

**PUBLIC
SYSTEM SUMMARY REPORT
(DRBC)**

20 _____

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

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

Please type or print clearly

1. OWNER OF SYSTEM _____
2. ADDRESS _____ ZIP CODE _____
3. RESPONDENT _____
4. TITLE _____
5. PHONE NO. _____ WORK HOURS-FROM _____ TO _____
6. SERVICE AREA NAME _____
7. SERVICE AREA LOCATION* (MUNICIPALITY) _____ (CO.) _____
8. WITHDRAWAL LOCATION (MUNICIPALITY) _____ (CO.) _____

	9. TOTAL MONTHLY SELF-SUPPLIED (GALS)	10. TOTAL MONTHLY PURCHASED (P) SOLD (S) (gal.)	11. SUPPLIED FROM / TO	12. TOTAL MONTHLY BILLED {PUBLIC ONLY}
JAN				
FEB				
MAR				
APR				
MAY				
JUNE				
JULY				
AUG				
SEPT				
OCT				
NOV				
DEC				
13. TOTAL				

14. TOTAL POPULATION SERVED _____
15. NUMBER OF SERVICE CONNECTIONS: (TO THE EXTENT AVAILABLE) RES. _____
 COMM. _____ INSTIT. _____ INDUST. _____ BULK _____
16. TOTAL ANNUAL DEMAND BY CATEGORY (MG) (TO THE EXTENT AVAILABLE).
 RES. _____ COMM _____ INSTIT. _____ INDUS. _____ BULK _____
 OTHER METERED (SPECIFY) _____
17. UNACCOUNTED FOR: $1 - \left(\frac{\text{METERED SALES}}{\text{TOTAL PRODUCTION}} \right) \times 100 = \text{ _____\% }$
18. WASTEWATER FACILITY NAME _____
19. SIGNATURE _____ DATE _____

*IF SERVING MORE THAN ONE COUNTY REPORT SEPARATELY FOR EACH COUNTY.