

Wells at Food Service
Establishments
(Transient Non-Community Public
Water Systems)
and
Enforcement Actions for Total
Coliform Bacteria Violations

**By: Eric McPhee, Sanitary Engineer 3
Drinking Water Section
ATCAVE 2008**

When is an FSE a Public Water System?

- 💧 If the FSE supplies water to 25 or more people (incl. staff) 60 or more days a year and has its own water source, it is a PWS.
- 💧 Nearly all FSEs that have their own water source are PWSs.
- 💧 FSEs that may not be PWSs: Bakeries, itinerate vendors, etc. that do not have public restrooms, fountain soda/coffee (or other means of consuming the water), seating, or 25 or more employees

DPH/LHD Roles in FSE Inspections

- 💧 DPH/DWS inspects public water systems
- 💧 LHDs inspect food service establishments
- 💧 Both inspect food service establishments that are also public water systems
- 💧 Interaction/Communication between DWS/LHDs – Improved results

Review of DWS Sanitary Survey Requirements

- 💧 The DWS performs sanitary surveys on all public water systems
- 💧 Surveys are performed every 3 or 5 years, based on system classification
- 💧 Survey reports are issued for every survey that is performed. They are kept on file, and are available to anyone.

Review of DWS Sanitary Survey Requirements

- There are eight main elements of a sanitary survey:
 - Source
 - Treatment
 - Distribution system
 - Finished water storage
 - Pumps, pump facilities, and controls
 - Monitoring, reporting, and data verification
 - System management and operation
 - Operator certification

(GWR will expand on SS requirements, including mandatory correction of 'significant deficiencies' within 120 days)

Review of DWS Sanitary Survey Requirements

- 💧 A sanitary survey checklist was created for use as an aid to DWS staff while performing surveys. It is available if you would like to use it when performing food service inspections.

DEPARTMENT OF PUBLIC HEALTH, DRINKING WATER DIVISION - SANITARY SURVEY OF A PUBLIC WATER SYSTEM

Well Inspection Sheet 1

PWS Name:
Well Name:

PWSID:
Well ID:

TOWN:

Page ___ of ___

PHC Section	Survey Item	Yes/No - Public Health Code Violation	Comments (Indicate if Unknown in this column)	R.M.
19-13-B51d	Does this well have any potential sources of pollution within: ___ 75 feet (withdrawal rate < 10 gpm) ___ 150 feet (withdrawal rate = 10 to 50 gpm) ___ 200 feet (withdrawal rate > 50 gpm) ___ 200 feet (Unknown withdrawal rate) LIST: Septic ___ ft; Sewer Lines ¹ ___ ft; Underground fuel storage ___ ft; Above ground fuel storage (excluding propane) ___ ft; Others (list) ___ ft;	<input type="checkbox"/> Yes - PHC Viol. <input type="checkbox"/> No	Withdrawal Rate of the Well: ___ gpm. List other sources of pollution:	1
19-13-B51d	Does the well have a high water mark of any surface water body, drain carrying surface water or foundation drain within: ___ 25 feet (< 10 gpm) ___ 50 feet (> 10 gpm) ___ 50 feet (Unknown gpm) LIST: Surface Water Body ___ ft; Surface Water Drain ___ ft; Foundation Drain ___ ft	<input type="checkbox"/> Yes - PHC Viol. <input type="checkbox"/> No		
19-13-B51d	Is the well located at a relatively high point on the premises consistent with the general layout and surroundings? Is the well protected against surface wash?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		
19-13-B51f	Does the casing of the well project not less than six inches above the established grade at the well or above the pump house floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		2, 4
19-13-B51f	Was the pipe used for casing the well (other than a dug well) made of steel or other material approved by the commissioner of health?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		
19-13-B51f	Was the pipe used for casing the well (other than a dug well) free from flaws or defects and have watertight connections?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		
	Is there a raw water sample tap installed at this well?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is the wellhead protected from unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PERMANENT APPURTENANCES				
19-13-B51j	Is any equipment, piping or appurtenance, permanently installed in the well joined watertight to the well casing at the point of entrance to the well by a well top seal or equally effective means?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		3
19-13-B51j	Is the well fitted with an adequate air vent (If the drawdown is ten feet or more)?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		4
19-13-B51j	Is the air vent extended to the height of at least twelve inches above any possible high water level?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		
19-13-B51j	Is the air vent shielded and screened in such manner as to permit the entrance of air but keep out foreign matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No - PHC Viol.		4
19-13-B51j	Is the foundation for the reciprocating pump constructed with sufficient clearance around the well casing and the base of the power head to permit the assembly in place of a watertight well top seal?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No - PHC Viol.		
19-13-B51j	Is the well opening of a turbine pump adequately covered and all openings through the base sealed watertight?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No - PHC Viol.		
19-13-B102n	Has a meter been provided for this well?	<input type="checkbox"/> Yes <input type="checkbox"/> No -PHC Viol.*		
19-13-B102n	Have representative weekly readings of the instantaneous flow rate and total quantity of water delivered over the previous week been taken, recorded and retained for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No -PHC Viol.*		

R.M. = Reference Material Number (included with survey report)

¹ If it can be documented that the sewer line is constructed of extra heavy cast iron pipe with leaded joints or approved equal, the separating distance may be decreased. Refer to PHC Section 19-13-B51d.

