STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION

PUBLIC WATER SYSTEM INFORMATION FORM

Water System/Property Name* _____ PWSID* CT _____
(If applicable)

Address of Water System _____ Town _____

_____

Facilities and/or businesses supplied by water system: _____

_____

What is the source of the water supply for this location?: **onsite well(s)** **customer of a water company**
If the response to the above question was 'customer of a water company', please attach a copy of your most recent water bill so that you can be removed from our inventory. It is not necessary to complete the next 8 items if you are a customer of a water co. and attach a copy of your bill.

Water System annual operating period (begin/end dates of operation): From _____ To _____
month/day month/day

Does this water system supply water to a licensed food service establishment?: **Yes** **No**

Does this water system supply water to a public restroom, public sink and/or public drinking fountain?: **Yes** **No**
(A public restroom, sink or fountain is one that is located in a common area with public access for transient customers, visitors and/or members.)

Does this water system supply water to a (circle all that apply): **hotel/motel** **municipal building** **gas station** **medical facility** **rest area** **library** **park/recreation area** **campground** **place of worship**

Do at least 25 persons (including employees, customers, parishioners, visitors, etc., but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? **Yes** **No**

Number of same persons (i.e. employees, students, but not residents) regularly using facility on a daily basis for at least 6 months a year: _____

Number of persons whose primary residence is supplied by the water system: _____

Number of service connections (buildings or units supplied by water system): _____

I certify this information to be correct.

_____
Signature

_____
Name (Please Print)

_____
Title

_____
Relationship to property (owner, operator, tenant, etc.)

_____
Phone # Date

Return signed form to: CT Dept. of Public Health, Drinking Water Section
TNCPWS Information Form
410 Capitol Ave., MS#51WAT
P.O. Box 340308
Hartford, CT 06134

or fax to: (860)509-7359
Re: TNCPWS Information Form