



Understanding the Process of Creating/Adding a New Public Water System

Presentation prepared by:

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Sanitary Engineer 3

Presenters: Vicky Carrier and Lori Mathieu

DPH - Drinking Water Section



Public Water Systems

"Public water system" or "system" means any water company supplying water to 15 or more consumers or 25 or more persons, based on the "Design Population" as defined in section 16-262m-8(a)(3) of the Regulations of Connecticut State Agencies, jointly administered by the department and the Public Utilities Regulatory Authority, daily at least 60 days of the year that does not meet all of the following conditions:



Public Water Systems

- Consists only of distribution and storage facilities;
- Does not have any treatment facilities, other than those for non-potable use;
- Obtains all of its water from, but is not owned or operated by, a public water system;
- Does not separately bill the consumers for water use or consumption; and
- Is not a carrier which conveys passengers in interstate commerce;

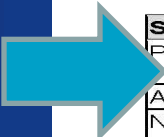


Public Water System Screening Form

- In order to determine if the proposed project may result in the creation of a new water company, a "PWS Screening Form" form must be completed and submitted to this office. The information provided by completing the form will be used by the Drinking Water Section (DWS) to evaluate the proposed project and determine whether or not a new PWS will be created.
- Submission of this application form is a prerequisite to the Certificate of Public Convenience and Necessity (CPCN) Phase I-A application.
- The Public Water System (PWS) screening form is available on our website:
 - www.ct.gov/dph/publicdrinkingwater



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM**
Pursuant to CGS Sections 16-262m & 8-25a and RCSA Section 19-13-B102



Section 1: Basic Information			
Project Type:	<input type="checkbox"/> Conversion of Existing Structure/Property	<input type="checkbox"/> Proposed Development	
	<input type="checkbox"/> Unclassified Facility Currently in Operation	<input type="checkbox"/> PWS Classification Review	

Anticipated Start Date:			
Name of Facility		Proposed/Current Maximum Daily Population Served	Proposed/Current Building Capacity
PWS ID # CT			Customer of a water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address		Number of Service Connections:	Proposed/current daycare capacity:
City	State	ZIP Code	
		Residential	Non-Res

Description of Project (Attach additional pages if necessary):

Section 2: Facility Information
Will or does the facility supply water for domestic use to its customers, visitors and/or members?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)</i>
Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____
Number of persons whose primary residence is or will be supplied by the facility based on design population: _____
Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)
Type of Facilities (Check all that apply) <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Campground <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Professional Office <input type="checkbox"/> Youth Camp <input type="checkbox"/> Gas Station <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Place of Worship <input type="checkbox"/> Park/Recreation Area <input type="checkbox"/> Other - specify: _____

Section 3: Property Owner Contact Information			
Name		Legal Contact Person (if owner is not an individual)	
Mailing Address		City	State
			ZIP Code
Telephone	Fax	Emergency Phone	
E-mail Address			

Section 4: Certification Statement
I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.
Signature of Property Owner/Legal Contact: _____ Date: _____
Printed Name of Property Owner/Legal Contact: _____

FOR DWS USE ONLY			
CPCN: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conversion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reactivation of former PWS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
New Water System (currently in operation): <input type="checkbox"/> Yes <input type="checkbox"/> No	PWS Classification Review: <input type="checkbox"/> Yes <input type="checkbox"/> No		
System Classification: C NTNC TNC NP	Date of determination: _____	DWS Project #: _____	

**Is it a Certificate Project (CPCN),
a Conversion, Discovery,
or a Reactivation?**

Proposed Development

- **Development of a New Water Company**
- If you are developing property that will have an on-site water system, you may be creating a water company. Water companies include various types of facilities served by a common source(s) of supply (i.e. well). These include, but are not limited to:
 - residential communities
 - professional offices
 - various businesses
 - schools
 - day care facilities
 - youth camps
 - food service establishments
 - campgrounds



Certificate Projects

If you are planning a development with an on-site water system having 15 or more service connections or serving 25 or more people, you must obtain a CPCN for the proposed PWS before any construction of the system can begin.

Certificate Projects

The “Certificate process” or CPCN process reviews the design of the proposed PWS from development of the water sources to the piping system that will bring the water to the consumer.

- One purpose of the "Certificate process" is to ensure that all new public water systems are built to particular specifications and have adequate Technical, Managerial, and Financial capacity to maintain compliance with regulations after the system is put into operation.

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DRINKING WATER

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Certificate of Public Convenience and Necessity

Development of a New Water Company

If you are developing property that will have an on-site water system, you may be creating a water company. Water companies include various types of facilities served by a common source(s) of supply (i.e. well). These include, but are not limited to:

- residential communities,
- professional offices,
- various businesses,
- schools,
- day care facilities,
- youth camps,
- food service establishments
- campgrounds

In order to determine if the proposed project may result in the creation of a new water company, a "Public Water System Screening Form" form must be completed and submitted to this office. The information provided by completing the form will be used by the Drinking Water Section (DWS) to evaluate the proposed project and determine whether or not a new water company will be created.

- Public Water System Screening Form
 - [Adobe PDF Fillable Version](#)
 - [Microsoft Word Version](#)
 - [Instructions](#)



Public Act No. 16-197

- Please note effective October 1, 2016, an act concerning DPH's recommendations on the expansion and construction of water systems changed the CPCN process to exclude PURA from the majority of the review.
 - Certificate forms are available on the website
 - Be sure to use Correct Forms!
 - Community vs. Non-Community

Certificate Project Steps

- General Application Form
- New Siting of Well (Location) – **Phase 1A**
 - Requires Project Approval from DPH
- Well Use (Water Quantity & Quality) – **Phase 1B**
 - Requires Project Approval from DPH
 - Water Quality Testing
 - Yield Test
- Construction of Water System – **Phase 2**
 - Requires Project Approval from DPH
 - ex. Tanks, Treatment, etc.

Phase 1A

Phase 1A of the CPCN process reviews the location of proposed sources of supply. Approval of the Phase 1A allows development and evaluation of supply sources to proceed.

- Applicant must submit:
 - Copy of the DWS's letter of determination of water company screening application form review
 - A Well Site Suitability application form is required for each well.
 - CWS and schools should have a minimum of two wells.
 - Evaluation of quantity of water necessary to provide adequate supply
 - Calculate the Average Daily Demand (ADD) in gallons per day







Phase 1A

- Plan for controlling pollution sources that might affect the well
- Topographical map showing the relationship and location of the proposed project to the surrounding area
 - Applicant required to own or control sanitary radius
- Completed Technical, Managerial, and Financial (TMF) Capacity Evaluation questionnaire, all new PWS must develop and maintain adequate TMF capacity to meet the requirements of State and Federal regulations.
- Description of groundwater quality as classified by DEEP and subsurface soils as classified by the U.S. Department of Agriculture – Natural Resources Conservation Service, for the project area

