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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