# FORM SCG-5500

### STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH

Office of School Construction Grants & Review - 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 Office of School Construction Grants & Review along with all other SCG 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 SCG 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   | <b>ng question:</b> (circle your answer)   |   |  |
| Is this school supplied by  | its own on-site well water system?   | Yes No  |  |
| lf <b>Yes</b> , complete pag  | e 2 of this form, <u>sign</u> , and submit both pages to SCG and   | J DPH.  |  |
| not they have sufficie<br>along with a <u>signed</u> of<br>If <b>UNKNOWN</b> , please | from the water company supplying water (with their PWS<br>nt domestic supply to continue to serve these facilities at<br>copy of this form (it is not necessary to complete page 2<br>e refer to the DWS website and search for the school nat<br>entory" section. There is a list of all schools that are put | ter all modifications are complete,<br>with the exception of the signature).<br>me under the "Public Water System |  |
|   | TION TO DEPARTMENT OF PUBLIC HEALTH  |   |  |
| Send to:  | State of CT - Department of Public Hea   | alth  |  |

rev 10/26/11

410 Capitol Avenue, 12 DWS

Hartford, CT 06134-0308

PO Box 340308

Phone: 860-509-7333

Fax: 860-509-7359

| STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH   |                                      |                        |    |  |  |
|--|--------------------------------------|------------------------|----|--|--|
| Office of School Construction Grants & Review - SCHOOL WATER SYSTEM EVALUATION FORM  |                                      |                        |    |  |  |
| 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:   | То                                   | wn:                    |    |  |  |
| Public Water System ID #:  |                                      |                        |    |  |  |
| Will this project include the following:   | Circle                               | one                    |    |  |  |
| 1 New source of water supply (i.e. one that is not   | 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 po  | 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 activites affect these distances.   |                                      |                        |    |  |  |
| 7 Will a buried water storage tank (existing or pro  | posed) be within:                    |                        |    |  |  |
| a. 50 feet of any part of a subsurface sewage  |                                      | Yes                    | No |  |  |
| b. 25 feet of the nearest watercourse or storm   |                                      | Yes                    | No |  |  |
| c. 25 feet of other sources of pollution (include  |                                      | Yes                    | No |  |  |
| 8 Will a source of supply (well; existing or propose   | ed) 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 o   | f 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 ca | tegory, circle here: N | ١A |  |  |
| 150 feet of any part of a subsurface sewage  | e 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 ca | tegory, circle here: N | ١A |  |  |
| 200 feet of any part of a subsurface sewage  | e 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 |  |  |
| Changes to the scope of the project after this form h<br>need to have materials reviewed by the DPH. If cha<br>form and project information to DPH.  | nges are made, please submit an up   | -                      |    |  |  |
| * lesser separating distances may apply if sewer pip   | e is considered tight pipe           |                        |    |  |  |
| Name of individual completing this form:   | Signati                              | ure:                   |    |  |  |
| E-mail:  | Da                                   | ate:                   |    |  |  |
| Address:   |                                      |                        |    |  |  |
| Phone: Relationship to School:   |                                      |                        |    |  |  |
| Date Reviewed by DPH:  | Staff Initials: DPH Appr             | oval Req? Yes          | No |  |  |