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

Presentation prepared by:
Carissa Madonna
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:
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

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Customer of a water company?</th>
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<tbody>
<tr>
<td>Conversion of Existing Structure/Property</td>
<td>Yes/No</td>
</tr>
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<td>PWS Classification Review</td>
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**Anticipated Start Date:**

- **Name of Facility:**
- **PWS ID #:** CT
- **Property Address:**
- **City:**
- **State:**
- **ZIP Code:**
- **Proposed/Current Maximum Daily Population Served:**
- **Proposed/Current Building Capacity:**
- **Number of Service Connections:**
- **Proposed/Current Daycare capacity:**
- **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?:
  - Yes [ ]
  - No [ ]
- 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

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### 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**

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<td>Yes</td>
<td>C NTNC TNC NP</td>
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**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.
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.
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’ 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.
### Section 1: Basic Information

**Project Type:**

- [ ] Conversion of Existing Structure/Property
- [ ] Unclassified Facility Currently in Operation
- [ ] Proposed Development
- [ ] PWS Classification Review

**Anticipated Start Date:**

- [ ] Proposed/Current Maximum Daily Population Served
- [ ] Proposed/Current Building Capacity
- [ ] Customer of a water company? Yes [ ] No

**Name of Facility**

**PWS ID #**

- CT

**Property Address**

**City**

**State**

**ZIP Code**

**Number of Service Connections:**

- Residential
- Non-Res

**Proposed/Current daycare capacity**

**Number of days per year facility is/will be operational:**

**Description of Project (Attach additional pages if necessary):**

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### 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:** ____________________________

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**FOR DWS USE ONLY**

- [ ] 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 #:** ____________________________

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**Rev. 10/17/2013**
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 applicable model notification and recordkeeping forms are completed.
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.

Yield Test

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

<table>
<thead>
<tr>
<th>Anticipated Withdrawal Rate of Well (gpm)</th>
<th>Minimum Duration of Yield Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.) Less Than 10</td>
<td>Minimum time necessary to achieve drawdown stabilization for the final 12 hours of the yield test¹</td>
</tr>
<tr>
<td>b.) 10 to 50</td>
<td>36 hours¹</td>
</tr>
<tr>
<td>c.) Greater Than 50</td>
<td>72 hours¹</td>
</tr>
<tr>
<td>d.) All CPCN³ Community Wells</td>
<td>72 hours²</td>
</tr>
<tr>
<td>e.) All CPCN³ Non-Community Wells</td>
<td>Refer to a.) through c.)</td>
</tr>
</tbody>
</table>

1. Pursuant to Section 19-13-B51k(b) of the RCSA
2. Pursuant to Section 16-262m of the RCSA
3. Certificate of Public Convenience and Necessity for Small Water Companies
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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**Anticipated Start Date:**

**Name of Facility**

**PWS ID #**

**CT**

**Property Address**

**Number of Service Connections:**

**City**

**State**

**ZIP Code**

**Proposed/Current Maximum Daily Population Served**

**Proposed/Current Building Capacity**

**Customer of a water company?**

- Yes
- No

**Proposed/current daycare capacity**

**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?  
- 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
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**Signature of Property Owner/Legal Contact:** __________  
Date: __________

**Printed Name of Property Owner/Legal Contact:** __________

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**FOR DWS USE ONLY**

- **Conversion:** Yes
- **Reactivation of former PWS:** Yes
- **New Water System (currently in operation):** Yes
- **PWS Classification Review:** Yes
- **System Classification:** C

Date of determination: __________

DWS Project #: __________

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DPH-PWS-SCREEN  
Rev. 10/17/2013  
Page 1 of 1
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.
# 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

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DPH-PWS-SCREEN Page 1 of 1 Rev. 10/17/2013
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

<table>
<thead>
<tr>
<th>Project Type:</th>
<th>Conversion of Existing Structure/Property</th>
<th>Unclassified Facility Currently in Operation</th>
<th>Proposed Development</th>
<th>PWS Classification Review</th>
</tr>
</thead>
</table>

Anticipated Start Date:

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Proposed/Current Maximum Daily Population Served</th>
<th>Proposed/Current Building Capacity</th>
<th>Customer of a water company?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PWS ID # CT</th>
<th>Number of Service Connections:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<th>Non-Res</th>
<th>Daycare capacity</th>
<th>Number of days per year facility is/will be operational.</th>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Legal Contact Person (if owner is not an individual)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
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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