*This is a violation for Community PWSs only

Sanitary Survey Checklist

- 💧 Use as a guide during FSE Inspection if you wish
- 💧 LHDs, when inspecting a water system, should primarily concentrate on the well location and construction (RCSA 19-13-B51) portion of the checklist, which are the first two pages.

Common Deficiencies

Not a certified watertight well cap

No air vent



Less than 6" above grade

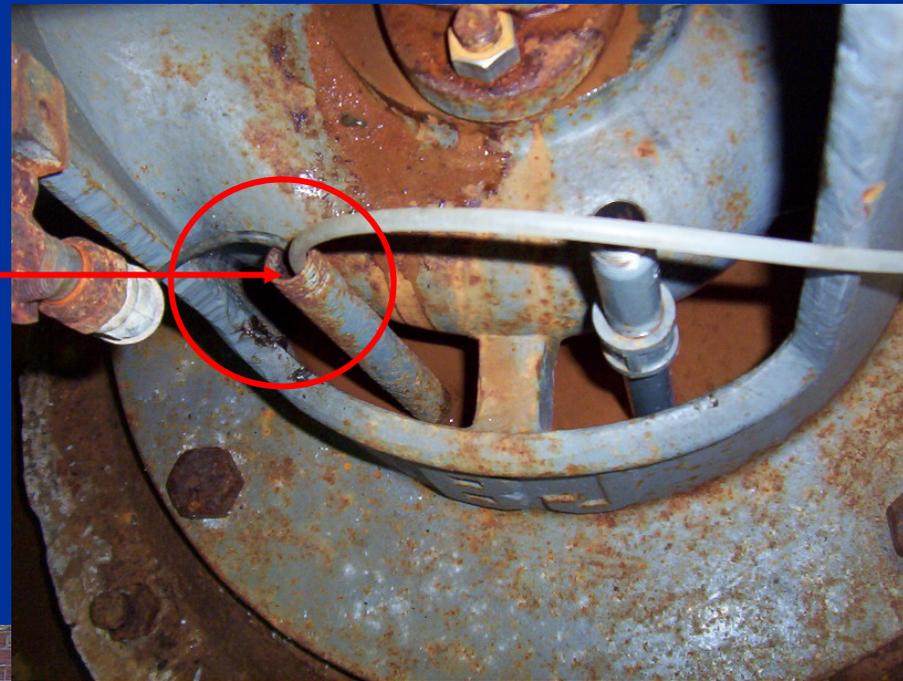


Drinking Water Section

Subject to surface wash (depression around well)



Not watertight



PVC Well
Casing

Drinking Water Section

Defective casings



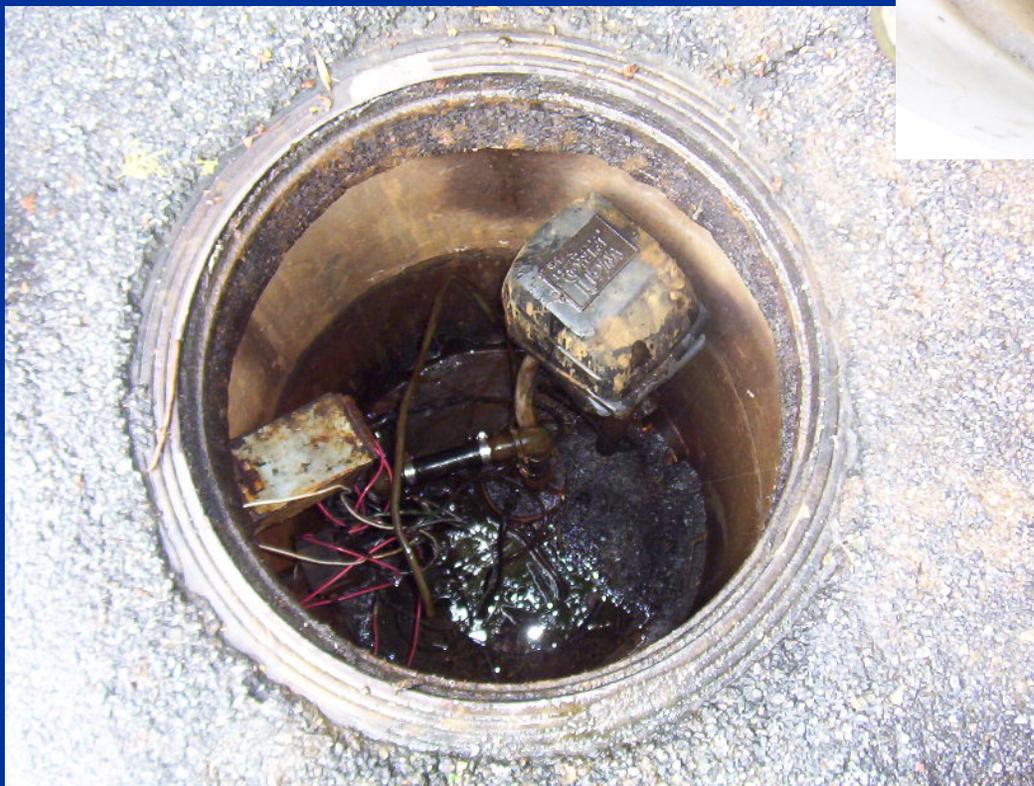
Drinking Water Section

Electrical conduit Is not watertight





Drinking Water Section



Drinking Water Section



Drinking Water Section

LHD Inspection of FSEs

- Evaluation includes much of the same
- RCSA Section 19-13-B42(g):** The water supply shall be adequate, of a safe, sanitary quality, be in conformance with section 19-13-B102 of the Regulations of Connecticut State Agencies (RCSA) and be from an approved source which is in conformance with sections 19-13-B51a through 19-13-B51m of the RCSA.

