

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
DRINKING WATER SECTION

Food Service Establishment Water System Registration Form

Refer to instructions on reverse side for assistance in completing this registration form.

Are there changes to property and/or food service establishment ownership/contact information from this past year?  Yes  No

**A. Food Service Establishment Information**

New food establishment licensure  Relicensure

Food Service Establishment Name: \_\_\_\_\_

Ownership information (food service establishment):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of food service establishment Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Water System Information**

What is the source of the water supply for this location?

Onsite Well

If 'Customer of a Community PWS', do not complete Section B.

Customer of a Community Public Water System (PWS)

Provide name of Community PWS: \_\_\_\_\_

Water System/Property Name \_\_\_\_\_ PWSID\*: CT

\* If known / if applicable

Address of Water System: \_\_\_\_\_ Town: \_\_\_\_\_

List all businesses and/or facilities supplied by water system: \_\_\_\_\_

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

Total number of **same** persons who **regularly** use the facilities / businesses (i.e. employees, students, but not residents) for **at least 6 months a year**: \_\_\_\_\_ Avg. # of Daily Customers: \_\_\_\_\_ # of Residents: \_\_\_\_\_

Does this water system also supply water to a (check applicable):  hotel/motel  municipal bldg  gas station  
 medical facility  rest area  park/recreation area  campground  place of worship  Other: \_\_\_\_\_

Type and number of wells:  Drilled Wells \_\_\_\_\_  Shallow Dug Wells \_\_\_\_\_  Other: \_\_\_\_\_

Installed water treatment equipment:  Iron/manganese filter  Ultraviolet light  Water softener  Aeration  
 Granular Activated Carbon filter  Acid Neutralizer  Other/Unk: \_\_\_\_\_  Chemical feed: \_\_\_\_\_

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

Water system ownership information (i.e. property owner):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

***Information below to be completed by the Local Health Department***

1. Date: \_\_\_\_\_

2. Water System Classification (check one):  NTNC  TNC  NP  Undetermined  CWS Customer\*

3. Reviewed by (print name, title and LHD): \_\_\_\_\_

4. Signature: \_\_\_\_\_

Mail a copy of the completed registration form to:

CT Department of Public Health – Drinking Water Section, CRS Unit,  
410 Capitol Ave. MS#51WAT, P.O. Box 340308, Hartford, CT 06134-0308

\* If CWS customer, do not forward form to CT DPH – DWS.

## Instructions for Completing Registration Form

This form is to be used for food service establishments who will or do occupy a building with a well water system. This form is to be used during new food service establishment licensure and existing food service establishment relicensure. Sections A and B of this form are to be completed by the food service establishment applicant, and returned to the respective Local Health Department for review and transmission to the Drinking Water Section of the Department of Public Health. Section B is to be completed by the Local Health Department.

**A. Food Service Establishment Information:** This information is to be provided by the food service establishment applicant. Check if there are any changes in ownership, or contact information (i.e., phone #, address, ownership, contact information, etc.). ***New food service establishment licensure / Relicensure*** – check either new licensure or relicensure. ***Food Service Establishment Name*** – list the business name of the food service establishment. ***Ownership information*** – enter the name, mailing address, phone number and dated signature of the owner of the food service establishment. If the owner is a corporation then the name of a contact person must also be provided.

**B. Water System Information:**

***What is the source of the water supply for this location?*** – Indicate (check) whether this establishment is served by its own well or is a customer of Community Public Water System (CWS).

\*Only continue completing Section B if the food service establishment receives all or part of its water supply from a source other than a regulated CWS. If the food service establishment does not own the water system (i.e. leased space) then the information in Section B may need to be obtained from the property owner.

***Water System/Property Name*** – provide the name that best describes the water system. In cases where the water system serves only the food service establishment, provide the business name of the food service establishment. If the water system serves a shopping plaza provide the name of the shopping plaza. If the water system serves multiple properties provide the name that best describes the water system (example: 156-159 Main Street). Provide the Public Water System (PWS) identification #, if known or if applicable.

***Address of Water System*** – list the address(es) of the property(ies) being served by the well water system.

***Town*** – list the town in which the water system is located.

***Businesses and/or facilities supplied by water system*** – list the name of all businesses, or other facilities served by the water system.

***Do at least 25 persons visit the facilities/businesses supplied by the water system daily at least 60 days out of the year?*** – The availability of water would include public restrooms and/or foods or beverages prepared with water. Check yes or no.

***Total number of same persons who regularly use the facilities/businesses for at least 6 months a year*** – provide the number of persons (i.e. employees, students, NOT residents or transient customers) who use the facility on a daily basis at least 6 months out of the year. Provide an average number of customers who visit your facility/business on a daily basis. Provide the number of residents who live at the facilities/businesses.

***Does this water system also supply water to a (check any that apply)*** – check any of the applicable categories. If an applicable category is not provided, check other and provide a description of the type of facility the water system supplies.

***Type and number of wells*** – provide the number of wells for each applicable category in the space provided, when using the “Other” category also provide a description of the type of water source.

***Installed water treatment equipment*** – check any water treatment equipment installed on the water system. When checking chemical feed systems also list the type of chemical that is being added to the water (example: chlorine, soda ash, permanganate).

***Water system annual operating period (begin/end dates of operation)*** – provide the beginning and end dates (month and day) of the season of operation for the water system, if the water system operates year round enter from 1/1 to 12/31.

***Water system ownership information*** – enter the name, mailing address, phone number and signature for the **property owner** of the water system that will provide water service to the food service establishment. This may be the same information as the owner of the food service establishment, or it may be the name of the landlord, owner of a shopping plaza, etc. If the owner is a corporation then the name of a contact person must also be provided.

**Information to be completed by the Local Health Department:**

- Date*** – date of review.
- Water System Classification (check one)*** – check the water system classification based on information provided in Section B (Water availability to 25 or more persons/day for at least 60 days/year, and # of employees, residents, etc.).
  - If the system regularly serves at least 25 of the **same** persons (not including residents or transient persons) per day for 6 months or more a year, then check **NTNC**.
  - If the system does not supply water to at least 25 persons for at least 60 days out of the year, then check **NP**.
  - If the system is served only by a Community Public Water System (Section B is N/A), then check **CWS Customer**.
  - If the system serves 25 or more persons, at least 60 days a year, and does not meet any of the above, then check **TNC**.\*For additional information on classification, refer to <http://www.dph.state.ct.us/BRS/water/Consumer/PWS.htm>
- Reviewed by (print name and title)*** – provide the name and title of the local health official reviewing the registration form. This person must be a registered sanitarian or the local director of health.
- Signature*** – signature of the person (registered sanitarian or local director of health) reviewing the registration form.