Phase 1A

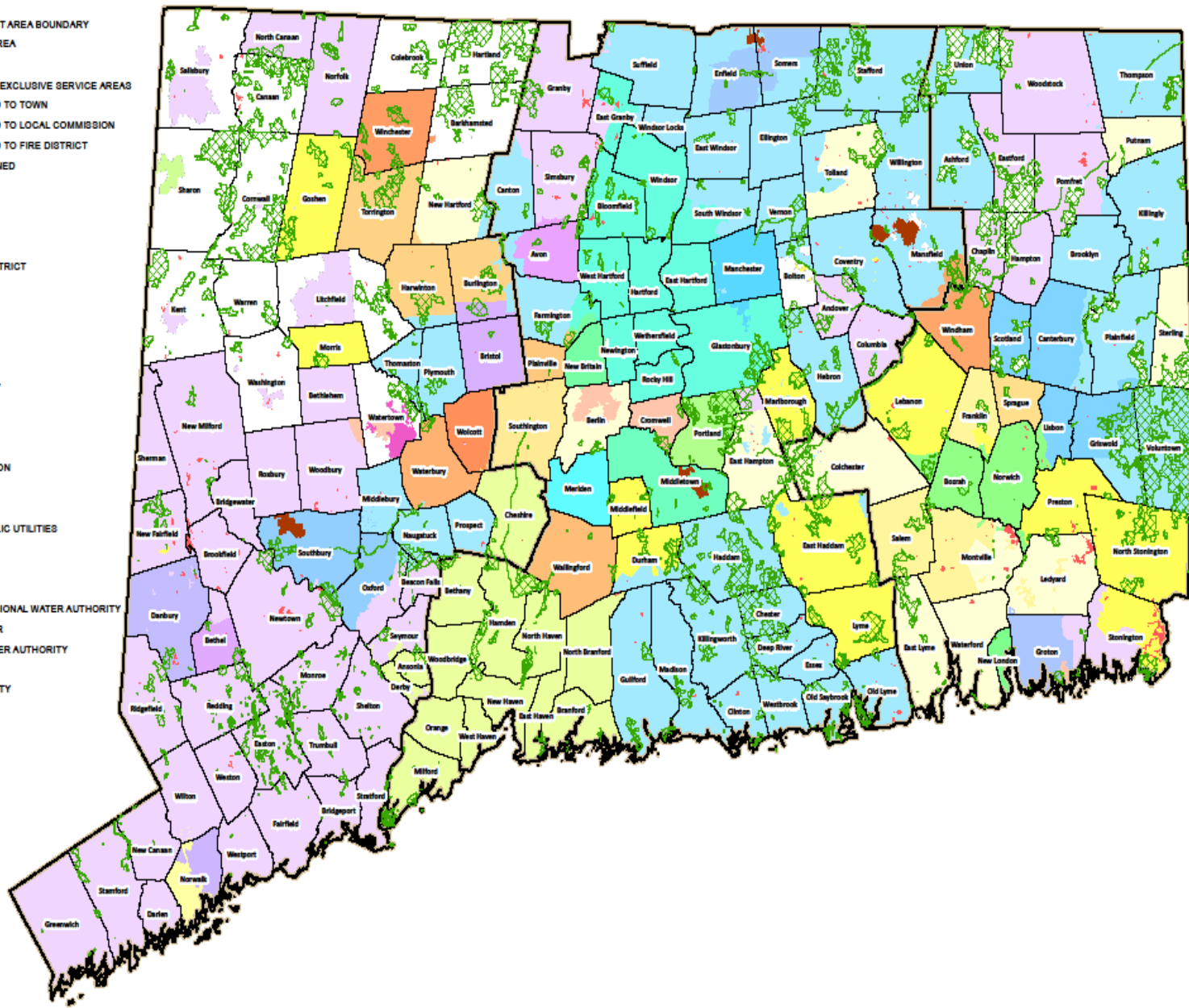
- Name and Certificate Number of Certified Operator (only applies to CWS and NTNC PWS)
- Provide a detailed letter from the Town's planning department indicating any known probable future building areas within one mile of this property
- Stake the ground where the well(s) will be located
- Coordination with the Established Service Area (ESA) holder or the eventual owner and/or operator of the system is required.

Legend

-  DEEP LANDS WHERE ESA BOUNDARIES MAY NOT BE ENFORCEABLE
-  MUNICIPAL BOUNDARY
-  PUBLIC WATER SUPPLY MANAGEMENT AREA BOUNDARY
-  STATE AGENCY EXISTING SERVICE AREA

EXCLUSIVE SERVICE AREAS

-  OTHER COMMUNITY WATER SYSTEM EXCLUSIVE SERVICE AREAS
-  EXCLUSIVE SERVICE AREA ASSIGNED TO TOWN
-  EXCLUSIVE SERVICE AREA ASSIGNED TO LOCAL COMMISSION
-  EXCLUSIVE SERVICE AREA ASSIGNED TO FIRE DISTRICT
-  EXCLUSIVE SERVICE AREA UNASSIGNED
-  AQUARIAN WATER COMPANY
-  AVON WATER COMPANY
-  BETHEL WATER DEPARTMENT
-  BRISTOL WATER DEPARTMENT
-  CITY OF NORWALK FIRST TAXING DISTRICT
-  CONNECTICUT WATER COMPANY
-  DANBURY WATER DEPARTMENT
-  GROTON LONG POINT ASSOCIATION
-  GROTON UTILITIES
-  HAZARDVILLE WATER COMPANY
-  HERITAGE VILLAGE WATER COMPANY
-  JEWETT CITY WATER COMPANY
-  MANCHESTER WATER DEPARTMENT
-  MERIDEN WATER DIVISION
-  METROPOLITAN DISTRICT COMMISSION
-  MIDDLETOWN WATER DEPARTMENT
-  NEW BRITAIN WATER DEPARTMENT
-  NEW LONDON DEPARTMENT OF PUBLIC UTILITIES
-  NORWICH PUBLIC UTILITIES
-  PORTLAND WATER DEPARTMENT
-  SHARON WATER DEPARTMENT
-  SOUTH CENTRAL CONNECTICUT REGIONAL WATER AUTHORITY
-  SOUTH NORWALK ELECTRIC & WATER
-  SOUTHEASTERN CONNECTICUT WATER AUTHORITY
-  SOUTHWINGTON WATER DEPARTMENT
-  SPRAGUE WATER & SEWER AUTHORITY
-  TORRINGTON WATER COMPANY
-  VALLEY WATER SYSTEMS, INC
-  WALLINGFORD WATER DIVISION
-  WATERBURY WATER DEPARTMENT
-  WATERTOWN WATER & SEWER
-  WINDHAM WATER WORKS
-  WINSTED WATER WORKS
-  WOLCOTT WATER DEPARTMENT



Map By: SB
 MMR#: 1017-05-04
 MOD#: 110127 05/05/2017
 JIS Version: 03/28/2017
 Revision: 03/28/2017
 Scale: 1 in. = 41,000 ft.



SOURCE:
 Town Boundaries - CT DEEP
 Exclusive Service Areas - W. C. & E. WACEC

STATEWIDE MAP OF ESA BOUNDARIES
 EXCLUSIVE SERVICE AREA PROCESS
 CONNECTICUT

Map By: SB
 MMR#: 1017-05-04
 MOD#: 110127 05/05/2017
 JIS Version: 03/28/2017
 Revision: 03/28/2017
 Scale: 1 in. = 41,000 ft.



Local Health Department

- The PWS Applicant must Bring the Phase 1A approval from the State DPH to obtain a well drilling permit from Local Health Department
- Please help remind PWS applicants that additional steps are required before they can use the well to serve the public
 - Phase 1B
 - Phase 2
 - Final Certificate and Well Use Approval

* Many times Applicants don't come back to DPH until everything is constructed and ready to open



Phase 1B

After the well(s) are drilled, Phase 1B reviews the water quantity and quality of the proposed source(s).

Approval of Phase 1B authorizes the developer to begin clearing the site and constructing foundations.



Phase 1B

Applicant must submit:

- Copy of the DWS's letter of determination of Phase 1A application form
- Completed Well Water Quality and Quantity Suitability Application, which includes:
 - Copy of Well Drillers Report for each well
 - Copy of yield test results for each well, indicating pump rates, certified well yields, and drawdown information.
 - Copy of required water quality test results
- An agreement in principle with the ESA holder or the eventual owner and/or operator of the system is required.



Phase II

Phase II reviews the design of the proposed water system including storage, distribution system and any treatment, if necessary.

Approval of Phase II allows for final construction documents to be prepared and the system to be bid and built along with the remainder of the development.



Phase II

- Final Step of the CPCN Process
- The applicant must submit:
 - Copy of the DWS's letter of determination of Phase 1B application form
 - Plans and specifications for the project.
 - Plan for action and proper notification of authorities in the event of an emergency.
 - Name of Operator on the operator of verification form.
 - A final agreement with the ESA provider or the eventual owner/operator of the system is typically necessary.

****The system cannot be operated until approved by DPH, and Certificates of Occupancy are not granted until water supply is approved for public use (Well Use Approval and Final Certificate of Public Convenience & Necessity).**



New Community Systems

Typically, when a community development occurs that is physically disconnected or remote from an existing water distribution system, the supply system must be designed and constructed to meet minimum design standards and acceptable to DPH and the ESA provider, who takes the system over as the legal owner and/or operator.



