Water Facility Name:

Treatment WSFID:

Week of:

Date of form completed:

Source Water Facility Name	Source WSFID	Water Elevation (ft.)	Total Usable Storage (MG) A	Instantaneous Usable Storage (MG) B	Percent Full (%) (B/A)x100
Total:					

Average daily production from the Treatment Plant (MGD): _____

Days of Supply Remaining (days): _____

Weekly Precipitation (inches): _____

Total Withdrawals of All Reservoirs (MG): _____

Drought Status:

- None
- Approaching Trigger Level
- Drought Stage, if checked describe below.