



Bureau of Safe Drinking Water

# Annual SWP PROGRAM Update January 2023



**WATER SUPPLY  
AREA  
NEXT 3 MILES**

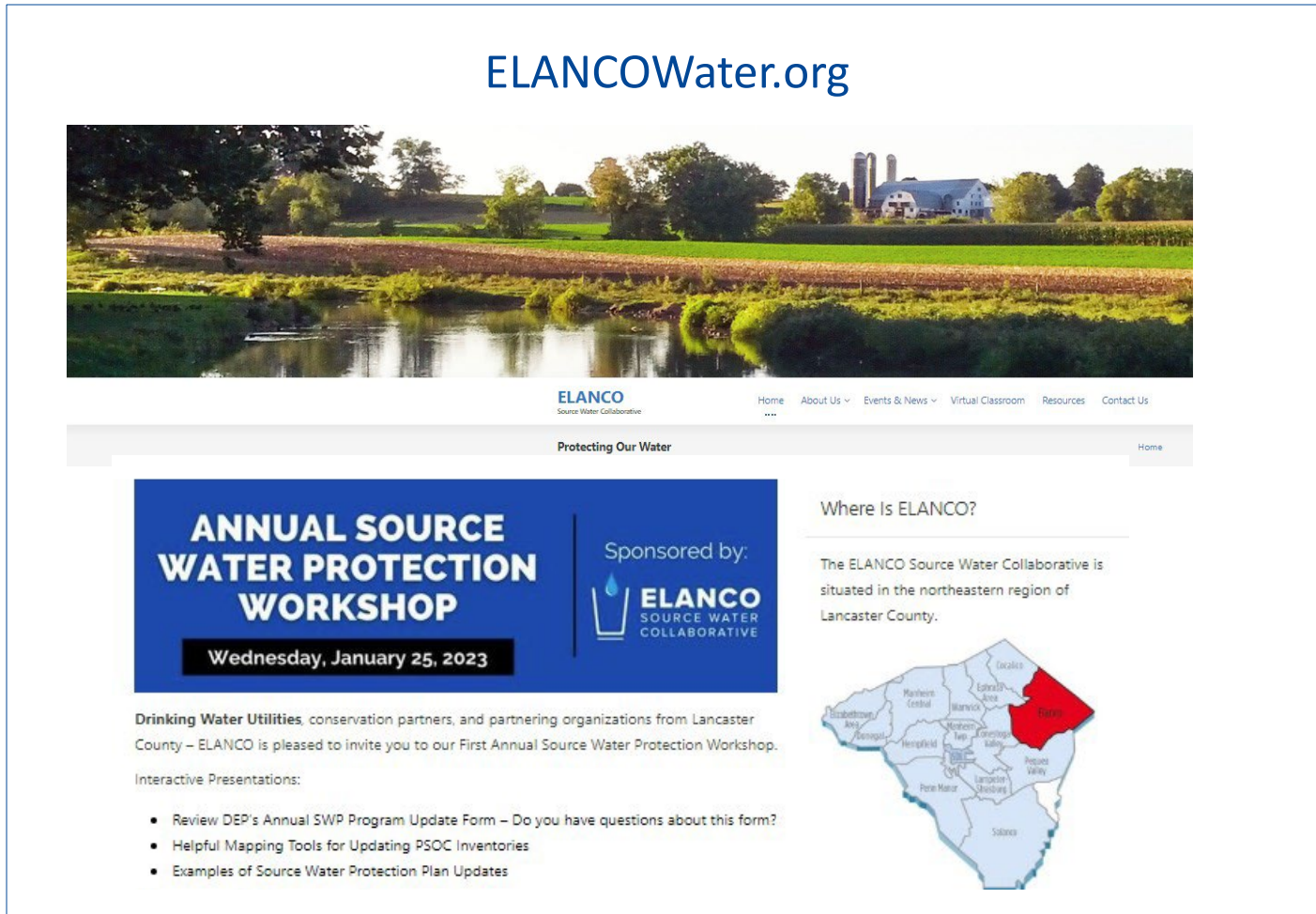
**SPILL RESPONSE  
DIAL 911**

Josh Shapiro, Governor

Rich Negrin, Nominated Secretary

# Workshop Files

Materials such as presentations from this Workshop will be on the ELANCO Website following the Workshop:



ELANCO Water.org

ELANCO  
Source Water Collaborative

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Protecting Our Water Home

**ANNUAL SOURCE WATER PROTECTION WORKSHOP**  
Wednesday, January 25, 2023

Sponsored by:  
**ELANCO**  
SOURCE WATER COLLABORATIVE


**Drinking Water Utilities**, conservation partners, and partnering organizations from Lancaster County – ELANCO is pleased to invite you to our First Annual Source Water Protection Workshop.