LHD Inspection of FSEs

- 💧 **RCSA Section 19-13-B42t:** Inspection of FSEs. All FSEs shall be inspected by the DOH, registered sanitarian, or an authorized agent of the DOH, if such director, sanitarian or agent has been certified by the commissioner.....

LHD Inspection of FSEs

💧 **RCSA 19-13-B42u – Enforcement:**

(1) Every food service establishment shall not have one or more four demerit point items in violation, regardless of the rating score. The four demerit point items include: **water source, adequate, safe**; if there is one or more four demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall order correction of the items in violation within two weeks.

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
COMPLIANCE GUIDE
FOR
FOOD SERVICE INSPECTION FORM

(Available on Food Protection Program section of CTDPH website)

WATER SUPPLY

29. Water source: adequate, safe (4 demerits)

- a. The water supply shall be adequate, of a safe, sanitary quality, in conformance with PHC Section 19-13-B102 and from an approved source which is constructed, protected, operated, and maintained in conformance with PHC section 19-13-B51 (a) through (m): Provided, that, if approved by the director of health, a non-potable water-supply system may be permitted within the establishment for purposes such as air conditioning and fire protection, only if such system complies with applicable state and local plumbing codes, and the non-potable water supply is not used in such a manner as to bring it into contact, either directly or indirectly, with food, food equipment, or utensils.
- b. All water, not piped into the establishment directly from the source shall be transported, handled, stored, and dispensed in an approved manner.
- c. Drinking water, if not dispensed through the water-supply system of the food service establishment, may be stored in a separate nonpressurized tank, reservoir, or other container.

What does this include?

- 💧 Any existing violations related to the well location (septic, surface water, oil tanks, etc.) or well construction (well caps, vents, non-compliant well pits, non-compliant dug wells)
- 💧 Any current, unresolved violations from B102 – MCLs, unresolved monitoring violations, etc.

NAME OF ESTABLISHMENT
STREET ADDRESS
OWNER or OPERATOR

ESTABLISHMENT CLASS
TOWN
INSPECTION DATE and TIME

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1

FOOD PROTECTION		
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	Unwrapped or potentially hazardous food not reserved	4
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4

PERSONNEL		
12	Personnel with infection restricted	4

CLEANLINESS OF PERSONNEL		
13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2

EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
16	Food-contact surfaces designed, constructed, maintained, installed, located	2
17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

DEMERIT SCORE			
4	3	2	1

TOTAL	RATING	Date	Corrections Due

EQUIPMENT & UTENSILS : CLEANLINESS		
21	Preflushed, scraped, soaked and racked	
22	Wash water clean, proper temperature	1
23	Accurate thermometers provided, dish basket, if used	
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1

WATER SUPPLY		
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2

SEWAGE DISPOSAL		
31	Sewage disposal approved	4
32	Proper disposal of waste water	1

PLUMBING		
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4

TOILET FACILITIES		
35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	

HANDWASHING FACILITIES		
38	Suitable hand cleanser and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1

GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures - properly constructed, clean	
41	Garbage disposed of in an approved manner, at approved frequency	1

RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge
SIGNED (Inspector)

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1

FLOORS, WALLS & CEILINGS		
44	Floors: floor covering installed, constructed as required, good repair, clean	
45	Floors, graded, drained as required	1
46	Floor, wall juncture covered	
47	Mats removable, good repair, clean	

48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1

LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	

DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1

HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	1
56	Complete separation from living/sleeping quarters and laundry	1
57	Clean/soiled linens stored properly	1
58	No live birds, turtles, or other animals (except guide dogs)	1

NONSMOKING AREAS		
59	Seats 75 or more. Nonsmoking area provided, sign(s) posted at entrance(s), smoking area indicated by sign(s)	3

QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

	2	28	Equipment/utensils, storage, handling	1	47
d	2				48
odl	4	WATER SUPPLY			
		29	Water source adequate, safe	4	49
l,		30	Hot and cold water under pressure, provided as required	2	
	2	SEWAGE DISPOSAL			50
	2	31	Sewage disposal approved	4	
	4	32	Proper disposal of waste water	4	51

STATE OF CONNECTICUT • FOCUSED FOOD SERVICE INSPECTION REPORT • DEPARTMENT OF PUBLIC HEALTH

Establishment: _____ Inspection Date: _____ Time: _____ RO Insp RE Insp _____
 Address/City: _____ Health Dept: _____ Class: 1 2 3 4

Based on an inspection this day, the items marked DNC identify the violations in operation or facilities which must be corrected by the date specified on page 2.

