

STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF CONSTRUCTION SERVICES - 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 Department of Construction Services (DCS) along with all other DCS application materials. Submit a completed copy of this form 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 DCS 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: _____

Please answer the following question: (circle your answer)

Is this school supplied by its own on-site well water system?

Yes

No

If **Yes**, complete page 2 of this form, **sign**, and submit both pages to DCS and DPH.

If **No**, submit a letter from the water company supplying water (with their PWS identification #) indicating whether or not they have sufficient domestic supply to continue to serve these facilities after all modifications are complete, along with a **signed** copy of this form (it is not necessary to complete page 2 with the exception of the signature).

If **UNKNOWN**, please refer to the DWS website and search for the school name under the "Public Water System Classification and Inventory" section. There is a list of all schools that are public water systems.

SUBMITTAL OF INFORMATION TO DEPARTMENT OF PUBLIC HEALTH

Send to:

State of CT - Department of Public Health
Drinking Water Section
410 Capitol Avenue, MS# 51WAT
PO Box 340308
Hartford, CT 06134-0308

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

STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH

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Please refer to the Background and Instructions (see page 1) for additional information about this form. If the school facility is supplied water from a water company you do not need to complete this page of the form with the exception of the signature area below. This page of the form is only to be completed if the school facility is supplied water by an on-site water supply system.

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:	Circle 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 activities 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 sewer	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 sewer*	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 this category, circle here: NA		
150 feet of any part of a subsurface sewage disposal system or sanitary sewer*	Yes	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 this category, circle here: NA		
200 feet of any part of a subsurface sewage disposal system or sanitary sewer*	Yes	No
200 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

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* 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