

**NON-PUBLIC  
SYSTEM SUMMARY REPORT**

20 \_\_\_\_\_

Division of Water  
Commercial and Government Services Section  
Water Supply Assessment & Protection  
89 Kings Highway  
Dover, DE 19901

DRBC

Phone: 302-739-9948  
Fax: 302-739-2296  
<https://dnrec.delaware.gov/water>

Please type or print clearly

1. OWNER OF SYSTEM \_\_\_\_\_
2. ADDRESS \_\_\_\_\_ ZIPCODE \_\_\_\_\_
3. RESPONDENT \_\_\_\_\_
4. TITLE \_\_\_\_\_
5. PHONE NO. \_\_\_\_\_ WORK HOURS-FROM \_\_\_\_\_ TO \_\_\_\_\_
6. LOCATION OF WITHDRAWAL: MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_
7. LOCATION OF USAGE: MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_

	8. TOTAL MONTHLY SELF-SUPPLIED (GALLONS)	9. TOTAL MONTHLY PURCHASED (P) SOLD (S) (gal.)	10. SUPPLIED FROM/TO
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
<b>TOTAL</b>			

11. EVAPORATIVE LOSS \_\_\_\_\_ MG/ MONTH (IF KNOWN)
12. PRODUCT CONSUMPTION \_\_\_\_\_ MG/ MONTH (IF KNOWN)
13. IS ANY WASTE WATER RECYCLED?  Yes  No IF YES \_\_\_\_\_ % or \_\_\_\_\_ MG/ MO.
14. IS ANY WASTE WATER RECLAIMED?  Yes  No IF YES \_\_\_\_\_ % or \_\_\_\_\_ MG/ MO.

**WASTE WATER TREATMENT (CHECK ALL THAT APPLY):**

15. TREATMENT PLANT:

MUNICIPAL/ REGIONAL  SELF-TREATED  PACKAGE  SUB-SURFACE

15b. FACILITY NAME \_\_\_\_\_

**DISCHARGE LOCATION:**

16. WATER BODY (WWTP ONLY) \_\_\_\_\_ LAND APPLICATION  YES  NO

17. MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_

18. ESTIMATED AVERAGE DISCHARGE \_\_\_\_\_ MG/ MO.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_