# FORM SCG-5500

#### STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH DAS-Real Estate Construction Services' Office of Grants Administration Plan Review - SCHOOL WATER SYSTEM EVALUATION FORM

This form is intended to evaluate whether or not additional information regarding the water supply system at this school must be submitted to the Department of Public Health (DPH) - Drinking Water Section (DWS).

### Background and instructions for completing the project evaluation form

## INSTRUCTIONS FOR SCHOOLS/CONSULTANTS

This form is to be completed by the school applicant and submitted to the DAS-Real Estate Construction Services' Office of Grants Administration Plan Review along with all other Plan Review Review materials. Submit a completed copy of this from to DPH at the address below.

Each question on the form is Yes or No. Please answer to the best of your knowledge.

Changes to the scope of the project after this form has been completed may change the original determination regarding the need to have materials reviewed by DPH. If changes are made, please submit an updated form to DAS and updated form and, if necessary, project information, to DPH.

# Regulatory Requirements That Affect School Projects

Regulations of Connecticut State Agencies (RCSA) Section 19-13-B102(d) refers to public water system facility location and review requirements for new installation.

Sec. 19-13-B102(d): Facility Location. Such as but not limited to treatment plants, pumping stations, storage tanks, etc., but not including water intakes and connecting pipelines. (1) New facilities are to be located: (A) Above the level of the one hundred year flood. (B) Where chlorine gas will not be stored or used within three hundred feet of any residence. (C) Where the facility is not likely to be subject to fires or other natural or manmade disasters.

Sec. 19-13-B102(d)(2): The state health department must be notified before entering into a financial commitment for a new public water system or increasing the capacity of an existing public water system, and the approval of the state health department must be obtained before any construction is begun. This includes construction of supply and treatment works, transmission lines, storage tanks, pumping stations and other works of sanitary significance. It does not include the routine extension of laterals or tapping of new service connections.

Name of School:		Town:	Town:		
Please	answer the following question: (a	circle your answer)			
Is this	school supplied by its own on-site	e well water system?	Yes	No	
	If Yes, complete page 2 of this form,	, <u>sign</u> , and submit both pages to DAS and DPH.			
	not they have sufficient domestic sup along with a <u>signed</u> copy of this form If <b>UNKNOWN</b> , please refer to the D\	company supplying water (with their PWS identified oply to continue to serve these facilities after all m n (it is not necessary to complete page 2 with the WS website and search for the school name unde . There is a list of all schools that are public wate	nodifications are co exception of the s er the "Public Wate	omplete, ignature).	
SUBMI	TTAL OF INFORMATION TO DEPA	ARTMENT OF PUBLIC HEALTH			
Send to	D:	State of CT - Department of Public Health Drinking Water Section			
1		J			

dwdcompliance@ct.gov

Phone: 860-509-7333 Fax: 860-509-7359

rev 10/26/11

STATE OF CONNECTICUT - DEPARTMENT OF PL DAS-Real Estate Construction Services' Office of Grants Administration Plan Review - SC		ALUATION FORM				
Please refer to the Background and Instructions (see page 1) for additional inform supplied water from a water company you do not need to complete this page of the area below. This page of the form is only to be completed if the school facility is sustem.	e form with the exception oupplied water by an on-site	of the signature water supply				
The following questions will help to evaluate if the project will require Department of Public Health review and/or approval prior to construction and installation.						
Name of School:						
Address of School: Town:						
Public Water System ID #:						
Will this project include the following:	Circ	le one				
1 New source of water supply (i.e. one that is not currently in use)	Yes	No				
2 New water storage tank(s)	Yes	No				
3 New water pumping station	Yes	No				
4 New water treatment system	Yes	No				
5 Change in existing water treatment components or chemical	Yes	No				
6 Increase in building capacity (student & staff population) or new facility	Yes	No				
Also note that many water system components, including buried water storage tanks and wells, have minimum separating distance requirements to sources of pollution, such as fuel oil storage tanks. The following questions will help evaluate if the proposed project activites affect these distances.						
7 Will a buried water storage tank (existing or proposed) be within:						
a. 50 feet of any part of a subsurface sewage disposal system or sanitary se	ewer Yes	No				
b. 25 feet of the nearest watercourse or storm drain	Yes	No				
c. 25 feet of other sources of pollution (includes fuel storage tanks & lines)	Yes	No				
8 Will a source of supply (well; existing or proposed) be within:						
a. For a pump rate of <10 gal. per min. (gpm): if you do not have a well in this category, circle here: NA						
75 feet of any part of a subsurface sewage disposal system or sanitary se	ewer* Yes	No				
75 feet of fuel oil storage tank or any part of the heating system	Yes	No				
25 feet of the nearest watercourse, annual high water or storm drain	Yes	No				
b. For a pump rate of 10-50 gpm: if you do not have a well in	0,1	NA				
150 feet of any part of a subsurface sewage disposal system or sanitary s		No				
150 feet of fuel oil storage tank or any part of the heating system	Yes	No				
50 feet of the nearest watercourse, annual high water or storm drain	Yes	No				
c. For a pump rate of >50 gpm: if you do not have a well in	0.1	NA				
200 feet of any part of a subsurface sewage disposal system or sanitary s		No				
200 feet of fuel oil storage tank or any part of the heating system 50 feet of the nearest watercourse, annual high water or storm drain	Yes Yes	No No				
Changes to the scope of the project after this form has been completed may chan need to have materials reviewed by the DPH. If changes are made, please submi form and project information to DPH. * lesser separating distances may apply if sewer pipe is considered tight pipe						
Name of individual completing this form:	Signature:					
E-mail:	Date:					
Address:						
Phone: Relationship to School:						
Date Reviewed by DPH: Staff Initials: DPH Approval Req? Yes No						