

SUGGESTED CHECKLIST FOR LOCAL HEALTH DEPARTMENTS WHEN LICENSING FOOD SERVICE ESTABLISHMENTS WITH ONSITE WELLS

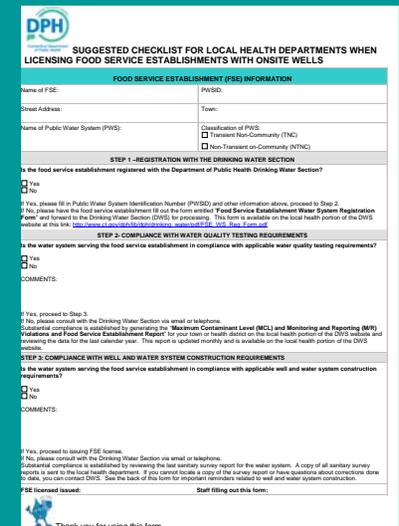
February 23, 2011

Presented by:
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Department of Public Health
Drinking Water Section
Compliance- South Region



Outline

- 💧 Review suggested checklist
 - 💧 Step 1 – Is PWS regulated?
 - 💧 Step 2- Is monitoring being done and is water quality in compliance?
 - 💧 Step 3- Is well and water system construction in compliance?



DPH
 DEPARTMENT OF PUBLIC HEALTH
 SUGGESTED CHECKLIST FOR LOCAL HEALTH DEPARTMENTS WHEN LICENSING FOOD SERVICE ESTABLISHMENTS WITH ONSITE WELLS

FOOD SERVICE ESTABLISHMENT (FSE) INFORMATION

Name of FSE: _____ PWSID: _____
 Street Address: _____ Town: _____
 Name of Public Water System (PWS): _____
 Reregister Non-Community (RNC)
 Non-Transfered on-Community (NTNC)

STEP 1-REGISTRATION WITH THE DRINKING WATER SECTION

Is the food service establishment registered with the Department of Public Health Drinking Water Section?
 Yes
 No
 If Yes, please fill in Public Water System Identification Number (PWSID) and other information above, proceed to Step 2.
 If No, please have the food service establishment fill out the form entitled "Food Service Establishment Water System Registration Form" and forward to the Drinking Water Section (DWS) for processing. This form is available on the local health portion of the DWS website at the link: <http://www.ct.gov/dph/lib/dph/foodserviceestablishmentregistrationform.pdf>. See Comment.

STEP 2-COMPLIANCE WITH WATER QUALITY TESTING REQUIREMENTS

Is the water system serving the food service establishment in compliance with applicable water quality testing requirements?
 Yes
 No
 COMMENTS: _____

If Yes, proceed to Step 3.
 If No, please consult with the Drinking Water Section via email or telephone.
 Substantial compliance is established by generating the "Maximum Contaminant Level (MCL) and Monitoring and Reporting (M) Violations and Food Service Establishment Report" for your town or health district on the local health portion of the DWS website and submitting the data for the next calendar year. This report is generated monthly and is available on the local health portion of the DWS website.

STEP 3-COMPLIANCE WITH WELL AND WATER SYSTEM CONSTRUCTION REQUIREMENTS

Is the water system serving the food service establishment in compliance with applicable well and water system construction requirements?
 Yes
 No
 COMMENTS: _____

If Yes, proceed to issuing FSE license.
 If No, please consult with the Drinking Water Section via email or telephone.
 Substantial compliance is established by reviewing the last water system survey report for the water system. A copy of all sanitary survey reports is sent to the local health department. If you cannot locate a copy of the survey report or have questions about corrections done in data, you can contact DWS. See the back of this form for important information related to well and water system construction.

FSE license issued: _____ Staff filling out this form: _____

 Thank you for using this form.

STEP 1 –REGISTRATION WITH THE DRINKING WATER SECTION

Is the food service establishment registered with the
Department of Public Health Drinking Water Section?



Yes



No

If Yes, proceed to Step 2 (water quality review).