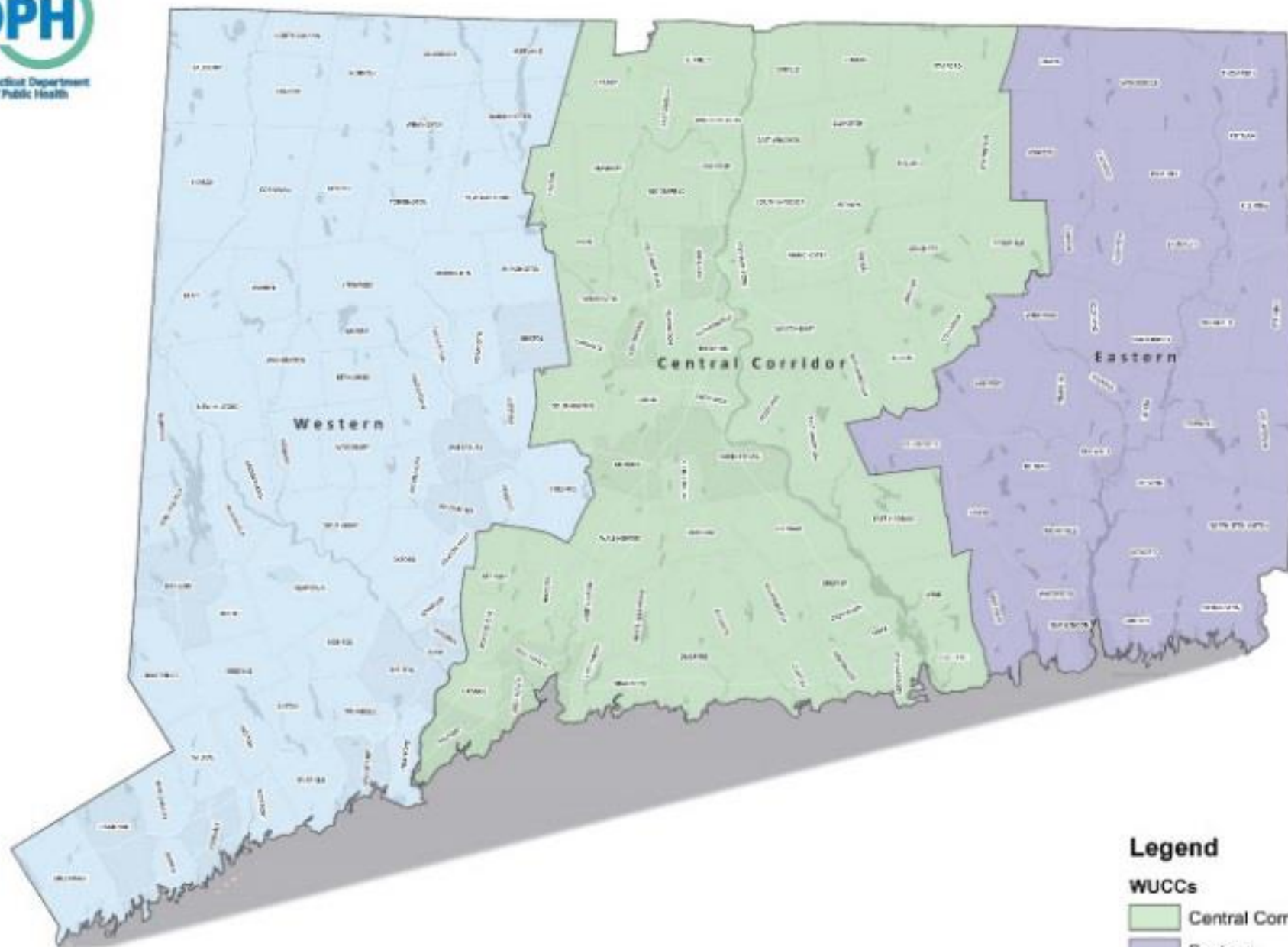
WUCC

'WUCC' is an acronym for 'Water Utility Coordinating Committee'.

WUCCs were created by statute in 1985 (Public Act 85-535, "An Act Concerning a Connecticut Plan for Public Water Supply Coordination"). They are intended to "maximize efficient and effective development of the state's public water supply systems and to promote public health, safety and welfare." WUCC members are PWS and Councils of Government. WUCCs are split into management areas.

There are three WUCCs in Connecticut: Western, Central Corridor, and Eastern.

WUCC Boundaries



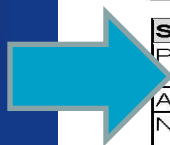
Legend

WUCCs

- Central Corridor
- Eastern
- Western



**STATE OF CONNECTICUT
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PUBLIC WATER SYSTEM SCREENING FORM**
Pursuant to CGS Sections 16-262m & 8-25a and RCSA Section 19-13-B102



Section 1: Basic Information			
Project Type:	<input type="checkbox"/> Conversion of Existing Structure/Property	<input type="checkbox"/> Proposed Development	
	<input type="checkbox"/> Unclassified Facility Currently in Operation	<input type="checkbox"/> PWS Classification Review	

Anticipated Start Date: _____				
Name of Facility		Proposed/Current Maximum Daily Population Served	Proposed/Current Building Capacity	Customer of a water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
PWS ID # CT				
Property Address		Number of Service Connections:		Proposed/current daycare capacity:
City	State	ZIP Code	Residential	
Number of days per year facility is/will be operational: _____				

Description of Project (Attach additional pages if necessary):

Section 2: Facility Information				
Will or does the facility supply water for domestic use to its customers, visitors and/or members?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)</i>				
Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____				
Number of persons whose primary residence is or will be supplied by the facility based on design population: _____				
Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)				
Type of Facilities (Check all that apply) <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Campground <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Professional Office <input type="checkbox"/> Youth Camp <input type="checkbox"/> Gas Station <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Place of Worship <input type="checkbox"/> Park/Recreation Area <input type="checkbox"/> Other - specify: _____				

Section 3: Property Owner Contact Information				
Name		Legal Contact Person (if owner is not an individual)		
Mailing Address		City	State	ZIP Code
Telephone	Fax	Emergency Phone		
E-mail Address				

Section 4: Certification Statement	
I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.	
Signature of Property Owner/Legal Contact: _____	Date: _____
Printed Name of Property Owner/Legal Contact: _____	

FOR DWS USE ONLY			
CPCN: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conversion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reactivation of former PWS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
New Water System (currently in operation): <input type="checkbox"/> Yes <input type="checkbox"/> No	PWS Classification Review: <input type="checkbox"/> Yes <input type="checkbox"/> No		
System Classification: <input type="checkbox"/> C <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/> NP	Date of determination: _____	DWS Project #: _____	

Conversion Projects

- Conversion of Existing Structure/Property
- Property Owner wants to make an existing Private Well System into a PWS
 - General Application Form
 - **CPCN review process is now required**
 - Phase IA - Existing Siting of Well (Location)
 - Phase IB - Well Use (Water Quantity & Quality)
 - Phase II - Construction of Water System

*If unsure – have applicant send in PWS Screening Form

Public Water Supply Well Site Approval

Below is the application for a Public Drinking Water Supply Well and other related information. Public Water System Well Site Approval Application

- [Public Water System Well Site Approval Application](#) (MS Word)
- [Public Water System Well Site Approval Application](#) (pdf)
- [Instructions](#) (pdf)
- [Well Location Relative to High Water Mark and 100 Year Flood level](#) (pdf)
- [Well Water Quality and Quantity Suitability Application](#) (MS Word)
- [Yield Test Logs](#) (pdf)
- [Certification For Endothall and Dioxin Testing](#) (pdf)
- [General Terms for Well Use Approval](#) (pdf)
- [Sources of Pollution](#) (pdf)

Filter Backwash Recycling Rule

Introduction: On June 8, 2001, the Filter Backwash Recycling Rule (FBRR) was published in the Federal Register and on April 22, 2003 the Regulations of Connecticut State Agencies (RCSA) were amended to adopt this rule. The FBRR applies to public water systems that use surface water or ground water under the influence (GWUI) of surface water, apply conventional or direct filtration treatment, and recycle spent filter backwash, thickener supernatant, or liquids from dewatering processes. Public water systems that are required to comply with the FBRR requirements must ensure that the recycled backwash, thickener supernatant, and dewatering liquor are recycled



General Terms for Well Use Approval

This document outlines requirements that must be followed after a Well Site Suitability Certification has been issued by the Department of Public Health (DPH) in order for the DPH to consider a Well Use Approval.

http://www.ct.gov/dph/cwp/view.asp?a=3139&q=387316&dphNav=|&dphNav_GID=1824#Public_Water_Supply_Well_Site_Approval

Also Regulations of Connecticut State Agencies RCSA Section 19-13-B51a-m is where all of our well construction guidelines are. Here is the link to look up the regulations.

