



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

Instructions

Pursuant to Connecticut General Statutes (CGS) Section 16-262m(a), a water company is defined: "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 Section 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 (RSCA) § 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; Insert Definition of a PWS

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.

Proposed Development: New construction/development serving drinking water to the public;

Conversion of Existing Structure/Property: The change in use of an existing structure/property resulting in drinking water being served to the public;

Unclassified Facility Currently in Operation: Discovery of a previously unknown operation providing drinking water to the public;

PWS Classification Review: Reactivation or Inactivation of a public water system (PWS).

Section 1 – Basic Information

- **Project Type:** Mark appropriate box indicating what type of project this is.
- **Anticipated Start Date:** Date that you anticipate project to be complete. If already in operation, state that.
- **Name of Facility:** 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. This would be found on any correspondence you receive from the Drinking Water Section or online on your testing schedule.
- **Maximum daily population served:** The maximum number of persons to have water made available to them on a daily basis. If this is an expansion, state current and proposed population. For state-licensed entities such as childcare facilities or youth camps, state licensing capacity PLUS total number of staff.
- **Are you a customer of a water company:** Indicate if this facility is or will be a customer of a water company. (*You are not a customer of a water company if the facility is served by an on-site well*)
- **Property Address:** The physical location of the existing or proposed facility.

- **Number of service connections or buildings served:** 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-Residential” 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>. If the facility does not serve a daycare, indicate N/A for not applicable.
- **Number of days per year facility is 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. Please provide as much detail as possible.

Section 2 – Facility Information

- **Type of Facilities (check all that apply):** Check facilities that apply or closely match activities. Please specify if you check other.
- **Will or does the facility supply water for human consumption to its employees, students, customers, visitors and/or members? :** Check yes or no as applicable.
- **Type of water use at the facility (check all that apply):** Check type of anticipated use for water at the facility
- **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 (days do not need to be consecutive days)?** 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.
- **Facility annual operating period (begin/end dates of operation):** If operation is seasonal, state the time period you expect to be in operation. For year round operations state 1/1 to 12/31.
- **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”

- **Does this water system have any treatment?** Specify yes or no on treatment. Example of type of treatment and purpose would be softener for iron removal or neutralizer for corrosion control.

Section 3 – Property Owner Information

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'.

Section 5 – Local Health Review

NOTE TO APPLICANT: The Form must signed by your local health department/ district before submitting it to the Drinking Water Section. If you are unsure what local health jurisdiction you fall under, you can consult the Department of Public Health website at the link below and click on the town where your facility/project is located:

<https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration---Site-Map>

LOCAL HEALTH OFFICIALS:

Please provide any additional information you believe would be helpful for DWS staff to evaluate this form.

Examples of additional information include any previous property names/ PWSID the water system may have been regulated under, whether the property is part of a plaza with other uses and what those other uses might be, etc

Local health understanding of water use at the facility -check all categories that apply:

Is the information provided by the applicant in Section 1 and 2 of this form consistent with your understanding of the current/proposed use of the property? Check yes or no. Of no, please expand under the "Additional Information" section above.

Please submit completed forms and all Supporting Documents to:

DWDCCompliance@ct.gov

or

Department of Public Health
Drinking Water Section
410 Capitol Avenue, MS#12DWS
P.O. Box 340308
Hartford, CT 06134-0308