

Water Supply Attachment #11b (for new programs, changes in location & increase in capacity)

Program Name: _____
Location Address: _____
City or Town: _____

License #: _____
Capacity: _____
(If **New** program, indicate “**New**” next to the license #.)

PLEASE BE SPECIFIC:

- Months of Operation (i.e. September-June): _____
- Days/Hours of Operation: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Are there multiple sessions provided daily? Yes or No

Name of **Property Owner**: _____
Address: _____
City or Town: _____
Phone #: _____

Section 1

Are you or your landlord a Customer of a Water Company? Yes No

- **If Yes**, complete Section 2 and provide the name of the Water Company: _____
- **If No**, complete Section 3

Section 2

Lead Water Test – Required for all new programs, changes of address and when there are changes in water supply.

*** Not required for programs operating in an approved public or private school*

Along with this form you **MUST ATTACH** the following:

- A copy of the program’s most **recent water bill or other documentation**, for verification purposes, with the program location address on it.
- A copy of First draw **lead water test results - samples from each drinking, beverage & food prep sink.**

*If you answered yes to Section 1 and completed Section 2, **DO NOT continue on to Sections 3 and 4***

Section 3

The Facility has an on-site well and serves less than 25 adults and children Yes No

- If **YES**, along with this form **YOU MUST ATTACH** the following:
 - A copy of the program’s **first draw lead water test results - samples from each drinking, beverage & food prep sink.**
 - A copy of the program’s **bacterial and chemical test results – water analysis must include tests for bacteria, physical parameters** (color, odor, turbidity, pH) **and sanitary chemicals** (nitrogen series, chloride, hardness, iron, manganese, sodium).
Additional tests may be required as deemed necessary.
- **If No**, complete Section 4

Do other businesses share this on-site well? (coffee shop, restaurant, etc.) Yes No

CONTINUED ON BACK PAGE

Section 4

The Facility has an on-site well and serves 25 or more adults and children *at least 60 days of the year.*

Please Note: Your facility meets the classification of a Public Water Supply System and will be Referred to the Department of Public Health, Drinking Water Section.

Along with this form **YOU MUST ATTACH** the following:

- A copy of the program's **first draw lead water test results**** - samples from each drinking, beverage & food prep sink.
- A copy of the program's **bacterial and chemical test results**** – **water analysis must include tests for bacteria, physical parameters** (color, odor, turbidity, pH) **and sanitary chemicals** (nitrogen series, chloride, hardness, iron, manganese, sodium).
Additional tests may be required as deemed necessary.

PLEASE NOTE that **first draw Lead Water test results**** are required for all programs every two years (and when there are changes in water supply) – samples from at least one drinking fountain or drinking, beverage and food prep sink, and from two such sources if the facility has more than one.

In addition, whenever water is obtained from other than a public water system that is regulated by the Connecticut Department of Public Health, **it shall be of a safe and sanitary quality and tested every two years for bacterial and chemical quality**** as detailed in Section 3 above.

*** Not required for programs operating in an approved public or private school*