**INSTRUCTIONS FOR SCHOOLS/CONSULTANTS**

This form is to be completed by the school applicant and submitted to the Department of Construction Services (DCS) along with all other DCS application materials. Submit a completed copy of this form to DPH at the address below.

Each question on the form is Yes or No. Please answer to the best of your knowledge.

Changes to the scope of the project after this form has been completed may change the original determination regarding the need to have materials reviewed by DPH. If changes are made, please submit an updated form to DCS and updated form and, if necessary, project information, to DPH.

**Regulatory Requirements That Affect School Projects**

Regulations of Connecticut State Agencies (RCSA) Section 19-13-B102(d) refers to public water system facility location and review requirements for new installation.

Sec. 19-13-B102(d): Facility Location. Such as but not limited to treatment plants, pumping stations, storage tanks, etc., but not including water intakes and connecting pipelines. (1) New facilities are to be located: (A) Above the level of the one hundred year flood. (B) Where chlorine gas will not be stored or used within three hundred feet of any residence. (C) Where the facility is not likely to be subject to fires or other natural or manmade disasters.

Sec. 19-13-B102(d)(2): The state health department must be notified before entering into a financial commitment for a new public water system or increasing the capacity of an existing public water system, and the approval of the state health department must be obtained before any construction is begun. This includes construction of supply and treatment works, transmission lines, storage tanks, pumping stations and other works of sanitary significance. It does not include the routine extension of laterals or tapping of new service connections.

---

**Name of School:** ____________________________
**Town:** ____________________________

Please answer the following question: (circle your answer)

**Is this school supplied by its own on-site well water system?**
- Yes
- No

If **Yes**, complete page 2 of this form, **sign**, and submit both pages to DCS and DPH.

If **No**, submit a letter from the water company supplying water (with their PWS identification #) indicating whether or not they have sufficient domestic supply to continue to serve these facilities after all modifications are complete, along with a signed copy of this form (it is not necessary to complete page 2 with the exception of the signature).

If **UNKNOWN**, please refer to the DWS website and search for the school name under the "Public Water System Classification and Inventory" section. There is a list of all schools that are public water systems.

---

**SUBMITTAL OF INFORMATION TO DEPARTMENT OF PUBLIC HEALTH**

Send to:
- State of CT - Department of Public Health
  Drinking Water Section
  410 Capitol Avenue, MS# 51WAT
  Phone: 860-509-7333
  PO Box 340308
  Fax: 860-509-7359
  Hartford, CT 06134-0308

**rev 10/26/11**
The following questions will help to evaluate if the project will require Department of Public Health review and/or approval prior to construction and installation.

<table>
<thead>
<tr>
<th>Will this project include the following:</th>
<th>Circle one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 New source of water supply (i.e. one that is not currently in use)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>2 New water storage tank(s)</td>
<td>Yes  No</td>
</tr>
<tr>
<td>3 New water pumping station</td>
<td>Yes  No</td>
</tr>
<tr>
<td>4 New water treatment system</td>
<td>Yes  No</td>
</tr>
<tr>
<td>5 Change in existing water treatment components or chemical</td>
<td>Yes  No</td>
</tr>
<tr>
<td>6 Increase in building capacity (student &amp; staff population) or new facility</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

Also note that many water system components, including buried water storage tanks and wells, have minimum separating distance requirements to sources of pollution, such as fuel oil storage tanks. The following questions will help evaluate if the proposed project activities affect these distances.

7 Will a buried water storage tank (existing or proposed) be within:
   a. 50 feet of any part of a subsurface sewage disposal system or sanitary sewer | Yes  No |
   b. 25 feet of the nearest watercourse or storm drain | Yes  No |
   c. 25 feet of other sources of pollution (includes fuel storage tanks & lines) | Yes  No |

8 Will a source of supply (well; existing or proposed) be within:
   a. For a pump rate of <10 gal. per min. (gpm): if you do not have a well in this category, circle here: NA
      75 feet of any part of a subsurface sewage disposal system or sanitary sewer* | Yes  No |
      75 feet of fuel oil storage tank or any part of the heating system | Yes  No |
      25 feet of the nearest watercourse, annual high water or storm drain | Yes  No |
   b. For a pump rate of 10-50 gpm: if you do not have a well in this category, circle here: NA
      150 feet of any part of a subsurface sewage disposal system or sanitary sewer* | Yes  No |
      150 feet of fuel oil storage tank or any part of the heating system | Yes  No |
      50 feet of the nearest watercourse, annual high water or storm drain | Yes  No |
   c. For a pump rate of >50 gpm: if you do not have a well in this category, circle here: NA
      200 feet of any part of a subsurface sewage disposal system or sanitary sewer* | Yes  No |
      200 feet of fuel oil storage tank or any part of the heating system | Yes  No |
      50 feet of the nearest watercourse, annual high water or storm drain | Yes  No |

Changes to the scope of the project after this form has been completed may change the original determination regarding the need to have materials reviewed by the DPH. If changes are made, please submit an updated form to DCS and updated form and project information to DPH.

* lesser separating distances may apply if sewer pipe is considered tight pipe

<table>
<thead>
<tr>
<th>Name of individual completing this form:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail:</td>
<td>Date:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Relationship to School:</td>
</tr>
</tbody>
</table>

Date Reviewed by DPH: ____________________  Staff Initials: ___________  DPH Approval Req?  Yes  No