RISK FACTOR ITEMS: Listing is not inclusive of all possible debitable items	C	NO	N/A	DNC	KEY: C [complies] N/O [not observed] N/A [not applicable] DNC [does not comply] O [other] RTE [ready-to-eat]	C	NO	N/A	4
60 Qualified Food Operator				3					
61 Designated Alternate				2					
62 Written documentation of training program				2					
1 Approved source, wholesome, nonadulterated	C	N/O	N/A	4					
A Approved shellfish, finfish, meat & poultry USDA approved									
B Food cans in good condition (not dented, rusty, bloated, leaking)									
C Wholesome/nonadulterated foods/safe									
D Commercial products (no home grown/canned food)									
E Potentially hazardous foods received at proper temperature									
O									
3 Potentially hazardous food meets temperature requirements during storage, preparation, display, service and transportation	C	NO	N/A	4					
A Hot holding greater than or equal to 140°F. (whole beef/pork roasts 130°F)									
B Cold holding less than or equal to 45°F									
C Proper cooling									
D Proper re-heating									
E Proper internal cooking / consumer advisory posted									
O									
4 Adequate facilities to maintain product temperature, thermometers provided	C	NO	N/A	2					
A Food thermometer available and accurate									
B Proper food thermometer for product									
C Thermometers appropriately placed in cooler units									
O									
7 Food protected during storage, preparation, display, service and transportation	C	NO	N/A	2					
A Produce washed									
B Raw meats not stored/prepared near ready-to-eat foods									
C Food covered properly									
D Adequate splash guards / sneeze guard									
E No unauthorized personnel									
F No pooling of eggs not cooked immediately									
8 Food containers stored off the floor									
O									
9 Handling of food minimized	C	N/O	N/A	2					
A No unnecessary handling RTE and/or cooked foods with bare hands									
B Minimize food handling, other than ready-to-eat, with bare hands									
C Adequate utensil(s) for dispensing food/ice									
O									

The following information is not debitable and does not affect your score. KEY: QFO [qualified food operator], DA [designated alternate], PHF [potentially hazardous food], FB [foodborne]

PHFs are hot held at: _____ °F. PHFs are cold held at: _____ °F.
 Are internal cooking temperatures taken? Y N • To what temperature do you cook:
 Poultry _____ Ground Beef _____ Pork _____
 Roasts _____ Other _____
 Describe re-heating procedures: _____
 Are temperatures recorded/logged for cold holding foods/equipment? Y N
 Are foods cooked in advance and cooled? Y N • Are leftovers saved? Y N
 List products cooled: _____
 Describe cooling methods: _____
 Is cooling monitored for time & temp? Y N Is the monitoring of cooling recorded? Y N
 Is there a produce washing policy? Y N • Describe what is washed and where: _____

Describe illness conditions when you would exclude a food worker from working:
 What diseases related to FB illness are you required to report to the local health department?
 Is there a written illness policy that requires the food worker to report specific illness conditions and diseases to the QFO? Y N • Do you have a paid sick leave policy? Y N
 Is there a language barrier between inspector & QFO? Y N If yes indicate language spoken by QFO/DA: _____ • Can the QFO/DA read the inspection report? Y N
 Indicate who answered the above questions: Name (print): _____
 Indicate the title of above person (circle all that apply): QFO DA Mgr Cook Owner FW
 • Obtain signature of the person who received the QFO responsibilities information at the time of the inspection: _____
 Note: This report is a two page form (total of 62 debitable items) Page 1 of 2

10 CAPITOL AVENUE - MS#51FDP - HARTFORD, CT 06134
INSPECTION REPORT

Date of Inspection: _____
 Owner or Operator: _____

Y: DNC [DOES NOT COMPLY] DNC

Waste disposal approved. _____ 4
 Operating as required _____ 4

No cross connections, back siphonage, backflow preventer type/installation/ backflow prevention device/ air gap for: _____ 4
 Food equipment -Hose connections -Dish machines
 Soda system carbonator -Beverage dispensers -Toilet tanks
 Chemical dispensers -Ice machines
 Proper drain for: _____
 Food equipment -Dish machines -Ice machines

Toilet facilities. Adequate, convenient, accessible, assigned, properly installed _____ 4

KEY: DNC [DOES NOT COMPLY] DNC

Garbage/rubbish storage area/rooms, enclosures - properly constructed, clean _____ 1
 Garbage/rubbish disposed of in an approved manner, at approved frequency _____
 Termite Control: No insects/rodents present _____ 2
 Entry openings protected against entrance of insects/rodents _____ 1
 Floors: Floor covering installed, constructed as required, good repair, clean _____ 1
 Floors graded, drained as required _____
 Door, wall juncture covered _____
 Mats removable, good repair, clean _____
 Exterior walking, driving surfaces, good repair, clean _____ 1
 Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required _____ 1
 Pestless cleaning methods used, cleaning equipment properly stored _____ 1
 Adequate lighting provided as required _____ 1
 Room free of steam, smoke odors _____ 1
 Rooms & equipment hoods, ducts, vented as required _____ 1
 Rooms adequate, clean, adequate lockers provided, facilities clean _____ 1
 Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles _____ 1
 Complete separation from living/sleeping quarters and laundry _____ 1
 Clean/soiled linens stored properly _____ 1
 No live birds, turtles, or other animals (except guide dogs) _____ 1
 No more than 75 or more: Nonsmoking area provided, sign(s) posted at entrance(s), smoking area indicated by sign(s) _____ 3