<http://www.ct.gov/dph/cwp/view.asp?a=3139&q=387294>

Yield Test

- The minimum well yield test duration shall be in accordance with the table below:

Anticipated Withdrawal Rate of Well (gpm)	Minimum Duration of Yield Test
a.) Less Than 10	Minimum time necessary to achieve drawdown stabilization for the final 12 hours of the yield test ¹
b.) 10 to 50	36 hours ¹
c.) Greater Than 50	72 hours ¹
d.) All CPCN ³ Community Wells	72 hours ²
e.) All CPCN ³ Non-Community Wells	Refer to a.) through c.)

- Pursuant to Section 19-13-B51k(b) of the RCSA
- Pursuant to Section 16-262m of the RCSA
- Certificate of Public Convenience and Necessity for Small Water Companies



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DPH Main Menu



H.I.P.A.A NOTICE

HealthCare Reform



Guidelines for the Design and Operations of Public Water System Treatment, Works, and Sources

The Drinking Water Section develops and provides technical guidelines for the design and construction of water and treatment works projects and drinking water related practices such as bulk water hauling. The technical guidelines are intended primarily for public water system certified operators, engineers, and consultants to help ensure that best engineering and management practices are being followed to help assist in the approval process. The technical information provided in the guidelines includes accepted best practices from [Recommended Standards for Water Works](#) and from organizations such as the [American Water Works Association](#).

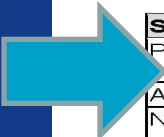
The Drinking Water Section is continuously developing new guidelines and revising existing ones due to the dynamic nature of drinking water delivery and treatment technology and as additional information becomes available. Public comments on the technical guidelines are always encouraged and may be considered for future revisions.

- [Outline](#) - Table of Contents
- [Chapter 1](#) - Definitions
- [Chapter 2](#) - Overview
- [Chapter 3](#) - Source Development
- [Chapter 4](#) - Process Treatment & Chemical Application
- [Chapter 5](#) - Pump Stations
- [Chapter 6](#) - Potable Water Storage Facilities
- [Chapter 7](#) - Transmission & Distribution Systems





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PWS ID # CT							
Property Address			Number of Service Connections:		Proposed/current daycare capacity:		Number of days per year facility is/will be operational:
City		State	ZIP Code		Residential	Non-Res	
Description of Project (Attach additional pages if necessary): 							
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Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No							
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Unclassified Facility Currently in Operation

Discovery of an existing active PWS

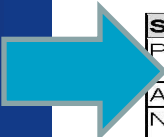
- Onsite Well
- Meets definition of PWS
- Currently in Operation
- Examples - Gas Stations, Restaurants, Daycares, Medical Facilities, Offices, Plazas, etc

*A facility using bottled water does not stop the water system from having PWS Responsibilities

DPH will send PWS Responsibilities Letter and begin regulating.



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Description of Project (Attach additional pages if necessary): 							
Section 2: Facility Information							
Will or does the facility supply water for domestic use to its customers, visitors and/or members?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)</i>							
Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____							
Number of persons whose primary residence is or will be supplied by the facility based on design population: _____							
Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)							
Type of Facilities (Check all that apply) <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Campground <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Professional Office <input type="checkbox"/> Youth Camp <input type="checkbox"/> Gas Station <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Place of Worship <input type="checkbox"/> Park/Recreation Area <input type="checkbox"/> Other - specify: _____							
Section 3: Property Owner Contact Information							
Name				Legal Contact Person (if owner is not an individual)			
Mailing Address				City		State	ZIP Code
Telephone		Fax		Emergency Phone			
E-mail Address							
Section 4: Certification Statement							
I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.							
Signature of Property Owner/Legal Contact: _____						Date: _____	
Printed Name of Property Owner/Legal Contact: _____							
FOR DWS USE ONLY							
CPCN: <input type="checkbox"/> Yes <input type="checkbox"/> No		Conversion: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reactivation of former PWS: <input type="checkbox"/> Yes <input type="checkbox"/> No			
New Water System (currently in operation): <input type="checkbox"/> Yes <input type="checkbox"/> No				PWS Classification Review: <input type="checkbox"/> Yes <input type="checkbox"/> No			
System Classification: <input type="checkbox"/> C <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/> NP		Date of determination: _____		DWS Project #: _____			



PWS Classification Review

- Reactivation of a former PWS
 - New Owner or Tenant
- Inactivation of a PWS
 - Interconnection
 - Out of Business
- Change in Classification for a PWS
 - ex. NTNC to TNC (daycare moves out of plaza)

DPH will send Inactivation or Responsibilities Letter



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM**
Pursuant to CGS Sections 16-262m & 8-25a and RCSA Section 19-13-B102

Section 1: Basic Information					
Project Type:		<input type="checkbox"/> Conversion of Existing Structure/Property		<input type="checkbox"/> Proposed Development	
		<input type="checkbox"/> Unclassified Facility Currently in Operation		<input type="checkbox"/> PWS Classification Review	
Anticipated Start Date: _____					
Name of Facility			Proposed/Current Maximum Daily Population Served	Proposed/Current Building Capacity	Customer of a water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
PWS ID # CT					
Property Address			Number of Service Connections:		Proposed/current daycare capacity:
City	State	ZIP Code	Residential	Non-Res	
Description of Project (Attach additional pages if necessary): 					
Section 2: Facility Information					
Will or does the facility supply water for domestic use to its customers, visitors and/or members?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)</i>					
Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____					
Number of persons whose primary residence is or will be supplied by the facility based on design population: _____					
Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)					
Type of Facilities (Check all that apply) <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Campground <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Professional Office <input type="checkbox"/> Youth Camp <input type="checkbox"/> Gas Station <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Place of Worship <input type="checkbox"/> Park/Recreation Area <input type="checkbox"/> Other - specify: _____					
Section 3: Property Owner Contact Information					
Name			Legal Contact Person (if owner is not an individual)		
Mailing Address			City	State	ZIP Code
Telephone	Fax	Emergency Phone			
E-mail Address					
Section 4: Certification Statement					
I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.					
Signature of Property Owner/Legal Contact: _____					Date: _____
Printed Name of Property Owner/Legal Contact: _____					
FOR DWS USE ONLY					
CPCN: <input type="checkbox"/> Yes <input type="checkbox"/> No		Conversion: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reactivation of former PWS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
New Water System (currently in operation): <input type="checkbox"/> Yes <input type="checkbox"/> No			PWS Classification Review: <input type="checkbox"/> Yes <input type="checkbox"/> No		
System Classification: <input type="checkbox"/> C <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/> NP		Date of determination: _____		DWS Project #: _____	





Screening Form

Section 1 – Basic Information

- Anticipated Start Date
- Name of Facility and Property Address
- PWSID (if PWS Classification Review)
- Proposed/Current Max Daily Population Served
- Number of Service Connections – Res vs Commerc
- Proposed/Current Building Capacity
- Proposed/Current Daycare Capacity
- Customer of a Water Company?
- Number of days/yr the facility will be operational



Screening Form

Description of Project

- Attach additional pages if necessary
- Provide more information
 - List number of bedrooms and number of apartments or houses
 - List all businesses supplied by the well
 - Plazas, Strip Malls, multiple buildings served by the well
 - List all employees per shift per day
 - List daycare licensing capacity plus number of employees
 - List if facility is open on weekdays or weekends

PWS ID # CT		Maximum Daily Population Served	Proposed/Current Building Capacity	water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address			Number of Service Connections:	Number of days per year facility is/will be operational:
City	State	ZIP Code	Residential Non-Res	

Description of Project (Attach additional pages if necessary):

Section 2: Facility Information

Will or does the facility supply water for domestic use to its customers, visitors and/or members?: Yes No
(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)

Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? Yes No

Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____

Number of persons whose primary residence is or will be supplied by the facility based on design population: _____

Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)

Type of Facilities (Check all that apply) Residential School Food Service Day Care Campground
 Medical/Dental Professional Office Youth Camp Gas Station Retail Manufacturing Place of Worship
 Park/Recreation Area Other - specify: _____

Section 3: Property Owner Contact Information

Name		Legal Contact Person (if owner is not an individual)		
Mailing Address		City	State	ZIP Code
Telephone	Fax	Emergency Phone		
E-mail Address				

Section 4: Certification Statement

I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.

