

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH DRINKING WATER SECTION
DRINKING WATER STATE REVOLVING FUND
EMERGENCY POWER GENERATOR PROGRAM (EPGP)**

**CERTIFICATION OF COMPLETED EMERGENCY
POWER GENERATOR SYSTEM INSTALLATION**

Instructions

This certification form must be completed and signed by the Public Water System’s administrative official, or their designated representative, and submitted to the Drinking Water Section (DWS) after installation of a DWS **approved** emergency power generator.

Date:	DPH Project ID:	DWSRF Project ID:
Public Water System Name:		
PWSID #:	Town of PWS:	
Address Where Project is Located:		Town of Project Address:
Date Project was Completed and Generator Available for Use:		
Project Name or Very Brief Project Description:		
<p>I hereby certify,</p> <ol style="list-style-type: none"> 1.) This project was installed in accordance with the Department’s “Guidelines for Recipients of Drinking Water State Revolving Funds for the Emergency Power Generator Program” at the time of installation. 2.) If required, water quality test results for samples that have been collected to determine that no contamination is present in the water upon completion of the project, and prior to placing the project into active use, were in compliance with the Regulations of Connecticut State Agencies Section 19-13-B102 (e). 		
<p>_____ Signature of PWS Administrative Official, or their Designated Representative</p>		
<p>Print Name: _____</p>		
<p>Title: _____</p>		
<p>Date Signed: _____ Telephone #: _____</p>		