Outline Inspection Reinspection Preoperational Inspection
 or Inspection: _____
 Merit Score: • Include demerits from page 1

	4	3	2	1	Total	Rating
	/	/	/	/		

UNCORRECTED DEFICIENCIES DUE:
 Page 2 of 2 plus _____ continuation pages Focused Inspection 1/2002

29	Water source adequate, safe. -Well / well head protected from contamination -Water quality in compliance -Monitoring in compliance	4
OTHER ITEMS		C

Item #29

Food Inspection Form

- 💧 Well construction violations of RCOSA Section 19-13-B51a-m should be listed as a 4 demerit point item under Item #29 on the Food Service Inspection Form.
- 💧 A DOH order* should require correction of these violations within 14 days.

* explained later

Timeframes for Correction

- Some well construction violations may not be correctable within 14 days.
- The FSE should minimally prepare a plan for compliance with any well construction violations within 14 days.
- The plan for compliance should include details and timeframes for corrective actions.
- LHD may consult with DWS and FPP, as necessary, to review the plan for compliance.
- Any changes of “sanitary significance” must be approved by DWS in advance per B102(d)(2). If unclear, the DOH and/or FSE should contact us.

Timeframes for Correction

- 💧 If the plan for compliance meets regulatory requirements but timeframes for correction extend beyond the 14 day period due to unavoidable delays, then the order may be extended by the DOH beyond the 14 days as long as interim measures remain in place and no immediate public health hazard exists.



Case Study: FSE that is a PWS

Case Study: Background

- 💧 49 Monitoring and Reporting Violations since 2001 (No WQ Monitoring performed)
- 💧 Numerous unresolved RCOSA 19-13-B51, B102 and B38 violations identified at DWS Sanitary Survey
- 💧 Notice of Violation (NOV) and approximately \$96,000 in fines issued by DWS.
- 💧 Interconnection to viable Public Water System readily available
- 💧 Food Service License reissued, still open w/o any corrections to violations.
- 💧 Signed Consent Order with DWS, monitoring, will tie in to PWS in April '08

Case Study: Continued

- 💧 Improved communication between DWS and LHDs
- 💧 LHD issuance of 4 point demerit for Item 29
 - Look at well (even if very briefly) during inspections
 - Quick review of WQ and M/R violations prior to inspections

DWS/LHD Communication

- 💧 New LHD Section of DWS website
- 💧 DWS/LHD email notification system
- 💧 Let us know if other improvements can be made

DWS/LHD Communication

- 💧 Would you like onsite training for sanitarians? We can meet and do surveys with you. Pick 5 or so problem systems and give us a call.
- 💧 Technical Assistance is available whenever you need it; send us an email question (ideally with pictures), or call.

Communication: PWS Registration for FSEs

- 💧 LHDs are requested to have each food service establishment complete the Food Service Establishment Water System Registration Form each time they register or apply for licensure/re-licensure
- 💧 Copies of the registration form should be sent to the DPH-DWS so an accurate PWS inventory can be maintained

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: _____ * If CWS customer, do not forward
 CT Department of Public Health – Drinking Water Section, CRS Unit, form to CT DPH – DWS.
 410 Capitol Ave. MS#51WAT, P.O. Box 340308, Hartford, CT 06134-0308

Water Quality Problems at FSEs: What do LHDs do when.....

What do we do when..... Three scenarios

1. LHD is notified that an FSE has a sample result that is positive for total coliform?
2. What does the LHD do if its positive for fecal/e.coli?
3. LHD is notified that an FSE has a confirmed maximum contaminant level violation for total coliform?

When an FSE has an initial total coliform positive sample (e.coli negative) but no confirmation...

- 💧 Its up to the LHD...nothing required by regulation.
More conservative approach - some level of protective measures
Less conservative approach - wait for confirmation sample results
- 💧 Water quality history and/or B51 compliance might be a consideration in your decision
- 💧 **DO NOT ADVISE THEM TO CHLORINATE UNTIL CONFIRMATION SAMPLES ARE COLLECTED!!!**

When an FSE has an initial sample positive for e. coli but no confirmation...

- 💧 Still up to the LHD, nothing required by regulation, but....
- 💧 DWS recommends protective measures be implemented immediately
- 💧 Confirmation samples still must be collected before the system is chlorinated.

The confirmation samples indicate its an MCL, now what?

- 💧 First, read the “*Presence of Total Coliform Bacteria in the Water Supply at Food Service Establishments Guidance Document*”
- 💧 It is posted on the LHD section of the DWS website

Revised: 7/15/05

LOCAL HEALTH DEPARTMENT - GUIDANCE DOCUMENT

Presence of Total Coliform Bacteria in the Water Supply at Food Service Establishments

Prepared by:
Connecticut Department of Public Health,
Connecticut Association of Directors of Health, Inc.,
Connecticut Environmental Health Association

Purpose: To provide procedural guidelines to be followed by local health departments when a food service establishment, under local health department jurisdiction, exceeds the monthly maximum contaminant level (MCL) for total coliform bacteria.

