

PUBLIC WATER SYSTEM ANNUAL STATEMENT

1. Public Water System Information:

PWS ID: _____ **PWS Name:** _____
PWS Classification: _____ **Population Served:** _____

2. Contact Information:

	On File	Corrected
* Salutation		
* First Name		
* Last Name		
Organization		
Job Title		
* Address Line One		
Address Line Two		
* Town/City		
* State		
* Zip Code		
* Business Phone (Ext)	()	()
* Emergency Phone		
Mobile Phone		
Fax		
* Business E-mail		

* indicates required information

3. Consumer Connections and Service Area Information:

Service Connection Type	Number of Connections

Key: Service Connection Type: RS – Residential; CM – Commercial;
 CB – Combined; AG – Agricultural; IN - Industrial

Town(s) Served: _____

4. Source(s) of Supply:

Source Name	Source Type	Source Status

Key: Source Type: GW – Ground Water; SW – Surface Water; GU – GW Under the Direct Influence of SW
 Source Status: A – Active; I – Inactive; P – Proposed

I certify this information to be correct:

 Signature _____
 Title

 Print Name _____
 Date

Return completed form to: DWDCCompliance@ct.gov or Connecticut Department of Public Health
 Drinking Water Section
 410 Capitol Avenue, MS #51WAT
 P.O. Box 340308
 Hartford, CT 06134-0308