

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Drinking Water Section

DWS Circular Letter #2016-17

TO: Community Water Systems (CWSs)

FROM: Lori Mathieu, Public Health Section Chief, Drinking Water Section 

DATE: June 17, 2016

RE: Generator Verification and Emergency and Contingency Plan Requirements

Effective December 17, 2015, Regulation of Connecticut State Agencies (RCSA) Section 19-13-B102(w) enacted new emergency power requirements for all community water systems (CWSs) as announced earlier this year under Circular Letter 2016-01. Subsection E states that each CWS that has a standby stationary on-site generator installed or a portable generator that was available for use prior to the effective date of this subsection shall file a statement with the department by August 16, 2016. To assist you in complying with this requirement, the attached form was created for your convenience. For every generator installed at your CWS, please complete a copy of the form (attached) to document the current emergency power options available for your CWS.

If your CWS currently does not have backup power generator(s) installed, you can seek funding through the DPH's Drinking Water State Revolving Fund (DWSRF) which may include attractive subsidies in the form of a principal forgiveness. Information on the DWSRF program can be found on the DPH's website, using the link below.

<http://www.ct.gov/dph/cwp/view.asp?a=3139&q=538484>

Also the regulation requires CWS's that are not subject to the requirements of CGS section 25-32d to prepare an emergency contingency and response plan by August 16, 2016, and make the plan available for review upon request by the Department.

For assistance in the preparation of your plan, a template emergency contingency and response plan has been provided and is attached .



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Ms. Jessica Chapman

June 30, 2016

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Please return the signed forms to the DPH by August 16, 2016 or email them to DWDcompliance@ct.gov to assure that your CWS complies with the new regulations. Any questions about the form or the template please contact Michael Hage at 860-509-7333.

Cc: Deputy Commissioner Yvonne Addo, MBA
Ellen Blaschinski, DPH
Local Health Directors
Certified Operators



Connecticut Department of Public Health Drinking Water Section Generator Documentation

Generator Documentation Form		
PWS Name:		PWSID:
Generator Information*:		
Facility Name:		Facility ID:
Facility Type (Check all that apply for individual generator): <input type="checkbox"/> Source [well(s)] <input type="checkbox"/> Pumping Station <input type="checkbox"/> Treatment Plant <input type="checkbox"/> Storage Other:		
Facility location:		
Critical facility (Will loss of power at facility result in loss of pressure below 25 psi/ risk drinking water quality) : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Generator make:	Generator model:	Generator capacity:
		Tank run time:
Fuel type:	Containment for liquid fuel tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance of fuel supply tank(s) containment to closest source (well):
Is generator portable or stationary? <input type="checkbox"/> Portable <input type="checkbox"/> Stationary		If portable, is pigtail adaptor provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer switch: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		
Have you completed an Emergency Contingency and Response Plan? : <input type="checkbox"/> Yes <input type="checkbox"/> No		

* Use additional forms for multiple generators

Signature: _____	Date: _____
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Emergency Contingency and Response Plan

Provide detailed plan for restoring service in the event of power loss to water supply:	
Provide detailed plan to maintain an adequate and safe supply of water during service disruption(includes refueling plan):	
Plan for internal notifications of service loss:	
	Example Contacts: <ul style="list-style-type: none">• Water System Consumers• Water System Management• Water System Operators
Plan for external notifications of service loss:	
	Example Contacts: <ul style="list-style-type: none">• Local emergency management officials• Local health dept.• Drinking Water Staff• Utility Provider