Interactive Presentations:

- Review DEP's Annual SWP Program Update Form – Do you have questions about this form?
- Helpful Mapping Tools for Updating PSOC Inventories
- Examples of Source Water Protection Plan Updates

Where Is ELANCO?

The ELANCO Source Water Collaborative is situated in the northeastern region of Lancaster County.



# PROGRAM Update Page 1

3840-FM-BSDW0098 Rev. 1/2013 Date Received \_\_\_\_\_

**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SAFE DRINKING WATER

**ANNUAL SOURCE WATER PROTECTION PROGRAM UPDATE**

THIS FORM SHOULD BE COMPLETED IN ORDER TO MAINTAIN ACTIVE STATUS OF AN APPROVED LOCAL SOURCE WATER PROTECTION (SWP) PROGRAM.

Report for Calendar Year: Jan. 1 To Dec. 31,   (Fill in Previous Year)

Source Water Protection Plan Approval Date: \_\_\_\_\_

RETURN BY MARCH 31 TO THE SAFE DRINKING WATER PROGRAM - REGIONAL SOURCE WATER PROTECTION MANAGER AT THE REGIONAL OFFICE THAT SERVES YOUR COUNTY (See page 5).

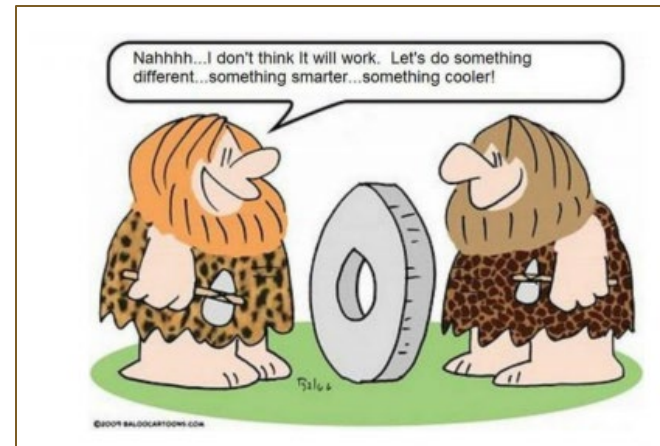
System Name		System Address
PWSID #	Municipality	System Phone #
Source ID(s) #		County
Contact Person Name & Title		Contact Person Address
Contact Person Phone #		Contact Person E-mail Address

Please answer the following questions as completely as possible, and include additional pages as necessary.

- What are your source water protection goals? Please check all that apply.
  - Protection of existing source water quality.
  - Improvement of existing source water quality.
  - Protection of potential future drinking water source quality (e.g., possible new well locations).
  - Other: \_\_\_\_\_
- Did you have at least one steering committee meeting during the reporting year?
  - Yes. Please indicate when and attach list of meeting attendees and meeting minutes.
  - No. Please describe what barriers prevented you from having a meeting this year. \_\_\_\_\_
- Were there any changes to your drinking water system with respect to your source(s)?
  - Yes, increases or decreases in withdrawals. Please describe. \_\_\_\_\_
  - Yes, changes in usage patterns. Please describe. \_\_\_\_\_
  - Yes, sources abandoned or new sources added. Please describe. \_\_\_\_\_
  - No.

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Don't Reinvent The Wheel



# PROGRAM Update Page 2

3340-FM-BSDW0098 Rev. 1/2019 Date Received \_\_\_\_\_

4. Were there any changes to your drinking water system with respect to land use?

Yes, land use changes in SWP zones. Please describe and attach map.

Yes, system changes driven by land use. Please describe and attach map.

No. (Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier)

5. Which of the following land uses do you consider to be the biggest threat to source water quality? Please check all that apply.

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Transportation Corridors
<input type="checkbox"/> Residential	<input type="checkbox"/> Oil and Gas Development
<input type="checkbox"/> Industrial	<input type="checkbox"/> Private or Public Forest Land (Timbering)
<input type="checkbox"/> Commercial	<input type="checkbox"/> Other: _____

➤ Is this a change from the land use analysis in your Source Water Protection Plan?

Yes. Please describe. \_\_\_\_\_

No. (Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier)

6. Please list your current top three (3) potential sources of contamination (PSOCs):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

➤ Is this a change from the PSOCs listed in your Source Water Protection Plan?

Yes. Please describe. \_\_\_\_\_

No.

➤ Are there any new PSOCs?

Yes. Please list the type, amount, and distance from each water source. Locate the contaminant source(s) on a map as well as the water source and attach to this form.

Type: \_\_\_\_\_

Amount: \_\_\_\_\_

Distance: \_\_\_\_\_

No. (Verified by previous and current Annual Sanitary Survey (Chapter 109.705) by water supplier)

## 6. List Top 3 PSOCs

Is this a change from your Plan?

Are there any new PSOCs

- a. Type
- b. Amount
- c. Distance

# PROGRAM Update Page 3

3340-FM-BSOW0098 Rev. 1/2019 Date Received \_\_\_\_\_

7. Is implementation of SWP area management measures in accordance with the implementation schedule in your plan? If not, please explain.

Yes.

No. Please describe parts of plan not on schedule and provide revised implementation dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

> Which of the following management options have you implemented this year or already have in place/maintain? Please describe briefly.

Public Education.

\_\_\_\_\_

PSOC Outreach.

\_\_\_\_\_

Projects with Partner Groups.

\_\_\_\_\_

Coordination with Emergency Responders.

\_\_\_\_\_

Land Purchase.

\_\_\_\_\_

Overlay Zoning.

\_\_\_\_\_

Ordinances.

\_\_\_\_\_

Other:

\_\_\_\_\_

> Please describe future plans and implementation dates for the upcoming year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What resources have you applied to your program? Please describe briefly.

Personnel Time.

\_\_\_\_\_

Volunteer Time.

\_\_\_\_\_

\_\_\_\_\_

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Public Outreach

PSOC Outreach

Projects w Partners

Coordination w Emergency Responders

Land Purchase

Overlay Zoning

Ordinances

Other

# PROGRAM Update Page 4

Grants.  
\_\_\_\_\_

Direct Funding.  
\_\_\_\_\_

Other:  
\_\_\_\_\_

9. What partners have you worked with? Please describe briefly.

County Conservation District.  
\_\_\_\_\_

County Planning.  
\_\_\_\_\_

Emergency Responders.  
\_\_\_\_\_

Watershed Association.  
\_\_\_\_\_

Conservation Organization.  
\_\_\_\_\_

Other:  
\_\_\_\_\_

10. Have you updated and coordinated your emergency response plan to include responses to additional incidents that may impact the quality of your drinking water source?  
 Yes.       No.

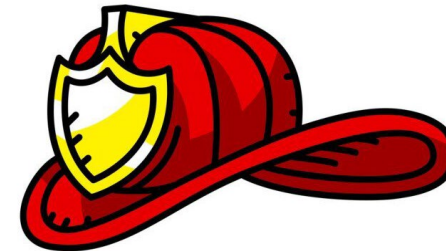
11. Have you updated your contingency plan for providing an alternate supply of drinking water as a result of an actual or recently realized potential drinking water source contamination event?  
 Yes.       No.

12. What barriers, if any, are preventing you from implementing your Source Water Protection Plan in a manner that meets all of your source water protection goals? Please describe briefly.

Lack of Personnel Time.  
\_\_\_\_\_

Lack of Funding.  
\_\_\_\_\_

Lack of Interest by Local Officials.  
\_\_\_\_\_



## Update Your:

1. Emergency Response Plan
2. Contingency Plan

***PARTNERS***

# Partners



LANCASTER COUNTY  
CONSERVATION DISTRICT



Lancaster Clean  
Water Partners



PennState  
Extension



ALLIANCE  
for the Chesapeake Bay



Keystone  
**10 MILLION TREES**  
PARTNERSHIP



NRCS  
Natural  
Resources  
Conservation  
Service



CHESAPEAKE BAY  
FOUNDATION  
*Saving a National Treasure*

# PROGRAM Update Page 5

Lack of Volunteer or Partner Interest.

\_\_\_\_\_  
 Lack of Knowledge.

\_\_\_\_\_  
 Other:

\_\_\_\_\_  
13. Please add any additional comments you may have.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has the Source Water Protection Plan ever been amended?

- Yes, and an addendum has been submitted to the Department. Revision Date: \_\_\_\_\_  
 Yes, and an addendum will be submitted to the Department. Revision Date: \_\_\_\_\_  
 No.

15. Please sign and date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEP REGIONAL OFFICES SAFE DRINKING WATER PROGRAM

- The completed form is to be addressed to: PA DEP - Safe Drinking Water and sent to the address of the appropriate district office or county health department (CHD) having jurisdiction over the water system.
- District and CHD addresses by county can be found within DEP document number 3930-FM-BSDW0560. This document can be located by searching under "forms" for document number 3930-FM-BSDW0560 on eLibrary at the following link: <http://www.depgreenport.state.pa.us/eLibrary/GetFolder?FolderID=3195>.





# Questions?





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**Geologist**  
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*Student, Poster Contest Winner 2018*