

# 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**

**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.**