



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Drinking Water Section

TO: Youth Camp Operators/Owners
Directors/Administrative Personnel

FROM: Debra Johnson, Section Chief
Community Based Regulation Section
Youth Camp Licensing Program

Lori Mathieu, Public Health Service Manager
Drinking Water Section

DATE: March 17, 2010

SUBJECT: Youth Camp Water System Inventory Assessment Form

The "sanitary quality" of your youth camp's water supply is assessed by having your camp's water system tested by a state certified laboratory. Have you determined if your camp's water system has ample supply for your campers? Section 19-13-B27a of the Public Health Code requires "A water supply of sanitary quality shall be provided for each youth camp in ample quantity to meet the requirements of the maximum number of persons using such a camp at any time." We have developed the enclosed worksheet that will help you gather information about the on-site well water system(s) supplying your youth camp. If your youth camp is not supplied by an on-site well water system (i.e. your camp is a customer of a community public water system) you do not need to complete this form. If you are a youth camp supplied by an on-site public water system then it is important that you know how much water your camp will need to meet projected demands.

If your youth camp operates at a facility that you utilize through lease, contract or other agreement you may need to work with the facility manager to provide you with some of the requested water system inventory information. A spreadsheet matching the listing of the youth camp license numbers with public water systems and the public water system identification number (PWSID) sorted by town is provided for your reference in completing the "Camp Information" section of the form. Please complete the "Youth Camp Public Water System Inventory Assessment Form" and send a copy of the form to the Department of Public Health Drinking Water Section at the mailing address below. A copy of this form should also be maintained and updated in your files and made available to Department of Public Health staff upon request during the inspection of your youth camp.

The information on the enclosed form will be used to assess the amount of water your camp's water system could reliably supply in any given day during your camp's season of operation. The information will be reviewed by one of the Department of Public Health Drinking Water Section engineers when they conduct the next routine scheduled sanitary survey inspection of your youth camp's public water system(s). If you need technical assistance completing the enclosed inventory assessment form please call the Department's Drinking Water Section at 860-509-7333. Please send completed forms to the address below:

Connecticut Department of Public Health
Drinking Water Section
Youth Camp PWS Inventory Assessment Form
410 Capitol Avenue MS#51WAT
P.O. Box 340308
Hartford, CT 063134

Phone: (860) 509-7333
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 51WAT
P.O. Box 340308 Hartford, CT 06134
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Youth Camp Public Water System Inventory Assessment Form

Camp Information:

Camp Name:	
Address of Camp Location:	
Camp Town:	
Camp License Number:	
Camp Public Water System ID: (PWSID)	CT _____ (See attached list of youth camps public water systems for PWSID)

1) Available Water:

a. Record the well name, gallons per minute, well pump make/model and depth setting of the pump for each well.

Well Name	Pumping Rate (gpm)	Pump Make/Model	Pump Depth Setting

b. Storage Tanks & Pumps: Record the volume of each storage tank supplied by the wells listed above. In the column for tank type, indicate "A" for atmospheric tanks (not under pressure), "B" for bladder tanks (tanks under pressure with a bladder diaphragm inside), and "H" for hydropneumatic storage tanks (tanks under pressure with compressed air). Indicate the pressure cut-in / cut-out setting pressure in pounds per square inch (psi) for each pressure tank. If there are transfer/booster pumps used in combination with the storage tank, provide the name, pumping capacity and make/model of each transfer/booster pump.

Tank Name	Volume (gallons)	Tank Type (A, B, H)	Cut-In Pressure (psi)	Cut-Out Pressure (psi)
Transfer/Booster Pump Name	Pump Capacity (gpm)	Make/Model		

2) **Number of People Supplied by Water System:** For each population type, record the highest total number of campers and staff on any given day during the camp season.

Population Type	Count	Recommended water system design capacity
Residential Camp		50 gallons per person per day
Day Camp		15 gallons per person per day

3) Miscellaneous Water Usage Information:

a. If your camp's water system is metered, provide water meter readings and/or indicate the average gallons per day usage of water during normal camp operations.

Average Water Usage (gallons per day): _____

- b. Does your camp's water system experience low pressure during normal or peak usage? Yes No
- c. Do you have to haul in bulk water for domestic uses to supplement the camp's water system? Yes No