

**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 #							
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): 							

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 #: _____			