<table>
<thead>
<tr>
<th>CPCN: Yes No</th>
<th>Conversion: Yes No</th>
<th>Reactivation of former PWS: Yes No</th>
<th>New Water System (currently in operation): Yes No</th>
<th>PWS Classification Review: Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>System Classification: C</th>
<th>NTNC</th>
<th>TNC</th>
<th>NP</th>
<th>Date of determination:</th>
<th>DWS Project #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Drinking Water Section

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
Fax
Emergency Phone

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: __________

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
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

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Design Population Per Service Connection</th>
</tr>
</thead>
</table>
| 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  
Two bedroom unit  
Three bedroom unit  
(over 3 bedrooms add 1 person per additional bedroom) | 2  
3  
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 |
# Section 1: Basic Information

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<tr>
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<th>Number of Service Connections:</th>
<th>Proposed/current daycare capacity</th>
<th>Number of days per year facility is/will be operational:</th>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<th>Non-Res</th>
</tr>
</thead>
</table>

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

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# 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: G | NTNC | TNC | NP | Date of determination: __________________________ | DWS Project #: ____________

DPH-PWS-SCREEN Page 1 of 1 Rev. 10/17/2013
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: [ ] Conversion of Existing Structure/Property  
- [ ] Unclassified Facility Currently in Operation  
- [ ] Proposed Development  
- [ ] PWS Classification Review  
- Anticipated Start Date:  
- Name of Facility:  
- Proposed/Current Maximum Daily Population Served:  
- Proposed/Current Building Capacity:  
- Customer of a water company?  
  [ ] Yes  [ ] No  
- PWS ID #: CT  
- Property Address:  
- Number of Service Connections:  
- [ ] Residential  
- [ ] Non-Res  
- Proposed/current daycare capacity:  
- Number of days per year facility is/will be operational:  
- City:  
- State:  
- ZIP Code:  
- 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  
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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?: [ ] Yes [ ] No  
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  [ ] 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  
- GPCN: [ ] 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  
Page 1 of 1  
Rev. 10/17/2013
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

<table>
<thead>
<tr>
<th>CWS Serving</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>12/17/2017</td>
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<tr>
<td>&lt;10,000</td>
<td>12/17/2018</td>
</tr>
</tbody>
</table>
New Regulation

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

• **CWS also required to 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)**
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
Screening Form Discussion

- 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
- Sampling Site Plan
- Sale of Excess Water Permit
- School Water System Project Evaluation
- Source Abandonment
Keep the monthly treatment-eminent monitoring and reporting forms 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...
Screening Form Discussion
Screening Form Discussion

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM
Pursuant to CGS Sections 16-26zm & 8-25a and RC&A Section 19-13-8102

Section 1: Basic Information
- Project Type: [ ] Conversion of Existing Structure/Property
[ ] Unclassified Facility Currently in Operation
[ ] Proposed Development

- Anticipated Start Date
- Name of Facility
- PWS ID #: CT
- Property Address:
  - Number of Service Connections:
  - Proposed/CURRENT Maximum Daily Population Served:
  - Proposed/CURRENT Building Capacity:
  - Proposed/CURRENT Daycare capacity:
  - Number of days per year facility shall 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]
- Will or do at least 25 persons (including employees, customers, parishioners, visitors, etc.) but not necessarily the same persons visit the facility/businesses supplied by the water system daily at least 60 days out of the year?: [Yes] [No]
- Number of same persons (employees, students, but not residents) that visit or reside regularly use the facility on a daily basis for at least six months a year?: [Yes] [No]

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

- Facility annual operating period (beginning and dates of operation):

- Type of Facilities (check all that apply): [ ] Residential [ ] School [ ] Food Service [ ] Daycare [ ] 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: [ ]
- Email 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 if 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 PWS USE ONLY
- Conversion: [Yes] [No]
- Reactivation of former PWS: [Yes] [No]
- New Water System (Currently in Operation): [Yes] [No]
- PWS Classification Review: [Yes] [No]
- System Classification: [ ] CNTC [ ] NTC [ ] NCP [ ] Date of Determination: [ ] DWG Project #: [ ]

DPH-PWS-SCREEN Page 1 of 1 Rev. 10/17/2013
Thank You!