Signature of Property Owner/Legal Contact: _____ Date: _____

Printed Name of Property Owner/Legal Contact: _____

FOR DWS USE ONLY

CPCN: Yes No Conversion: Yes No Reactivation of former PWS: Yes No

New Water System (currently in operation): Yes No PWS Classification Review: Yes No

System Classification: C NTNC TNC NP Date of determination: _____ DWS Project #: _____



Screening Form

Section 2 – Facility Information

- Will or does the facility supply water for domestic use to its customers, visitors, and/or members?
 - Domestic use is considered public restrooms, handwashing, sinks, drinking fountains, etc.
- Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities, businesses supplied by the water system daily at least 60 days out of the year?



Screening Form

Section 2 – Facility Information

Number of same persons that will or do regularly use the facility on a daily basis for at least six months a year.

- Non-Residential
- Employees
 - Full and Part Time Staff
 - Seasonal
 - Drivers
 - Include all Shifts per Day
- Students
- Contracted Cleaning Service Employees
- Any other Contracted Employees



Screening Form

Section 2 – Facility Information

Number of persons whose primary residence is or will be supplied by the facility based on design population.

- Not based on actual population living there at this moment
- Population is based by design (detailed in the instructions) RCSA § 16-262m-8(a)(3)
- Calculate how many people served by the number of bedrooms and number of apartments or houses



Screening Form

Section 2 – Facility Information

<i>Type of service</i>	<i>Design Population Per Service Connection</i>
Single family dwelling (Over 3 bedrooms add 1 person per additional bedroom)	4
Multi-dwelling (i.e. apartments, elderly housing, duplexes, townhouses and residential condominiums)	
One bedroom unit	2
Two bedroom unit	3
Three bedroom unit (over 3 bedrooms add 1 person per additional bedroom)	4
Mobile Homes or Trailers	2.5
Convalescent Homes	Use Number of Beds
All other components described in 16-262m-1 (a)	Use Estimated Population



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM**
Pursuant to CGS Sections 16-262m & 8-25a and RCSA Section 19-13-B102

Section 1: Basic Information

Project Type:		<input type="checkbox"/> Conversion of Existing Structure/Property	<input type="checkbox"/> Proposed Development		
		<input type="checkbox"/> Unclassified Facility Currently in Operation	<input type="checkbox"/> PWS Classification Review		
Anticipated Start Date: _____					
Name of Facility		Proposed/Current Maximum Daily Population Served	Proposed/Current Building Capacity	Customer of a water company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PWS ID # CT					
Property Address		Number of Service Connections:		Proposed/current daycare capacity:	Number of days per year facility is/will be operational:
City	State	ZIP Code	Residential		
Description of Project (Attach additional pages if necessary): 					

Section 2: Facility Information

Will or does the facility supply water for domestic use to its customers, visitors and/or members?: Yes No
(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)

Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? Yes No

Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____

Number of persons whose primary residence is or will be supplied by the facility based on design population: _____

Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)

Type of Facilities (Check all that apply) Residential School Food Service Day Care Campground
 Medical/Dental Professional Office Youth Camp Gas Station Retail Manufacturing Place of Worship
 Park/Recreation Area Other - specify: _____

Section 3: Property Owner Contact Information

Name	Legal Contact Person (if owner is not an individual)		
Mailing Address	City	State	ZIP Code
Telephone	Fax	Emergency Phone	
E-mail Address			

Section 4: Certification Statement

I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.

Signature of Property Owner/Legal Contact: _____ Date: _____

Printed Name of Property Owner/Legal Contact: _____

FOR DWS USE ONLY

CPCN: Yes No Conversion: Yes No Reactivation of former PWS: Yes No
 New Water System (currently in operation): Yes No PWS Classification Review: Yes No
 System Classification: C NTNC TNC NP Date of determination: _____ DWS Project #: _____





Screening Form

Section 3 – Property Owner Contact Information

The DWS requires each PWS to identify one entity that has the legal authority to act on behalf of the water system. This entity may be an individual, property owner, sole proprietor, partnership, limited partnership, corporation, LLC, or government entity but not a tenant who has no ownership or legal rights to the public water system or water company. In all cases, the DWS requires that an individual person be named to represent the organization. This contact will receive all general and legal correspondence from the DPH.

In addition, the DWS is requesting that all contacts maintain an active email address on file with DPH to improve messaging and communication, especially in the event of an emergency.



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM**
Pursuant to CGS Sections 16-262m & 8-25a and RCSA Section 19-13-B102

Section 1: Basic Information

Project Type:				<input type="checkbox"/> Conversion of Existing Structure/Property	<input type="checkbox"/> Proposed Development
				<input type="checkbox"/> Unclassified Facility Currently in Operation	<input type="checkbox"/> PWS Classification Review
Anticipated Start Date:					
Name of Facility			Proposed/Current Maximum Daily Population Served	Proposed/Current Building Capacity	Customer of a water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
PWS ID # CT					
Property Address			Number of Service Connections:		Proposed/current daycare capacity:
City	State	ZIP Code	Residential	Non-Res	
Description of Project (Attach additional pages if necessary):					

Section 2: Facility Information

Will or does the facility supply water for domestic use to its customers, visitors and/or members?: Yes No
(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)

Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? Yes No

Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____

Number of persons whose primary residence is or will be supplied by the facility based on design population: _____

Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)

Type of Facilities (Check all that apply) Residential School Food Service Day Care Campground
 Medical/Dental Professional Office Youth Camp Gas Station Retail Manufacturing Place of Worship
 Park/Recreation Area Other - specify: _____

Section 3: Property Owner Contact Information

Name		Legal Contact Person (if owner is not an individual)		
Mailing Address		City	State	ZIP Code
Telephone	Fax	Emergency Phone		
E-mail Address				

Section 4: Certification Statement

I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.

Signature of Property Owner/Legal Contact: _____ Date: _____

Printed Name of Property Owner/Legal Contact: _____

FOR DWS USE ONLY

CPCN: Yes No Conversion: Yes No Reactivation of former PWS: Yes No

New Water System (currently in operation): Yes No PWS Classification Review: Yes No

System Classification: C NTNC TNC NP Date of determination: _____ DWS Project #: _____





Screening Form

Section 4 –

Certification Statement

Signatures must be that of the property owner or legal contact for the water system.

Print name in the space provided below 'signature'.

If the form is being submitted by an engineer or tenant on behalf of the owner, please inform DPH if they wish to be cc:'d on any determination – all communication is with property owner



PWS Responsibilities

- PWS must monitor the water supply in accordance with their schedule.
- PWS that are either CWS or NTNC must have a certified operator.
- Routine sanitary surveys of a PWS occur every 3 years for Community PWS and every 5 years for NTNC and TNC PWS
- The Sampling Site Plan for sample locations at the PWS must be submitted to DPH.

PWS Responsibilities

- A cross connection control inspection must be performed every year. If no “categories of concern” exist at any premise served by the PWS, a “Cross Connection Survey Report Exemption Verification Form” must be submitted to DPH.
- Any changes to the water system must be approved by DPH first.
- No water company shall sell, lease, assign, or otherwise dispose of or change the use of water company land without a written permit from the Commissioner of the DPH.