Coliform Bacteria: Coliform bacteria are a group of microscopic organisms commonly found in the environment but are also present in the digestive tract and feces of humans and warm-blooded animals. They are usually present in water that has been contaminated by human or animal waste and are used as indicator organisms in the testing of drinking water quality. These indicator organisms are relatively easy, quick, and inexpensive to test for and are normally absent in properly constructed untreated groundwater well supplies. The presence of these organisms indicates that contamination may be entering the water system. Public water systems are required to periodically monitor their water distribution system for the presence of total coliform bacteria to determine the sanitary quality of the water being provided to the public. Coliform bacteria do not generally cause disease by themselves, however, if they are found to be present in a water sample it is assumed that disease-causing organisms (pathogens) may also be present.

Fecal Coliform/E. Coli Bacteria: Fecal coliforms are bacteria that are associated with human or animal wastes. They usually live in human or animal intestinal tracts, and their presence in drinking water is a strong indication of recent sewage or animal waste contamination. Water contaminated with fecal coliforms should never be consumed.

E. coli (Escherichia coli) bacteria is a group of fecal coliform bacteria commonly found in the intestines of animals and humans. E. coli bacteria is also a strong indication of recent sewage or animal waste contamination. Few E. coli strains cause disease, however, the presence of any E. coli bacteria in a water sample suggests that disease-causing organisms may also be present. One of the E. coli strains that does cause disease is E. coli 0157:H7. A standard laboratory analysis will not identify a particular strain of E. coli bacteria nor is it necessary to do so as part of a routine drinking water analysis. Water contaminated with E. coli bacteria, regardless of the strain, should never be consumed.

Collection of Water Samples: Water samples collected from public water systems for compliance with the water quality monitoring requirements contained in Public Health Code (PHC) Section 19-13-B-102(e) must be collected by "technical personnel employed by a DPH [Department of Public Health] approved environmental laboratory under Section 25-40 of the Connecticut General Statutes (CGS), or a DPH certified distribution system operator, or a DPH certified water treatment plant operator, or a sanitarian, or an employee of the DPH, or a person under the direct supervision of either an approved environmental laboratory, a certified distribution system operator, or a certified water treatment plant operator". Water samples

LHD Options for MCL Violations (Highlights)

- 💧 Order corrective actions to the water system
- 💧 Order interim provision of an alternative source of approved water supply, modify operation (protective measures), or close the food service establishment
- 💧 Attempt to determine source of pollution
- 💧 DPH-DWS will provide technical and field assistance as necessary

Inspection

- 💧 The LHD should perform an inspection of the food service operation upon notification of an MCL.
- 💧 Inspect each water source (well) serving the water system for B51 compliance and any obvious sanitary deficiency that may be a contributing factor to the contamination event.
- 💧 Inspection should also determine the ability of the food service operation to continue full or restricted operations without the use of the contaminated well water supply.

Consult with DPH

- 💧 LHDs may request field and/or technical assistance from the DWS if they need assistance in determining B51 well construction compliance.
- 💧 DWS may have previous inspection reports for some wells which may help with identifying any necessary corrective actions.

Explanation of DOH Issued Orders:

RCSA Section 19-13-B42(u)(3)

- Any condition that “constitutes an immediate and substantial hazard to public health” (which could include MCLs) and the DOH may immediately issue written order under RCOSA Section 19-13-B42(u)(3) requiring corrective actions within a DOH specified timeframe including, if necessary, immediate correction.

General Order Template

- 💧 The DOH should use the General Order template provided by DPH-LHAB
- 💧 “Right of Appeal” including the RCSA Rules of Practice Sec. 19a-9-8 and Sec.19a-9-14 must be attached to the order
- 💧 Order must be signed only by Director of Health
- 💧 LHDs are encouraged to seek technical assistance from the DWS and FPP as necessary prior to issuing any orders

SAMPLE ORDER/NOTICE OF VIOLATION

ISSUED TO: _____

You are hereby notified of the existence of a public health law violation upon the premises owned by you,
or under your charge, located at _____
in the town of _____ and described as follows:

LAW VIOLATIONS: _____

AUTHORITY: Connecticut General Statutes Sections 19a-206, 19a-207, 19a-244

PENALTY: Connecticut General Statutes Sections 19a-36, 19a-206, 19a-230

It is hereby ordered that said violation be removed, abated or corrected as follows:

on or before _____ day of _____ 20 ____.

_____, Director of Health

for _____
(town, city, borough or district)

RIGHT OF APPEAL: Connecticut General Statutes Sec. 19a-229 states "Any person aggrieved by an order issued by a town, city or borough director of health may appeal to the Commissioner of Public Health not later than three business days after the date of such person's receipt of such order, who shall thereupon immediately notify the authority from whose order the appeal was taken, and examine into the merits of such case, and may vacate modify, or affirm such order."

There are two ways to appeal this order; both methods require action not later than three business days after you receive the order.

