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

Program Name: ________________________________________      License #: ____________________
Location Address: ______________________________________      Capacity: ____________________
City or Town: _________________________________________      (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 programs every two years and when there are changes in water supply

Along with this form you **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 the program’s first draw lead water test;

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

Section 3
Facility has an on-site well and serves less than 25 adults and children Yes  No
If YES, you are required to submit both a first draw **lead water test** and **bacterial & chemical test**
If NO, complete Section 4

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

Lead Water Test – (Required for all programs every two years and when there are changes in water supply)

**Bacterial & Chemical Test** (Required every 2 years for all programs with on-site wells serving less than 25 adults and children)

Along with this form, **YOU MUST ATTACH** the following:
* A copy of the program’s first draw lead water test
* A copy of the program’s bacterial and chemical test

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Section 4  (Facility has 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.

Lead Water Test – (Required for all programs every two years and when there are changes in water supply)

Along with this form, YOU MUST ATTACH the following:
* A copy of the program’s first draw lead water test and bacterial and chemical test.