

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION

**Phase 1-B Certificate of Public Convenience and Necessity (CPCN) Application:
Community Water System**

FILING INSTRUCTIONS

- I. WHERE TO FILE:** Applications should be sent to: Connecticut Department of Public Health, Drinking Water Section, 410 Capitol Avenue, P.O. Box 340308 MS #12DWS, Hartford, CT 06134
- II. WHAT TO FILE:** Applicant must submit the Application, Exhibits, Affidavits, and any other attachments. All attachments, including Exhibits and Affidavits, should be clearly identified. All pages attached should be numbered in sequential order.
- III. APPLICATION FORM:** The Application is available on the [Department's web site](#). Other forms as noted in the application are available [here](#).
- IV. QUESTIONS:** Questions regarding filing procedures should be directed to (860) 509-7333.
- V. GOVERNING LAW:** The granting of a Water Certificates of Public Convenience and Necessity is governed by Section 16-262m of the General Statutes of Connecticut.

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Pursuant to CGS Sec. 16-262m-6

Phase I-B evaluates the well yield and water quality data so that proper pump sizing, storage and appurtenant equipment and any required treatment processes can be incorporated into the design of the water system. This approval permits the developer to obtain building permits from the town to clear the site, lay out the roads, construct the drainage facilities and dig or pour the foundations of the buildings themselves.

PROJECT NAME: _____

PROJECT LOCATION: _____

A. Well Data

Exhibit A-1. Well Water Quality and Quantity Application

Provide as Exhibit A-1, a completed copy of the DPH Public Water System Application for Well Water Quality and Quantity Suitability for each proposed source of supply.

Attached

Exhibit A-2. Well Completion Report

Provide as Exhibit A-2, a copy of the Well Completion Report for each proposed source of supply.

Attached

Exhibit A-3. Yield Test

Provide as Exhibit A-3, a copy of the yield test results for each well indicating pumping rates, certified well yields, and drawdown information. [Click here for forms.](#)

Attached

Exhibit A-4. Water Quality and Quantity Report

Provide as Exhibit A-4, a copy of the water quality test laboratory results from samples obtained during the yield test. [Click here for forms.](#)

Attached

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B. Ownership

Exhibit B-1. Signed Agreement

Provide a signed agreement between the developer of the water system and the existing regulated public service or municipal water utility or regional water authority indicating that the final constructed water supply facilities will be dedicated to that utility.

Yes, Attached
 No (Provide Details)

Exhibit B-2. Signed Agreement- Regulated Public Service Company

Provide, if a regulated public service company will be the owner, an agreement that will specify any refunds that the developer may be entitled to for each service connection made to the community water system. The utility will be expected to receive from the developer an itemized breakdown of the actual costs of the water system facilities so that proper accountability and rate making treatments (if applicable) can be afforded to the utility by Public Utilities Regulatory Authority.

Yes, Attached
 No (Provide Details)

C. Other Information

Section C-1. General Application

Provide as Exhibit C-1, a completed copy of the DPH Public Water System General Application for Approval or Permit form.

Attached. [Click here for form.](#)

Section C-2. Freedom of Information Act

Does this application contain material that the Applicant seeks to keep confidential pursuant to Connecticut's Freedom of Information Act?

Yes File a motion for protective order according to the procedures explained under Filer Info on the Department's website.
 No

Section C-3. Waivers for Requests

Does this application contain requests for waivers of any CPCN application requirements?

Yes Attached
 No

Section C-4. Additional Information Attached

Is additional information attached?

Yes If so, explain _____
 No

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D. AFFIDAVIT

**AFFIDAVIT #1
"Veracity of Statements"**

State of _____ : _____

: _____ ss.
(Town)

County of _____ : _____

_____, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/she is the _____ (Office of Affiant) of _____ (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant;

That _____, the Applicant herein, certifies under penalty of false statement that all statements made in the application for licensure are true and complete and that it will also amend its application while the application is pending if any substantial changes occur regarding the information provided in the application within ten days of any such change.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____, _____.
Month Year

Signature of official administering oath

Print Name and Title

My commission expires _____.