

Division of Water Quality Facility Status Report Form for Wastewater Systems

Purpose: Support the situational awareness of preparedness, vulnerability, operational status, resource needs, and extent of damage.

Date of Report: _____ Form Completed by: _____
Time of Report: _____

Facility Name: _____ Water PI #: _____
County: _____

Facility Contact: _____ Title: _____

Cell Phone: _____ Work Phone: _____

Additional Phone: _____ Email: _____

If there has been no change in Wastewater System status since the last report form submission, check this box.

Pre-Event Coordination:	
1.	What is the current emergency contact info for your facility? If different than above, provide name, phone #, cell #, email address.
2.	<ul style="list-style-type: none"> Do you have a copy of the Division of Water Quality's Major Storm Event Precautionary Measures? (Available at: http://www.nj.gov/dep/dwq) Reminder to report wastewater system incidents to the DEP Hotline #. (1-877-927-6337) Contact your local/county OEM coordinator to make a request for needed resources. (Available at: http://www.state.nj.us/njoem/about/association.html) <p style="margin-left: 20px;">If a request is placed through NJ OEM, obtain the E-Team Resource Request Number.</p> <div style="text-align: right; padding-right: 20px;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>

Preparedness Status:	
3.	<p>Which precautionary or protective measures (to reduce potential damage/loss from this event) have been implemented by the facility at this time? Check all that apply.</p> <p><input type="checkbox"/> Identified current critical system vulnerabilities. <input type="checkbox"/> Updated key resource / supplier contacts.</p> <p><input type="checkbox"/> Confirmed operations of all automatic monitoring/alarm system components. <input type="checkbox"/> Essential staff credentialed / prepared.</p> <p><input type="checkbox"/> Generator(s) tested under load. <input type="checkbox"/> Essential equipment elevated / weather-proofed.</p> <p><input type="checkbox"/> All fuel tanks filled / secured. <input type="checkbox"/> Chemical supplies stocked / protected.</p> <p><input type="checkbox"/> Addressed need for sewage sludge removal and system storage capacity.</p>
4.	<p>Level of preparedness completed for the wastewater facility at this time.</p> <p>Complete <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Required <input type="checkbox"/></p>
5.	<p>Does your wastewater system have any pump stations? If yes, how many?</p> <div style="text-align: right; padding-right: 20px;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>
6.	<p>If more than one, indicate the #s of pump stations to note their level of preparedness completed at this time.</p> <p>Complete _____ In Progress _____ Not Started _____ No Action Required _____</p>

Vulnerability Assessment:	
7.	<p>Do you currently have any on-going planned projects or activities that may limit or adversely affect normal wastewater treatment operations during the event?</p> <div style="text-align: right; padding-right: 20px;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>
8.	<p>If yes, identify system areas potentially affected by repairs, construction, and/or maintenance activities: Check all that apply.</p> <p><input type="checkbox"/> Wastewater treatment operations <input type="checkbox"/> Sewage sludge storage availability</p> <p><input type="checkbox"/> Pump station operations <input type="checkbox"/> Collection system operations</p>