New Regulation

Generator and emergency contingency and response plan requirements (RCSA 19-13-B102(w)(1))

- Announced in Circular Letter #2016-01
- Effective 12/17/2015
- CWS must install and maintain a generator or Department-approved alternative source of backup power
- Minimum construction and fuel storage requirements are outlined in regulations

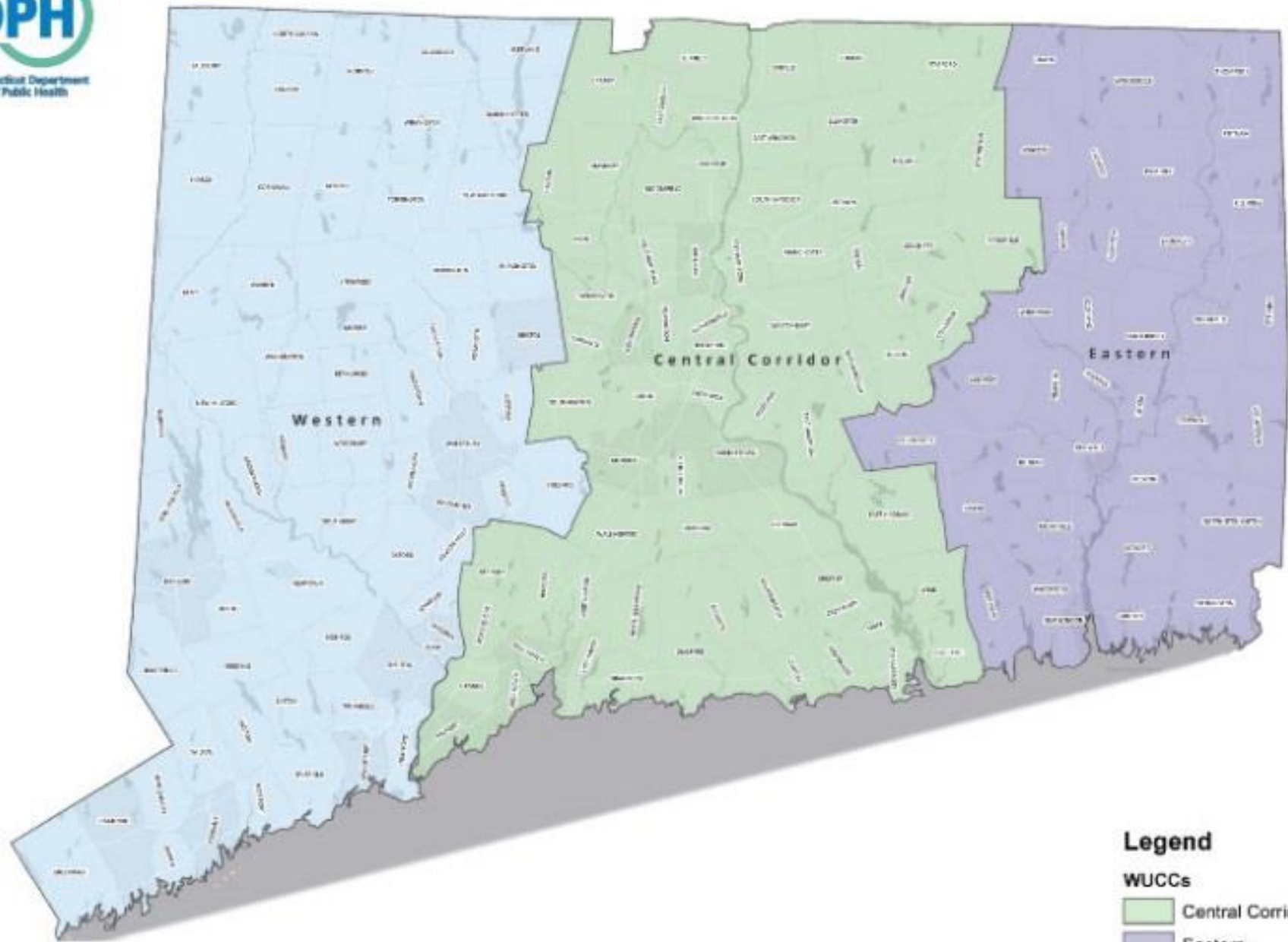
CWS Serving	Due Date
$\geq 100,000$	12/17/2016
10,000-99,999	12/17/2017
$< 10,000$	12/17/2018

New Regulation

Generator and emergency contingency and response plan requirements (RCSA 19-13-B102(w)(2))

- CWS also required to prepare a prepare an emergency contingency and response plan
- Plan must address the disruption of the supply of water to consumers due to a loss of power, including: Restoring service to consumers
 - Maintaining an adequate and safe supply of water to consumers
 - Notifying the consumers, local emergency management officials, the Department, the chief elected official of any municipality and any local health department or district health department served by the CWS
- Generator and plan verification is required in a CWS's annual submission under CGS §25-33 (Annual Update)

WUCC Boundaries



Legend

WUCCs

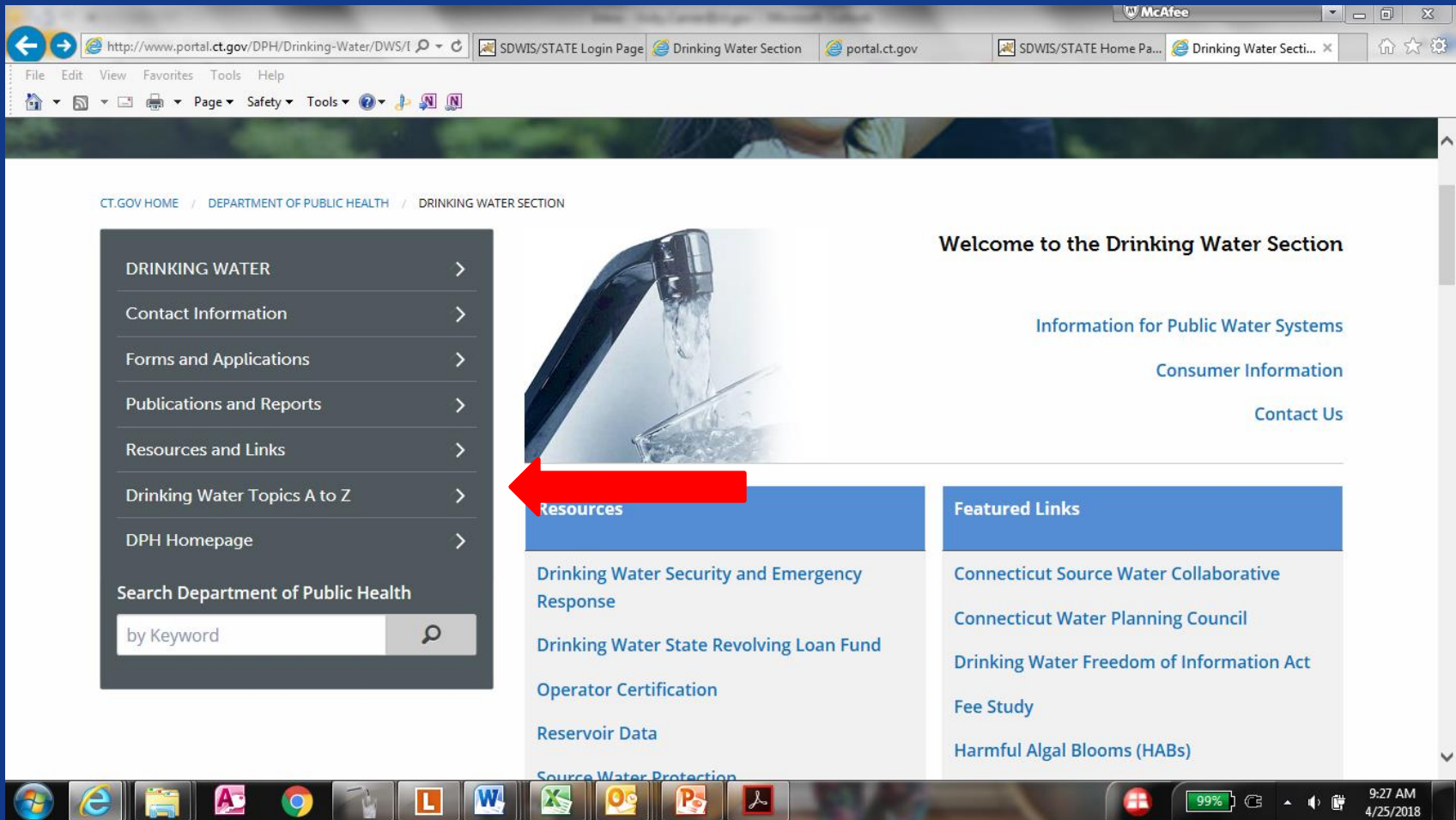
- Central Corridor
- Eastern
- Western



Safe Drinking Water Rule Implementation Unit Regional Staff

- Carissa Madonna
- Brian Liu – Western Region
- Isaac Quansah – Central Region
- Robert Ondrey – Eastern Region

