



Public Water System (PWS) Name \_\_\_\_\_

CT \_\_\_\_\_  
PWSID \_\_\_\_\_

DPH Proj. #: \_\_\_\_\_  
(DPH to assign)

**State of Connecticut – Department of Public Health  
Drinking Water State Revolving Fund (DWSRF) – Project Eligibility Application**

**PRIVATE/NON-PUBLIC WELL CONSOLIDATION PROJECT FORM**

1. Is this project for a water main extension or creation of a new stand-alone public water system?

**Water Main**     **New PWS**

NOTE: The creation of any new PWS may be required to follow the Certificate of Public Convenience and Necessity (CPCN) process under Connecticut General Statutes Section 16-262m.

2. Have any of the private or non-public wells experienced documented instances of water outages or diminished yield?     **Yes**     **No**    (if yes, provide documentation)

3. Have any of the private or non-public wells experienced microbiological contamination or lack adequate disinfection?     **Yes**     **No**    (if yes, provide documentation)

4. Have there been documented instances of water contaminants approaching or exceeding an MCL or Action Level standard for private wells?     **Yes**     **No**    (if yes, provide documentation)

For each "Yes" answer above, please indicate the solution proposed by this project:

Identified Problem from list above (Item #)	Proposed Solution