

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH DRINKING WATER DIVISION

NOTIFICATION FORM TO CONFIRM COMPLIANCE WITH SECTIONS 19-13-B46 & 19-13-B102 of the Regulations of Connecticut State Agencies (RCSA)

Should an event occur requiring notification to the Department of Public Health (DPH) or consultation with the DPH, Public Water Systems (PWSs) must immediately call the Drinking Water Division (DWD) at 860-509-7333 during normal business hours & at 860-509-8000 after hours, and should then complete & submit this notification form to the DWD and the Local Health Department (LHD) by the following business day after learning of an event that requires immediate notification.

To confirm compliance with notification requirements, this form should be submitted to DWD either by fax (860-509-7359) or regular mail to: Department of Public Health, Drinking Water Division, 410 Capitol Avenue, MS#51WAT, P.O. Box 340308, Hartford, CT 06134-0308; or by e-mail to: DWDCompliance@po.state.ct.us; and shared with the local health department using contacts available on this internet web page: http://www.dph.state.ct.us/Local_health/localmap.asp

1. PWS INFORMATION

Date: _____

PWS Name: _____

PWSID #: CT _____

Town(s) Served: _____

Name of Operator or Administrator of PWS: _____

2. EVENT(S) THAT REQUIRED REPORTING TO DWD & LHD:

- Security of Public Water System is threatened (Per Sec. 19-13-B46 of the Regulations of Connecticut State Agencies); Refer to Drinking Water Security- Emergency Response Handbook at http://www.dph.state.ct.us/BRS/water/emergency_preparadness/Security/security.htm
- Suspicious activities are observed on or near water company land (per Sec. 19-13-B46 of the Regulations of Connecticut State Agencies); Refer to Drinking Water Security- Emergency Response Handbook at:
http://www.dph.state.ct.us/BRS/water/emergency_preparadness/Security/security.htm
- Treatment of public water supply is interrupted (per Sec. 19-13-B46 of the Regulations of Connecticut State Agencies)

- ❑ Source of water supply is damaged so as to impair the quality or the sufficiency of the supply (per Sec. 19-13-B46 of the Regulations of Connecticut State Agencies)
 - ❑ E. coli or fecal coliforms are present in a total coliform-positive sample (per Sec. 19-13-B102 (e)(7)(l)(i) of the Regulations of Connecticut State Agencies)
 - ❑ Chlorine residual is below 0.2 mg/l in water entering the distribution system that uses a surface water source of supply (per Sec. 19-13-B102(j)(B)(iii) of the Regulations of Connecticut State Agencies)
 - ❑ Violation of the Maximum Contaminant Level (MCL) for total coliforms (per Sec. 19-13-B102(h)(1) of the Regulations of Connecticut State Agencies)
 - ❑ Violation of any established MCL, other than total coliform (per Sec. 19-13-B102(h)(3) of the Regulations of Connecticut State Agencies)
 - ❑ A monitoring violation (per Sec. 19-13-B102(h)(2) of the Regulations of Connecticut State Agencies) of: _____
 - ❑ Other (notice by PWS for a non-listed event): _____
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3. EVENT(S) THAT REQUIRED NOTIFICATION AND IN ADDITION CONSULTATION WITH DWD (per Sections 19-13-B102(a) & 19-13-B102(i) of the Regulations of Connecticut State Agencies):

- ❑ Violation of the MCL for total coliforms when fecal coliform or E.coli are present, or when the PWS fails to test for fecal coliforms or E.coli when any repeat sample tests positive for coliform. (per Sections 19-13-B102(e)(6) and 19-13-B102(e)(7) of the Regulations of Connecticut State Agencies)
- ❑ Violation of the MCL for nitrate, nitrite, or total nitrate and nitrite, or when the public water system fails to take a confirmation sample within twenty-four (24) hours of the system's receipt of the first sample showing an exceedance of the nitrate or nitrite MCL. (per Sections 19-13B102(e)(2) and 19-13-B102(e)(7)(P)(ii) of the Regulations of Connecticut State Agencies)
- ❑ The maximum residual disinfectant level (MRDL) for chlorine dioxide when one or more samples taken in the distribution system the day following an exceedance of the MRDL at the entrance of the distribution system exceed the MRDL, or when the public water system does not take the required samples in the distribution system. (per Sections 19-13-B102(a)(86) and 19-13B102(i) of the Regulations of Connecticut State Agencies)
- ❑ The MCL for turbidity as specified in sections 19-13-B102(e)(7)(H)(ii) and 19-13-B102(j)(2)(D) of the Regulations of Connecticut State Agencies, where the department determines after consultation that the violation of the MCL for turbidity combined with other site-specific information indicate that potential pathogens may have passed the point of entry to the water distribution system, or where consultation

does not take place within twenty- four (24) hours after the public water system learns of the violation (*These are ground water sources that are potentially under the influence of surface water*).

- ❑ The MCL for turbidity as specified in section 19-13-B102(j)(4) of the Regulations of Connecticut State Agencies, where the department determines after consultation that the violation of the MCL for turbidity combined with other site-specific information indicate that potential pathogens may have passed the point of entry to the water distribution system, or where consultation does not take place within twenty-four (24) hours after the public water system learns of the violation.
- ❑ Occurrence of a waterborne disease outbreak, as defined in section 19- 13-B102(a) of the Regulations of Connecticut State Agencies.
- ❑ Any chemical listed in sections 19-13-B102(e)(2) to 19-13-B102(e)(4) of the Regulations of Connecticut State Agencies is found at a level that is determined in writing by the department to have serious adverse effects on human health as a result of short term exposure based on available scientific and epidemiological findings.

4. **CONSULTATION WITH DWD RELATIVE TO THE AFORE-NOTED EVENT WAS MADE ON AND WITH:**

5.

DATE	TIME	DWD STAFF NAME
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Brief Summary of Consultation: _____

6. **BRIEF DESCRIPTION OF THE EVENT REQUIRING NOTIFICATION:**

7. **STEPS TAKEN TO CORRECT AND RESOLVE THE EVENT:**

8. **WHO'S BEEN NOTIFIED OF THE EVENT:**

DWD Staff Name: _____

LHD Staff Name (when applicable): _____

OTHERS: _____

9. SUBMITTED BY:

Name

Title

Telephone Number

FOR DWD USE ONLY:

BY: _____
DWD Staff Name

DATE: _____

1) *Is there a potential health impact due to this event?* ___ Yes, ___ No
If Yes, list action taken to alleviate the impact: _____

2) *Is technical assistance required by DWD?* ___ Yes, ___ No
If Yes, what's the form of technical assistance used: _____

3) *Is follow up required by the PWS?* ___ Yes, ___ No
If Yes, list the required follow up steps: _____

4) *Is the event now resolved?* ___ Yes, ___ No
If No, comment on the status: _____



Keeping Connecticut Healthy
www.dph.state.ct.us
Governor M. Jodi Reil
Commissioner J. Robert Galvin, M.D., M.P.H.



**Connecticut Department of Public Health
Drinking Water Division
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www.dph.state.ct.us/BRS/Water/DWD.htm