Screening Form Discussion



CT.GOV HOME / DEPARTMENT OF PUBLIC HEALTH / DRINKING WATER SECTION

- DRINKING WATER >
- Contact Information >
- Forms and Applications >
- Publications and Reports >
- Resources and Links >
- Drinking Water Topics A to Z >
- DPH Homepage >

Search Department of Public Health
by Keyword

Welcome to the Drinking Water Section

[Information for Public Water Systems](#)

[Consumer Information](#)

[Contact Us](#)

Resources

- [Drinking Water Security and Emergency Response](#)
- [Drinking Water State Revolving Loan Fund](#)
- [Operator Certification](#)
- [Reservoir Data](#)
- [Source Water Protection](#)

Featured Links

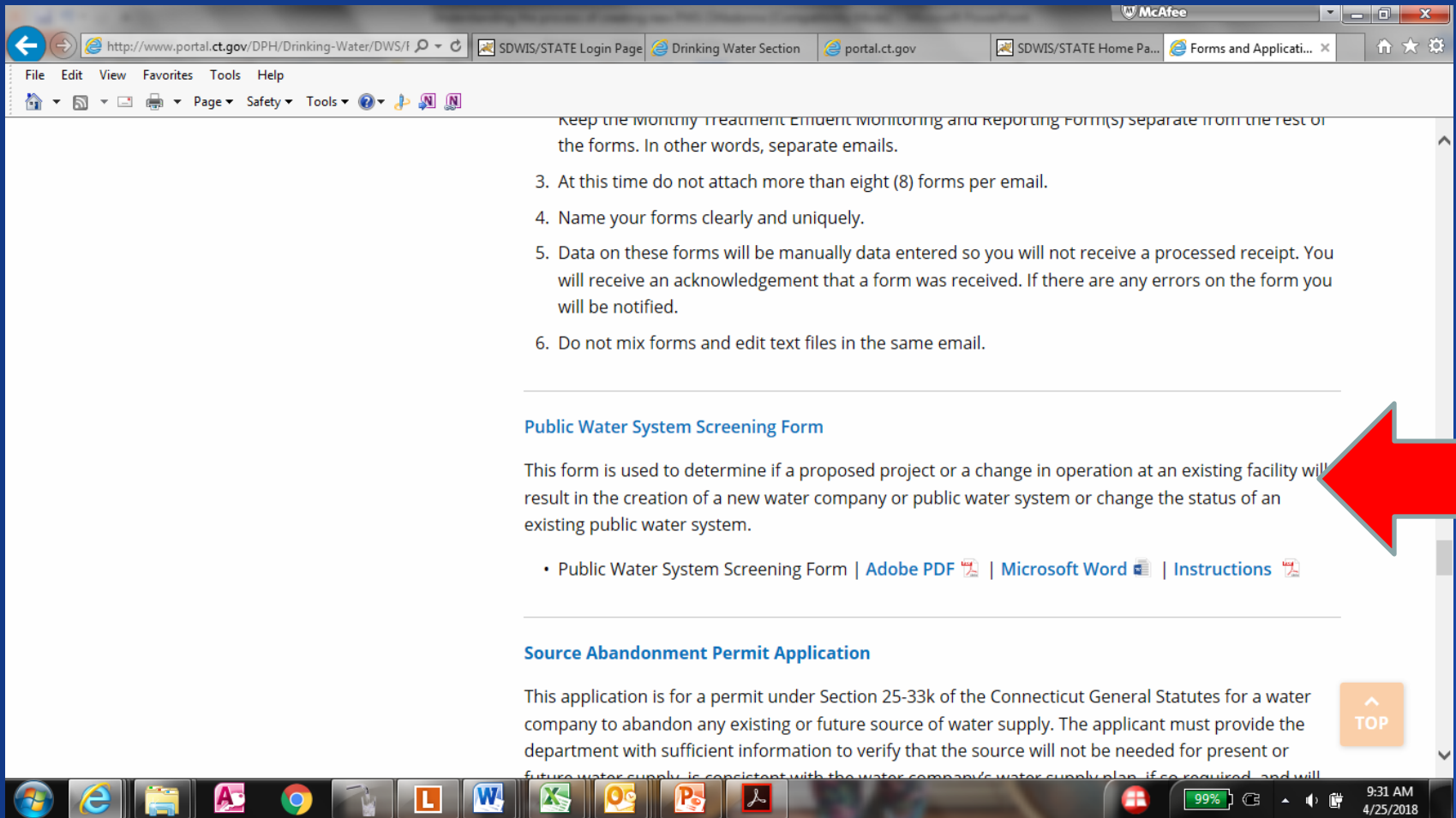
- [Connecticut Source Water Collaborative](#)
- [Connecticut Water Planning Council](#)
- [Drinking Water Freedom of Information Act](#)
- [Fee Study](#)
- [Harmful Algal Blooms \(HABs\)](#)

Screening Form Discussion

The screenshot shows a web browser window with the following elements:

- Address Bar:** <http://www.portal.ct.gov/DPH/Drinking-Water/DWS/1>
- Navigation Menu:**
 - Resources and Links >
 - Drinking Water Topics A to Z >
 - DPH Homepage >
- Search:** Search Department of Public Health by Keyword
- Resource List:**
 - Certificate of Public Convenience and Necessity (CPCN)
 - Certification of Completed Water or Treatment Works Construction/Installation
 - Certification Form for Consumer Notification of Lead Tap Monitoring
 - Chemical Feed System Project Application
 - Chlorine - Application for 4 Log Inactivation of Viruses of a Groundwater Source Using Chlorine
 - Contact Update Form
 - General Application
 - Filter Backwash Recycling Rule
 - Notification Form to Confirm Compliance with Sections 19-13-B46; 19-13-B102 of the Regulations of Connecticut State Agencies (RCSA)
 - Operator Verification
 - Operator Contact Update
 - Public Notification
 - **Public Water System Screening Form** (highlighted with a red arrow)
 - Sampling Site Plan
 - Sale of Excess Water Permit
 - School Water System Project Evaluation
 - Source Abandonment
- Buttons:** TOP (orange button)
- Taskbar:** Windows taskbar with various application icons and system tray showing 99% battery and 9:29 AM 4/25/2018.

Screening Form Discussion



Keep the monthly Treatment Effluent Monitoring and Reporting Form(s) separate from the rest of the forms. In other words, separate emails.

3. At this time do not attach more than eight (8) forms per email.
4. Name your forms clearly and uniquely.
5. Data on these forms will be manually data entered so you will not receive a processed receipt. You will receive an acknowledgement that a form was received. If there are any errors on the form you will be notified.
6. Do not mix forms and edit text files in the same email.

Public Water System Screening Form

This form is used to determine if a proposed project or a change in operation at an existing facility will result in the creation of a new water company or public water system or change the status of an existing public water system.

- [Public Water System Screening Form | Adobe PDF](#) | [Microsoft Word](#) | [Instructions](#)

Source Abandonment Permit Application

This application is for a permit under Section 25-33k of the Connecticut General Statutes for a water company to abandon any existing or future source of water supply. The applicant must provide the department with sufficient information to verify that the source will not be needed for present or future water supply, is consistent with the water company's water supply plan, if so required, and will

9:31 AM
4/25/2018

Screening Form Discussion

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM
Instructions

Connecticut General Statutes (CGS) §16-262m(a), defines a water company as: "As used in this section and section 8-25a, "water company" means a corporation, company, association, joint stock association, partnership, municipality, other entity or person, or lessee thereof, owning, leasing, maintaining, operating, managing or controlling any pond, lake, reservoir, stream, well or distributing plant or system employed for the purpose of supplying water to fifteen or more service connections or twenty-five or more persons on a regular basis."

