# PEMA MISSION REQUEST ADDENDUM – WATER SUPPLY REQUEST

| REQUESTER: | COUNTY: |
|---|---|
| REQUESTER PHONE # | REQUESTER EMAIL: |

| WATER PROVIDER NAME: | |
|---|---|
| TYPE OF UTILITY? ____PUBLIC-OWNED ____PRIVATE | IS THIS WATER UTILITY AN ISOLATED SYSTEM OR IS IT INTERCONNECTED TO ANOTHER UTILITY? |
| HAS THE UTILITY NOTIFIED THE PA DEPARTMENT OF ENVIRONMENTAL PROTECTION? ____ YES ____ NO | |
| HAS THE UTILITY NOTIFIED THE PA PUBLIC UTILITY COMMISSION? ____ YES ____ NO | |
| IS THE WATER UTILITY A MEMBER OF PA WARN (HTTP://WWW.PAWARN.ORG)? ____YES ____NO | |
| - HAS PA WARN BEEN CONTACTED? ____YES ____ NO | |
| HAS THE WATER UTILITY IMPLEMENTED THEIR EMERGENCY RESPONSE PLAN (ERP)? ____ YES ____ NO | |

WHAT IS THE CAUSE OF THE WATER OUTAGE?

- _____ WATER MAIN BREAK OR EQUIPMENT FAILURE - ESTIMATED TIME TO RESTORE _____
- _____ DO NOT CONSUME ORDER _____ DO NOT USE ORDER
- _____ OTHER (PLEASE EXPLAIN):

| WHEN DID THE OUTAGE BEGIN? DATE: _____ TIME: _____ | |
|---|---|
| NUMBER OF CONNECTIONS AFFECTED? | ESTIMATED POPULATION AFFECTED? |

ARE THERE ANY CRITICAL INFRASTRUCTURE, CARE FACILITIES, AND/OR EATING ESTABLISHMENTS AFFECTED? ___ YES ___ NO

- *IF YES, PLEASE PROVIDE A SEPARATE LIST OF AFFECTED FACILITIES*.

SPECIFIC CAPABILITY REQUESTED (CHECK ALL THAT APPLY):

- [ ] BOTTLED WATER (QUANTITY TO BE DETERMINED BY ESF 6 BASED ON POPULATION AND TIME TO RESTORATION.)
- [ ] BULK WATER (WATER TANKER, WATER BUFFALO, ETC.)
- [ ] NON-POTABLE WATER

POINT OF DISTRIBUTION (POD) INFORMATION:

POD LOCATION(S) NAME AND STREET ADDRESS:

PRIMARY POINT OF CONTACT FOR POD(S):

NAME PHONE: EMAIL:

IS THERE A LOADING DOCK AT THIS POD? ____ YES (INDICATE DOCK HEIGHT: _____) ____ NO

IS THERE MATERIAL HANDLING EQUIPMENT (FORK LIFT, PALLET JACK) AVAILABLE? ____ YES ____ NO

IS THE POD LARGE ENOUGH FOR A 53' TRACTOR TRAILER TO MANEUVER SAFELY? ____ YES ____ NO

INTERNAL DISTRIBUTION: ___PUC ___DEP ___ESF 6 ___INFRA GROUP ___PDAG ___OTHER: _____

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