

## APHC Water System Component

Collector Name/Unit:			Collector's Email/Phone #:								
<b>Natural Water Source Informaiton</b>											
Natural Water Source Name:			Start Date:		Stop Date:						
Type of Source (pick one):	Ground	Surface	Ground water under direct influence of Surface water								
Water Source(s):	Well	Spring	River	Stream	Pond	Lake	Rain	Sea	Ocean	Snow	Ice
Disinfection technique: (Default is "None")	NONE	Chlorine Gas	Calcium Hypochlorite	Sodium Hypochlorite		Electrolytic Chlorine Solution					
	Chloramines	Chlorine Dioxide	Ozone	Ultraviolet Radiation		Unknown					
<b>Municipal Water Source</b>											
Name of Municipal Water Source:			Start Date:		Stop Date:						
Type of Source (select all that apply): <input type="checkbox"/> Ground <input type="checkbox"/> Surface <input type="checkbox"/> Groundwater under direct influence of Surface Water											
Name and Locaiton of Water Source:											
<b>Field Water Treatment System Information</b>											
Water Treatment System Name:			Start Date:		Stop Date:						
Operating Organization: <input type="radio"/> DOD <input type="radio"/> Contractor <input type="radio"/> NATO <input type="radio"/> Other (Specify)											
Treatment System Location: <input type="radio"/> Fixed <input type="radio"/> Mobile											
Water Treatment System Type: <input type="radio"/> Military <input type="radio"/> Civilian											
If Military ROWPU: <input type="radio"/> 600 GPH <input type="radio"/> 3000 GPH <input type="radio"/> TWPS <input type="radio"/> Marine Corps -LWPS <input type="radio"/> Army-LWP <input type="radio"/> Other(Specify)_____											
If Civilian Reverse Osmosis: <input type="radio"/> High Pressure Membrane/Sea Water <input type="radio"/> Low Pressure Membrane/Brackish Water <input type="radio"/> Other (Specify)											
Disinfection technique (Pick one):	<input type="checkbox"/> NONE <input type="checkbox"/> chlorine gas <input type="checkbox"/> calcium hypochlorite <input type="checkbox"/> sodium hypochlorite <input type="checkbox"/> electrolytic chlorinesolution <input type="checkbox"/> Chloramines <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Unknown										
Treatment technique (Pick one):	<input type="checkbox"/> NONE <input type="checkbox"/> Adsorption <input type="checkbox"/> Air Stripping/Recarbonation <input type="checkbox"/> Filtration Flocculation/sedimentation <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Fluoridation <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Unknown										
Comments:											
<b>Water Container Information</b>											
Water Container Name:			Start Date:		Stop Date:						
Unique ID of Container:				Serial Number:							
Container Type: <input type="radio"/> Water Trailer <input type="radio"/> Water Tank Truck <input type="radio"/> Fabric Tank/Bladder <input type="radio"/> Fixed Tank			Volume: Gal L m <sup>3</sup>								
Container Specification: <input type="radio"/> MILSPEC <input type="radio"/> Commercial		Material approved for contact with Potable Water: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown									
Materials of Construction: <input type="radio"/> Steel <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Plastic <input type="radio"/> Fabric <input type="radio"/> Other <input type="radio"/> Unknown					Type:						
Manufacturer:		Make:		Model:							
<b>Water Pipe Network Information</b>											
Water Pipe Distribution System Name:			Start Date:		End Date:						
Construction of Pipe Network: <input type="radio"/> Above ground <input type="radio"/> Below ground <input type="radio"/> Both above and below ground											
Pipe Materials: Polyvinyl Chloride <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Cast Iron <input type="checkbox"/> Canvas Alloy <input type="checkbox"/> Copper/Nickel Galvanized Steel											
Specify other Types(s) of Pipe Materials (if applicable)											
WSC Number(S) from DOEHS:											

## Water System Component Instructions

**Name/Unit/Email/Phone #:** Information for the person completing this water system component form.

**All Sections, Start Date and End Date:** The start date is the date when the water system component began to be used. If unknown, provide an approximate date and brief explanation. The end date (if known) is when the component will stop being used. Examples may include temporary use of river water while wells are being dug or use of a sand filtration system until the ROWPU arrives.

**Natural Water Source:** Raw water from a stream, lake, river, spring, reservoir, etc. prior to any water treatment or disinfection.

- Natural Water Source name: Name of FOB and source. (ex: Bagram-Well 5)
- Disinfection Technique: This should always been “None” for a Natural Water Source.
  - ❖ Samples are typically collected directly from the source or just prior to treatment

**Municipal Water Source\*\*:** Water that is supplied by any water treatment system other than a reverse osmosis system. Typically ‘municipal water’ is provided by a local public water treatment plant. In some deployment situations the local municipal water supply is considered to be ‘untreated’ and must receive additional treatment and/or chlorine disinfection.

- Name of Municipal Water Source: FOB name and source name. (ex. Bagram-City of Bagram Water System)
- Name and Location of Water Source: (ex. Deer Creek, Mississippi River, Well field west of the city of Bagram)
  - \*\* use this for both ‘city water’ and any water treatment plants on a FOB that are not a ROWPU/TWPS (such as a nanofiltration system)
  - ❖ Samples are typically collected at a point beyond the final treatment step

**Field Water Treatment System:** A military field treatment system such as a ROWPU, LWPS, TWPS, etc.

- Water Treatment System Name: FOB Name-System name (ex: Bagram-South ROWPU)
- Operating Organization (pick one): DoD, Contractor, NATO, Other
- Treatment System Location (pick one): Fixed or Mobile
- Water Treatment System Type (pick one): Military or Civilian
  - ❖ Samples are typically collected from a ROWPU/TWPS sampling port

**Water Container:** A military water storage container (water tanker, bladder, etc.). **Note:** routine sampling results should be added within the Water Container Survey.

- Water Container Name: FOB Name-Container Name (ex: Bagram – Potable water Tank #23)
- Container ID: Potable Water Tank #23
- Serial Number: 24681359
- Container Type: (pick one) water trailer, water tank truck, fabric tank/bladder, fixed tank/bladder
- Volume: Typically in gallons (ex: 3,000 gal)
- Container Specification (pick one): MILSPEC or Commercial
- Materials of Construction (pick one): Steel, Concrete, Fiberglass, Plastic, Fabric, Other or Unknown
  - ❖ Samples are typically collected from a tap or faucet on the container or inside a building (gravity-fed water from a rooftop container to an indoor tap/faucet)

**Pipe Distribution System:** The pipe network used to distribute from its source or final point of treatment to the point of usage including rooftop water containers.

- Water Pipe Distribution System Name: FOB Name – Pipe System Name (ex. Bagram – WTP#1 potable water distribution system)
- Construction of Pipe Network (pick one): above ground, below ground, both above & below ground.
- Pipe Materials: (pick all that apply) PVC, asbestos cement, cast iron, canvas, alloy, copper/nickel, galvanized steel, other
  - ❖ Samples are typically collected from a tap or faucet at the point of water use.