Such proposed water companies must obtain a Certificate of Public Convenience and Necessity (CPCN) prior to any construction of the water system. CGS § 8-25a requires that: "No proposal for a development using water supplied by a company incorporated on or after October 1, 1984, shall be approved by a planning commission or combined planning and zoning commission unless such company has been issued a certificate pursuant to section 16-262m. The municipality in which the planning commission or combined planning and zoning commission is located shall be responsible for the operation of any water company created without a certificate after October 1, 1984."

The Regulations of Connecticut State Agencies (RCSA) § 19-13-B102(a)(65) defines a Public Water System as "any water company supplying water to 15 or more consumers or 25 or more persons, based on the "Design Population" as defined in section 16-262m-8(a)(3) of the Regulations of Connecticut State Agencies, jointly administered by the department and the Public Utilities Regulatory Authority, daily at least 60 days of the year that does not meet all of the following conditions:

- (A) Consists only of distribution and storage facilities;
- (B) Does not have any treatment facilities, other than those for non-potable use;
- (C) Obtains all of its water from, but is not owned or operated by, a public water system;
- (D) Does not separately bill the consumers for water use or consumption; and
- (E) Is not a carrier which conveys passengers in interstate commerce."

This form is used to determine if a proposed project or a change in operation at an existing facility will result in the creation of a new water company or public water system or change the status of an existing public water system.

Section 1 – Basic Information

- **Project Type:** Mark appropriate box indicating the type project.
 - Proposed Development: New construction or development that will serve drinking water to the public;
 - Conversion of Existing Structure/Property: The change in use of an existing structure and/or property resulting in drinking water being served to the public;
 - Unclassified Facility Currently in Operation: Previously unclassified water system that is currently in operation and is providing drinking water to the public;
 - PWS Classification Review: Request for Department review of a public water system (PWS) where the operational status or population being served has changed.
- **Anticipated Start Date:** For proposed developments and conversions, the anticipated date that the proposed water system will begin serving drinking water to the public.
- **Name of Facility:** Name of proposed facility or existing public drinking water system. This will be used to identify the facility in correspondence from this office.
- **PWS ID #:** If known, provide the PWS identification number for this facility.
- **Proposed/Current Maximum daily population served:** The proposed or current maximum number of persons to have water made available to them on a daily basis.
- **Proposed/Current Building Capacity:** The maximum number of individuals allowed by the occupancy permit.
- **Customer of a water company?** Indicate if this facility is or will be a customer of a water company. (It is not a customer of a water company if the facility is served exclusively by an on-site well)

- **Property Address:** The physical location of the existing or proposed facility.
- **Number of service connections:** The number of independent structures or housing units that are proposed. Separate the total number and indicate in the appropriate space how many of each type of connection.
 - "Residential" refers to housing facilities (homes, apartments, condos – permanent living quarters)
 - "Non-Res" may refer to businesses, schools, day care facilities, food service establishments, offices, etc. (i.e. anything that is not residential).
- **Proposed/Current Daycare Capacity:** The existing or proposed licensed daycare capacity. For more information, refer to the DPH Child Day Care Licensing program: <http://www.ct.gov/dph/daycare>.
- **Number of days per year facility is/will be operational:** The total number of days that drinking water is or is anticipated to be made available to the public during a calendar year (days do not need to be consecutive).
- **Description of Project:** Provide a brief description of the project or a reason for requesting a PWS classification review. Attach additional pages to the form if necessary.

Section 2 – Facility Information

- **Will or does the facility supply water for domestic use to its customers, visitors and/or members?:** Water for domestic use is considered the availability of restrooms, hand washing, sink access, drinking fountains, etc.
- **Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/business supplied by the water system daily at 60 days out of the year?:** Use the total number of persons at the facilities/businesses in any capacity (i.e. visiting, working, etc.) when determining. The 60 days a year do not need to be consecutive.
- **Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year:** Total number of persons regularly using the facilities for at least six months a year, six months does not need to be consecutive (i.e. employees, students, etc.).
- **Number of persons whose primary residence is or will be supplied by the facility based on design population:** Calculate and provide the total residential population that is or will be served by the facility. RCSA § 16-262m-8(a)(3) defines design population as "the estimated number of people per service connection, calculated as follows, unless specific circumstances dictate otherwise:

Type of service	Design Population Per Service Connection
Single family dwelling (Over 3 bedrooms add 1 person per additional bedroom)	4
Multi-dwelling (i.e. apartments, elderly housing, duplexes, townhouses and residential condominiums)	
One bedroom unit	2
Two bedroom unit	3
Three bedroom unit (over 3 bedrooms add 1 person per additional bedroom)	4
Mobile Homes or Trailers	2.5
Convalescent Homes	Use Number of Beds
All other components described in 16-262m-1 (a)	Use Estimated Population*

- **Facility annual operating period (begin/end dates of operation):** The dates between which the water system is physically operating on an annual basis. If the well water system is not physically disconnected at some point during the year, it is considered year round.
- **Type of Facilities (check all that apply):** Check all types that apply. If not found on the list, check "other" and specify in the space provided.

Section 3 – Property Owner Contact Information

This section contains the contact information for the owner of the property that is the subject of the project. This contact must be the current owner of the property and will receive all correspondence related to the project. Failure to provide complete and accurate contact information may result in delays during project review.

The Drinking Water Section (DWS) requires each public water system to identify one entity that has the legal authority to act on behalf of the water system. This entity may be an individual, property owner, sole proprietor, partnership, limited partnership, corporation, LLC, or government entity but not a tenant who has no ownership or legal rights to the public water system or water company. In all cases, the DWS requires that an individual person be named to represent the organization. This contact will receive all general and legal correspondence from the DPH. In addition, the DWS is requesting that all contacts maintain an active email address on file with the Department to improve messaging and communication, especially in the event of an emergency.

Section 4 – Certification Statement

Please read the certification statement provided and sign and date in the spaces provided. Signatures must be that of the property owner or legal contact for the water system. Print your name in the space provided below "signature".

Please submit completed forms and all Supporting Documents to:

DWCompliance@ct.gov
or
Department of Public Health
Drinking Water Section
410 Capitol Avenue, MS#511WAT
P.O. Box 342308
Hartford, CT 06134-0308

Screening Form Discussion

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM
 Pursuant to CGS Sections 16-262m & 8-25a and RCSA Section 19-13-B102

Section 1: Basic Information

Project Type: Conversion of Existing Structure/Property Proposed Development
 Unclassified Facility Currently In Operation PWS Classification Review

Anticipated Start Date: _____

Name of Facility		Proposed/Current Maximum Daily Population Served	Proposed/Current Building Capacity	Customer of a water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
PWS ID # CT				
Property Address		Number of Service Connections:		Proposed/current daycare capacity:
City	State	ZIP Code	Residential	Non-Res
Description of Project (Attach additional pages if necessary):				

Section 2: Facility Information

Will or does the facility supply water for domestic use to its customers, visitors and/or members?: Yes No
(domestic use is considered restrooms, hand washing, sinks, drinking fountains, etc.)

Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc. but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? Yes No

Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____

Number of persons whose primary residence is or will be supplied by the facility based on design population: _____

Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)

Type of Facilities (Check all that apply) Residential School Food Service Day Care Campground
 Medical/Dental Professional Office Youth Camp Gas Station Retail Manufacturing Place of Worship
 Park/Recreation Area Other - specify: _____

Section 3: Property Owner Contact Information

Name		Legal Contact Person (if owner is not an individual)		
Mailing Address		City	State	ZIP Code
Telephone	Fax	Emergency Phone		
E-mail Address				

Section 4: Certification Statement

I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.

Signature of Property Owner/Legal Contact: _____ Date: _____

Printed Name of Property Owner/Legal Contact: _____

FOR DWS USE ONLY

CPCN: Yes No Conversion: Yes No Reactivation of former PWS: Yes No
 New Water System (currently in operation): Yes No PWS Classification Review: Yes No
 System Classification: C NTNC TNC NP Date of determination: _____ DWS Project #: _____

DPH-PWS-SCREEN
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Thank You!