Navajo Nation Public Water Systems Supervision Program
P.O. Box 339
Window Rock, AZ 86515
(928) 871-7755
www.navajopublicwater.org

Public Water System Inventory

Date of this application:
Name and phone number of the person filling out this form:
Name of the Public Water System (PWS):
If assigned, provide the Public Water System Identification Number (PWSID#):

PWS Owner:		
Owner mailing address:		
City:	State:	Zip code:
Name and title of the Contact Person:		
Telephone numbers:		
Fax number:		
Email address:		

Emergency contact person, if different from contact person above and who is available 24-hours.	
Name:	Telephone numbers:

If the PWS Facility has a mailing address different from the owner above, please complete the information below.			
Name and title of the Facility Supervisor:			
Facility:			
Facility mailing address:			
City:	State:	Zip code:	
Telephone:	Fax:	Email address:	

For PWSSP Use Only.				
PWSID# Assigned:				
Date of Assignment:				
System Type:	□ CWS	□ NTNCWS	□ TNCWS	□ Not Public

Operator Certification

Name and title of the System Operator:			
Is the Operator certified (check one):	□ No	□ Yes	Levels:
If you checked "Yes," please complete the following:		Certificate #s:	
Certifying Agency (example: ADEQ, ITCA, NMED, etc.):			
Dates Issued:	Dates of Expiration:		

Name and title of the System Operator:			
Is the Operator certified (check one):	□ No	□ Yes	Levels:
If you checked "Yes," please complete the following:		Certificate #s:	
Certifying Agency (example: ADEQ, ITCA, NMED, etc.):			
Dates Issued:	Dates of Expiration:		

Name and title of the System Operator:			
Is the Operator certified (check one):	□ No	□ Yes	Levels:
If you checked "Yes," please complete the following:		Certificate #s:	
Certifying Agency (example: ADEQ, ITCA, NMED, etc.):			
Dates Issued:	Dates of Expiration:		

System Information

Name of the community/subdivision/area served by this Public Water System (PWS):

For the State, County, and Navajo Agency section below, please check all that apply to the service area of the PWS:

State:	County:		Agency:
□ AZ □ NM □ UT	□ Coconino, AZ □ Navajo, AZ □ Apache, AZ □ San Juan, UT □ San Juan, NM	□ McKinley, NM □ Cibola, NM □ Bernalillo, NM □ Socorro, NM □ Sandoval, NM	□ Western □ Chinle □ Fort Defiance □ Shiprock □ Eastern

List all Navajo Chapters served by the PWS:
List all the Navajo Grazing Districts this PWS is located in:

If this PWS is interconnected with other PWSs, write the PWSID# and name of the other systems:	
PWSID#:	Name of PWS:
PWSID#:	Name of PWS:

Size of the Population served by this PWS:
Number of Service Connections (homes, buildings, schools, community watering points, etc.):
Percent of the service connections installed with Water Meters:
Types of schools the PWS serves (check all that apply): □ None □ Pre-school □ Elementary □ Middle School □ High School □ College □ Other
Number of community Watering Points on this PWS where the public can obtain water:

Type of pipe material used within the distribution system (check all that apply): □ PVC □ PE □ Asbestos-cement (Transcite) □ Galvanized □ Ductile Iron □ Lead □ Other, please list:	
Number of Boosters Stations within the PWS:	
Number of Storage Tanks:	Total Capacity of all storage tanks (gallons):
Does the owner/operator have a written Emergency Water Supply Plan? □ Yes □ No	

Name of the Professional Engineer who designed the PWS:	
Firm the PE is employed with:	
Name of the Contractor that constructed the PWS:	
Contractor's License #:	
Date of Final Inspection:	Date the PWS was put into service:

Tribal Well #: _____ Water Source Information Source _____ of _____

Note: If the PWS has more than one water source, make xerox copies of this Water Source Information page and fill one out for each water source.