Operational Status:	
9.	Indicate the current power status of the following: Wastewater treatment facility: Full power <input type="checkbox"/> Generator/back-up power <input type="checkbox"/> No power, no back-up <input type="checkbox"/> Wastewater pump stations: How many have full power? How many on generator/back-up power? How many with no power, no back-up?
10.	Indicate the current operational status of the following: Wastewater treatment facility: Normal <input type="checkbox"/> Limited functions; full treatment <input type="checkbox"/> Limited functions; partial or no treatment <input type="checkbox"/> Not Operational <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Disinfection <input type="checkbox"/> For any partial/untreated discharge(s), collect the following information: Location of discharge: Estimate quantity and duration: Impact to surrounding environment (water body): Actions being taken: Estimated time to stop discharging: Wastewater collection systems: If more than one, indicate the # in each operational status category. Normal _____ Limited functions; no discharge _____ Limited functions; untreated discharge _____ Not Operational _____ For any untreated discharge(s), collect the following information: Location of discharge: Estimate quantity and duration: Impact to surrounding environment (water body): Actions being taken: Estimated time to stop discharging: Wastewater pump stations: If the system manages more than one, indicate the # in each operational status category. How many operating normally? How many not operational, no flow? How many not operational, untreated discharge? How many being bypassed, no discharge? How many being bypassed, untreated discharge? For any untreated discharge(s), collect the following information: Location of discharge: Estimate quantity and duration: Impact to surrounding environment (water body): Actions being taken: Estimated time to stop discharging:
11.	Sewage sludge storage availability: Holding time left: > 1 week <input type="checkbox"/> 3 days to 1 week <input type="checkbox"/> < 3 days <input type="checkbox"/> Identify primary and back-up sludge management facilities utilized: (List of sludge management options is available at: http://www.nj.gov/dep/dwg/pdf/nj-residual-management-options-sandy-2012.pdf)
12.	Do you have any active wastewater advisories or discharge restrictions? If yes, check all that apply. <input type="checkbox"/> Public health <input type="checkbox"/> Water conservation <input type="checkbox"/> Reduce flow <input type="checkbox"/> Cease flow Yes <input type="checkbox"/> No <input type="checkbox"/>

Resource Needs:	
13.	Do you have any current resource needs for sustaining wastewater system operations? If yes, use the following resource fulfillment pathway: 1) Suppliers, 2) Inter-facility agreements, 3) Local/County Office of Emergency Management Coordinator (Contacts are available from http://www.state.nj.us/njoem/about/association.html), 4) Mutual aid (NJWARN) If a request is placed through NJOEM, obtain the E-Team Resource Request Number for tracking purposes. Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	If you placed a request through your local/county OEM, what is the E-Team #? If you placed a request through the NJWARN, what is the resource request #?

Evacuation Status:	
15.	IF LOCATED WITHIN AN AREA THAT HAS BEEN ISSUED A MANDATORY EVACUATION ORDER: The wastewater system's staff will: <input type="checkbox"/> Evacuate <input type="checkbox"/> Shelter-in-place
16.	If evacuating, identify the projected service standard for each location that will be vacated by employees. Wastewater treatment facility: Normal operations <input type="checkbox"/> Scaled back <input type="checkbox"/> Shut down <input type="checkbox"/> Wastewater pump stations: Normal operations <input type="checkbox"/> Scaled back <input type="checkbox"/> Shut down <input type="checkbox"/>
17.	Have customers located in affected areas been notified of any reductions in service? Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Inform the facility that the notification process regarding any Evacuation is to contact the NJDEP Hotline (1-877-927-6337):	
<ul style="list-style-type: none"> • when the wastewater system is evacuated. • after re-entry of the wastewater system to report damage assessments and service restoration/restrictions. 	

Preliminary Damage Assessment:			
To be used after an event to assess the extent of damage caused by the emergency situation. Check all that apply and identify location(s) of impacted infrastructure. Make sure to report any wastewater system incidents to the DEP Hotline at 1-877-927-6337.			
18.	<u>WW Treatment Facility</u>		
	Physical damage		
	Control systems compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Primary equipment compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Secondary equipment compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Disinfection compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Chemical spills or release	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Access to site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19.	<u>WW Collection Systems</u>	How many:	How many:
	Physical damage		
	Leaks	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
	Main breaks	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
	Access to site	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
20.	<u>WW Pump Stations</u>	How many:	How many:
	Physical damage		
	Control systems compromised	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
	Pump or motor failure	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
	Access to site	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
21.	<u>Sewage Sludge Storage</u>	How many:	How many:
	Physical damage		
	Leaks	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
	Damage to holding tanks	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
	Damage to piping/valves	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	
	Access to site	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown _____	