- (1) You may appeal the order by delivering your written appeal to the Department not later than three business days after you receive the order. You may deliver it to the Department either in person or by facsimile. The Department's address and facsimile number are:

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue MS 13 PHO
P.O. Box 340308
Hartford, CT 06134-0308
Facsimile: (860) 509-7553

If you chose this method of appeal, you need do nothing more to perfect your appeal, unless instructed otherwise by the Department.

- (2) You may also appeal the order by calling the Department not later than three business days after receipt of the order at one of the following numbers: (860) 509-7648 or (888) 891-9177. It is sufficient to leave a message with your name, number and a description of the order you are appealing.

If you appeal the order by calling one of the telephone numbers listed above, the telephone call must be followed up with a written notice of appeal that must be received by the Department within ten days of the telephonic notice.

PLEASE NOTE: It is not sufficient that the written notification be postmarked within ten days. It must be received by the department within ten days. Delays caused by the Post Office will not excuse failure to comply with this requirement.

The written notice of appeal following the telephonic notice may be delivered to the Department in person, by facsimile, or by first class or certified mail. The Department's address and facsimile number are provided above. If you chose to send the written notice of appeal by first class mail or certified mail, please use the address provided below.

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue MS 13 PHO
P.O. Box 340308
Hartford, CT 06134-0308

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Content of DOH Orders for Total Coliform Bacteria Contaminations

- 🔴 Prohibit use of contaminated water for all food service operations including drinking water/beverages, ice, and food preparation.
- 🔴 Order destruction of any foods and beverages prepared with the contaminated well water
- 🔴 Order corrections for any violations of RCOSA Section 19-13-B51 (well construction standards). Consult with DWS as necessary.
- 🔴 Order water system disinfection following any necessary well construction improvements

Content of DOH Orders, Continued

- 💧 **The FSE may be allowed to continue operation provided an immediate and substantial hazard to the public health does not exist (e.g. E. coli not detected). During the correction period the local DOH ensures that either an adequate approved alternate water source is made available and/or a modification in the food service operation, menu, equipment use, handwashing facilities, etc., will provide safe quality water in sufficient quantity and at a sufficient pressure to properly continue the food operation.**

Interim Water Use

- 🔴 During the on-site inspection the LHD must determine if interim measures for continued food service operations can be implemented in a manner that would prevent public exposure to contaminated water and provide an adequate safe supply of water for continued operations
- 🔴 If interim measures cannot be complied with then the food establishment can be ordered immediately closed by the DOH using their authority in RCOSA Section 19-13-B42(u)(3) until all violations are corrected

Interim Measures (Examples)

- 💧 The use of approved bottled water
- 💧 Using a temporary alternate source of drinking water from a DPH approved source (DPH Guidance Document available)
- 💧 Limiting menu to commercially prewashed/prepared packaged foods
- 💧 Continue use of well water for hot water and approved chemical sanitizing dishwashing devices at required temperatures and sanitizing concentrations

Interim Measures (Examples)

- 💧 Supplementing handwashing by using a chemical hand sanitizing solution
- 💧 Treating the well water supply with a disinfection system approved by the DWS
- 💧 Using single service utensils
- 💧 Discarding any ready-to-eat foods and ice previously prepared with contaminated well water
- 💧 Providing an alternate approved source for ice and beverages

Content of DOH Orders (E. Coli Bacteria Contamination)

- Same as for Total Coliform with the exception that the food service establishment shall be ordered immediately closed.
- The DOH, at their discretion, may authorize (in consultation with DWS and FPP) interim measures for continued operation. However, these measures must be in place prior to allowing the food establishment to reopen.

Content of DOH Orders (Non-Bacteriological Contamination)

- 🔥 Prohibit use of contaminated water for all food service operations including drinking water/beverages, ice and food preparation
- 🔥 Order corrections for any violations of RCOSA Section 19-13-B51 (well construction standards)
- 🔥 Order provision of a safe and adequate water supply in conformance with RCOSA Section 19-13-B102 as determined by the DWS

If treatment is being installed as a result of bacteria problems at a Food Service Establishment

- 💧 Communication/coordination between LHD and DWS is key. FPP may also be involved.
- 💧 Review of treatment proposals will be prioritized within DWS.

Community Water Service

- 💧 Where Community public water service is readily available, FSEs that have contaminated well water or significant B51 violations should be strongly encouraged to interconnect.
- 💧 In some cases, it may be warranted to order that the food establishment obtain Community public water service (i.e. where B51 violations cannot be corrected)

Public Notice and Reporting Requirements

PWS Water Quality Reporting Requirements

RCSA Section 19-13-B102(e)(7)(I)(i)

- 💧 Routine or Repeat Fecal Coliform/E.coli positive samples must be reported to DWS by the end of the business day (No later than 96 hours from sample collection)

RCSA Section 19-13-B102(h)

- 💧 MCL for total coliforms reported to DPH and the LHD no later than the end of the next business day
- 💧 Monitoring & Reporting violations reported to DPH within 10 days after the PWS discovers the violation.
- 💧 All other MCL violations reported to DPH and the LHD within 48 hours.