PART A
Note: For each water source, please attach copies of the Well Record, Well Test Data, and Water Chemistry Analysis that were submitted to the Navajo Nation Department of Water Resources (NNDWR).
Tribal Well #: | Well Drilling Permit #:
Name of the water source:
Status of the water source: □ active □ standby/active □ standby/inactive □ off-line □ valved-off □ disconnected □ welded capped □ properly abandoned □ newly-drilled well
Type of water source: □ well □ dug well □ artesian well □ infiltration gallery □ spring □ lake/river
Aquifer Formations that the water source is utilizing:
Pump Set (feet): | Flow Rate the source will be or is operating at (gpm): | Metered: □ Yes □ No
Primary control of the pump: □ radio-telemetry □ probes □ float □ pressure transducer □ time-clock □ SCADA □ solar-powered □ switched on/off manually (hand) □ none
Secondary control of the pump: □ radio-telemetry □ probes □ float □ pressure transducer □ time-clock □ SCADA □ solar-powered □ switched on/off manually (hand) □ none
Primary disinfection method at this water source: □ none □ chlorine gas □ 5.25% sodium hypochlorite (regular bleach) □ 6% sodium hypochlorite (ultra bleach) □ 10% sodium hypochlorite (Dixichlor) □ calcium hypochlorite tablets □ MIOX (mixed oxidants) □ ozone □ ultraviolet light (UV) □ chlorine dioxide □ iodine □ bromine □ other
Secondary disinfection method at this water source: □ none □ chlorine gas □ 5.25% sodium hypochlorite (regular bleach) □ 6% sodium hypochlorite (ultra bleach) □ 10% sodium hypochlorite (Dixichlor) □ calcium hypochlorite tablets □ MIOX (mixed oxidants) □ ozone □ ultraviolet light (UV) □ chlorine dioxide □ iodine □ bromine □ other
Type of Fluoridation: □ none □ fluorosilicic acid (hydrofluosilicic acid, silicofluoric acid) □ natural fluoride □ sodium fluorosilicate □ sodium fluoride Fluoride level (mg/L):
Type of Iron/Manganese Treatment: □ none □ sequestering/polyphosphates □ oxidation/precipitation □ greensand filtration □ other:
Type of Water Softening: □ none □ lime □ ion exchange □ lime-soda ash □ reverse osmosis □ caustic soda □ conventional filtration □ zeolite □ other:
Other Treatments: □ coagulation/flocculation/sedimentation □ precipitation □ algae control □ other:
After treatment, where does the Water Flow to: □ distribution system □ storage tank: □ hydropneumatic tank □ booster station: □ other:
Has a Microscopic Particulate Analysis (MPA) ever been conducted on this water source? □ Yes □ No

If yes, write the date the MPA was conducted:

Tribal Well #: _____ Water Source Information Source _____ of _____

Part B			
Complete the following portion, for each well source, ONLY if copies of the Well Record for NNDWR are unavailable.			
Meridian: □ G&SRM (Arizona) □ NMPM (New Mexico) □ SLBM (Utah)			
Township: Range: Section/subsection:			
USGS 7.5-minute quad map:			
Latitude/Longitude Datum: □ NAD 83 □ NAD 27 □ WGS 84			
Latitude (degree decimal): Longitude (degree decimal):			
UTM Datum: □ NAD 83 □ NAD 27 □ WGS 84		UTM Zone: □ 12 □ 13	
UTM X (easting): UTM Y (northing):			
Check State, County, and Navajo Agency where the water source is located in:			
AZ	Coconino, AZ	McKinley, NM	Western
NM	Navajo, AZ	Cibola, NM	Chinle
UT	Apache, AZ	Bernalillo, NM	Fort Defiance
	San Juan, UT	Socorro, NM	Shiprock
	San Juan, NM	□Sandoval, NM	Eastern
List the Navajo chapter this water source is located in:			
List the Navajo grazing district this water source is located in:			
Date drilled:	Well elevation (feet):	Depth (feet):	
Casing (inches):	Static water level (feet):		

Storage Tank Information

Tank _____ of _____

Note: If the PWS has more than one storage tank, make xerox copies of this Storage Tank Information page and fill one out for each storage tank.

Name of Storage Tank:				
Status/use of the storage tank (check all that apply):				
□ active	□ temporary	□ off-line	□ under construction	□ undergoing rehab
□ dismantled	□ empty	□ irrigation	□ fire protection	□ abandoned
USGS 7.5-minute quad map:				
UTM X (easting):	UTM Y (northing):	UTM Zone: □□ 12 □□ 13		
Meridian:	□ G&SRM (AZ)	□ NMPM(NM)	□ SLBM(UT)	
Township:	Range:	Section / subsection:		

Check state, county and Navajo agency where the water storage tank is located in:

□ AZ	□ Coconino, AZ	□ McKinley, NM	□ Western
□ NM	□ Navajo, AZ	□ Cibola, NM	□ Chinle
□ UT	□ Apache, AZ	□ Bernalillo, NM	□ Fort Defiance
	□ San Juan, UT	□ Socorro, NM	□ Shiprock
	□ San Juan, NM	□ Sandoval, NM	□ Eastern

List the Navajo chapter this storage tank is located in:				
List the Navajo grazing district this storage tank is located in:				
Type of storage tank:	□ ground level	□ elevated	□ hydropneumatic (pressure tank)	
	□ clearwell	□ cistern	□ subsurface	
Type of material:	□ steel	□ concrete	□ polyurethane	□ fiberglass □ brick
Date of construction:	If elevated tank, height to bottom of tank (feet):			
Height (feet):	Diameter (feet):	Capacity of tank (gallons):		
Overflow elevation (feet):	Base elevation (feet):			
Primary water level control:	□ pressure transducer	□ radio telemetry	□ probes	□ time-clock
□ float	□ solar-powered	□ altitude valve	□ SCADA	□ none
Secondary water level control:	□ pressure transducer	□ radio telemetry	□ probes	□ time-clock
□ float	□ solar-powered	□ altitude valve	□ SCADA	□ none
Date the interior of the storage tank was last painted:	Exterior:			
Is the water disinfected at the storage tank? (example, batch chlorination):	□ Yes	□ No	□ Sometimes	

FOR PWSSP USE ONLY
Land Status:
Comments: