

Instructions: Please complete the following form to the best of your ability. This information will be included in the permanent file for the systems listed.

Seller System Name		Seller System PWS ID N Y _____	
Purchase System Name		Purchase System PWS ID N Y _____	
Town, Village, or City	County	Seller Population	Buyer Population
Source of Supply groundwater <input type="checkbox"/> surface water <input type="checkbox"/> GUDI <input type="checkbox"/>	Disinfection Waiver Issued? Yes <input type="checkbox"/> No <input type="checkbox"/>	Connection(s) established in SDWIS? Yes <input type="checkbox"/> No <input type="checkbox"/>	

List Seller System Treatments
List Purchase System Treatments

Please indicate which services the Seller System provides to the Purchase System(s)(check all that apply).

- Daily Residual Measurements**
- Repairs / Replacement of Water System Appurtenances**
- Billing**
- AWQR**
- Emergency Power Generation**
- Sampling**
- Certified Operator**
- Public Notification**
- Cross Connection Control**
- Consumer Complaint Response**
- Other services provided (please list)**

Is there a Consecutive Agreement or other documentation available and a copy attached to this survey? Yes No

Completed by _____

Title _____ Date ____ / ____ / ____

Please describe the sampling requirement of the Seller System and the Purchase system in the space provided below. If the seller performs sampling for an analyte listed, place a check mark in the corresponding box below. If sampling for an analyte is not performed by the seller, please explain the relationship and nature of agreement in the section titled "Response and Explanation."

Sample Type / Contaminant from 10NYCRR Subpart 5-1	Response and Explanation
Asbestos (Table 8A) <input type="checkbox"/> Seller samples for purchaser	
Inorganic Chemicals (Table 8B) <input type="checkbox"/> Seller samples for purchaser	
Nitrate / Nitrite (Table 8C) <input type="checkbox"/> Seller samples for purchaser	
Inorganic Chemicals / Physical Characteristics (Table 8D) <input type="checkbox"/> Seller samples for purchaser	
Disinfection Byproducts (Table 9A) <input type="checkbox"/> Seller samples for purchaser	
Organic Chemicals (Table 9B) <input type="checkbox"/> Seller samples for purchaser	
Turbidity (Tables 10 & 10A) <input type="checkbox"/> Seller samples for purchaser	
Microbiological (Table 11) <input type="checkbox"/> Seller samples for purchaser	
Radiological (Table 12) <input type="checkbox"/> Seller samples for purchaser	
Disinfectant Residual (Table 15A and 5-1.30 and 72) <input type="checkbox"/> Seller samples for purchaser	
Lead and Copper (5-1.40-49) <input type="checkbox"/> Seller samples for purchaser	
All Other Sampling Agreements	