PWS Water Quality Reporting Requirements

💧 19-13-B46. Notification by water officials in water supply emergencies

Whenever the security of a public water system is threatened or suspicious activities are observed on or near water company land or the treatment of a public water supply is interrupted or the source of supply is damaged so as to impair the quality or the sufficiency of the supply, the person, firm or corporation in charge of such public water system shall immediately notify the state department of Public health and the local directors of health of all cities, towns and boroughs where water from such systems is supplied. Such notification shall be made immediately either by telephone or messenger or whatever other means of rapid communication is available.

Notification of LHDs, cont'd

- 💧 Main breaks with pressure loss that may affect FSEs – 19-13-B46
- 💧 If all else fails, DWS email notification system.
- 💧 Time lag will delay any protective measures

Public Notification Rule

- 🔥 **Purpose:** To notify the public any time a water system violates drinking water regulations or has other situations posing a risk to public health.
- 🔥 **Compliance:** Notices must be sent within 24 hours, 30 days, or one year depending on the tier to which the violation is assigned.
- 🔥 **Applicability:** All Public Water Systems violating drinking water regulations, operating under a variance or exemption, or having other situations posing a risk to public health.

Public Notification Rule

- 💧 Violations are classified into three tiers as defined in RCSA 19-13-B102(a)
- 💧 PWS must send/post notice within the period specified by each tier:
 - Tier 1: 24 hours
 - Tier 2: 30 days
 - Tier 3: 365 days
- 💧 Clock for notification starts when the system learns of the violation
- 💧 Minimum general content of the notice must contain ten (10) required elements, DWS has 'preapproved' templates
- 💧 System shall submit a certification that it has fully complied with the requirements within ten (10) days after completing the public notification requirements

**PUBLIC NOTIFICATION
MAXIMUM CONTAMINANT LEVEL VIOLATION
FECAL COLIFORM/E. COLI**

DATE: _____
 PWSID: _____
 TO: The Customers/Residents of _____
 (public water system name)
 FROM: _____

_____ wishes to inform you that required water quality tests conducted during the _____ monitoring period indicated the presence of fecal coliforms or E. coli. in our water supply. This is a violation of drinking water standards and Section 19-13-B102(i) of the Regulations of Connecticut State Agencies which requires us to notify you of this situation.

The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that the presence of fecal coliform or E. coli. is a serious health concern. Fecal coliforms and E. coli. are bacteria whose presence indicates that the water may be contaminated with human or animal waste. Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, the elderly, and people with severely compromised immune systems. It is recommended that the precautions indicated below be taken for human consumption activities including: drinking, food preparation, making coffee or ice, dishwashing, or maintaining oral hygiene.

- Boiling the water for one minute to inactivate any bacteria that may be present; OR
- Using bottled water or an alternate source of approved drinking water.

We recommend that the above precautions be considered for infants, expectant mothers, the elderly, immuno-compromised individuals and anyone undergoing chemotherapy. Please consult your physician if you have any medical questions or concerns.

The following steps are being taken to correct this violation:

We expect to return to compliance or resolve the situation by _____
 (date)

If you have any questions please contact _____ at _____ or
 (owner, operator or designee) (phone #)
 by mail at _____
 (Street) (Town) (State) (Zip Code)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

CERTIFICATION OF COMPLIANCE

PUBLIC NOTIFICATION

Public Water System Name: _____

Public Water System Town: _____

Public Water System ID: _____

Violation Type: Acute Total Coliform (E.coli/Fecal Coliform) Maximum
Contaminant Level (MCL) Violation

Monitoring Period: _____

The public water system indicated above hereby affirms that public notice has been provided to consumers in accordance with the delivery, content, and format requirements of Section 19-13-B102(i) of the Regulations of Connecticut State Agencies.

- Consultation with Department of Public Health (if required) on _____
- Notice distributed by _____ on _____
- Notice published in _____ on _____
 (newspaper or newsletter)

 Signature of owner or operator

 Date

Public Notification Rule

Tier 1 Violations:

💧 Include All Acute Risk Violations

- Total Coliform MCL (fecal/e.coli)
- Nitrate MCL
- Nitrite MCL
- Disease Outbreaks
- Others (see B102(a)(86))

-within 24 Hours-

Consultation Requirements

RCSA Section 19-13-B102(i)(1)(B)

- 💧 A PWS required to perform a Tier 1 public notice shall consult with DPH as soon as possible but no later than 24 hours after learning of the violation.
- 💧 Tier 1 public notice required within 24 hours via broadcast media, posting in a conspicuous location, hand delivery to customers, or other DPH approved method.

Public Notification Rule

Tier 2 Violations:

- 💧 All other MCL Violations, MRDL Violations, or Treatment Technique violations
- 💧 Monitoring requirements for total coliforms, nitrate, nitrite, total nitrate and nitrite, or chlorine dioxide
- 💧 Consent Order Violations

-within 30 Days-

Public Notification Rule

Tier 3 Violations:

- 💧 All other Monitoring requirements
- 💧 Operated under an administrative order, variance, or an exemption;
- 💧 Exceeded the fluoride secondary maximum contaminant level (SMCL)

-within 365 Days (CCR?)-

Additional Info

- 💧 Call or email with any questions that arise.
eric.mcphee@ct.gov
(860) 509-7333
- 💧 The DPH Food Protection Program is another resource (860) 509-7297
- 💧 <http://ct.gov/dph/>