If No, please have the food service establishment fill out the form entitled “**Food Service Establishment Water System Registration Form**” and forward to the Drinking Water Section (DWS) for processing. This form is available on the local health portion of the DWS website at this link:

http://www.ct.gov/dph/lib/dph/drinking_water/pdf/FSE_WS_Reg_Form.pdf

FSE Registration Form

💧 Have FSE owner fill it out and send to us for processing

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH DRINKING WATER SECTION Food Service Establishment Water System Registration Form	
<i>Refer to instructions on reverse side for assistance in completing this registration form.</i>	
Are there changes to property and/or food service establishment ownership/contact information from this past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Food Service Establishment Information	
<input type="checkbox"/> New food establishment licensure <input type="checkbox"/> 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? <input type="checkbox"/> Onsite Well If "Customer of a Community PWS", do not complete Section B. <input type="checkbox"/> Customer of a Community Public Water System (PWS) Provide name of Community PWS: _____ Water System/Property Name: _____ PWSID*: <u>CT</u> <small>* If known / if applicable</small> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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): <input type="checkbox"/> hotel/motel <input type="checkbox"/> municipal bldg <input type="checkbox"/> gas station <input type="checkbox"/> medical facility <input type="checkbox"/> rest area <input type="checkbox"/> park/recreation area <input type="checkbox"/> campground <input type="checkbox"/> place of worship <input type="checkbox"/> Other: _____ Type and number of wells: <input type="checkbox"/> Drilled Wells _____ <input type="checkbox"/> Shallow Dug Wells _____ <input type="checkbox"/> Other: _____ Installed water treatment equipment: <input type="checkbox"/> Iron/manganese filter <input type="checkbox"/> Ultraviolet light <input type="checkbox"/> Water softener <input type="checkbox"/> Aeration <input type="checkbox"/> Granular Activated Carbon filter <input type="checkbox"/> Acid Neutralizer <input type="checkbox"/> Other/Unk: _____ <input type="checkbox"/> Chemical feed: _____ Water System annual operating period (begin/end dates of operation): From: _____ month/day To: _____ 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): <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/> NP <input type="checkbox"/> Undetermined <input type="checkbox"/> 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	

STEP 2- COMPLIANCE WITH WATER QUALITY TESTING REQUIREMENTS

Is the water system serving the food service establishment in compliance with applicable water quality testing requirements?



Yes



No

If Yes, proceed to Step 3.

If No, please consult with the Drinking Water Section via email or telephone.

STEP 2- COMPLIANCE WITH WATER QUALITY TESTING REQUIREMENTS

Compliance is established by generating the **“Maximum Contaminant Level (MCL) and Monitoring and Reporting (M/R) Violations and Food Service Establishment Report”** for your town or health district on the local health portion of the DWS website and reviewing the data for the last calendar year.

COMPLIANCE – WATER QUALITY MONITORING & REPORTING

COMPLIANT

- 💧 Missed one quarterly total coliform test 2 years ago
- 💧 Missed one annual nitrate and nitrite test 3 years ago

NOT COMPLIANT

- 💧 System has never done any water quality testing
- 💧 System missed testing for 3 of 4 quarters during the past calendar year

COMPLIANCE – WATER QUALITY STANDARDS

COMPLIANT

- 💧 No Maximum Contaminant Level (MCL) Violations listed on compliance reports
- 💧 Had violation of total coliform MCL 2 years ago but recent data is acceptable

NOT COMPLIANT

- 💧 System was issued recent Nitrate MCL
- 💧 System was issued recent E.Coli MCL

COMPLIANCE WITH MAXIMUM CONTAMINANT LEVELS (MCL) -WATER QUALITY STANDARDS

- 💧 Within 24 hours of an MCL violation being generated by the Drinking Water Section, your health director receives an automated email documenting the violation



COMPLIANCE WITH MAXIMUM CONTAMINANT LEVELS (MCL)- WATER QUALITY STANDARDS

Carrier, Vicky

From: Roy, Christopher on behalf of Dwdcompliance,
Sent: Tuesday, September 14, 2010 3:26 AM
To: 'WHBHD@westhartford.org'
Subject: CT DPH Drinking Water Section Violation Report

Attachments: 20100914-West Hartford-Bloomfield Health District.pdf

This is an automated email message from the CT DPH Drinking Water Section to the West Hartford-Bloomfield Health District. The attached report contains a summary of public water systems that recently violated drinking water standards.

For additional information, please visit the Connecticut Department of Public Health website at <http://www.ct.gov/dph/site/default.asp>.

If you are unable to view the attached file, please download the latest version of Adobe Reader at <http://get.adobe.com/reader/>.

State of Connecticut Department of Public Health
 Phone: (860) 509-7333
 Fax: (860) 509-7359

MAXIMUM CONTAMINANT LEVEL VIOLATION SUMMARY REPORT			
West Hartford-Bloomfield Health District			Full/Part/District D
Address 603-C Bloomfield Ave. Bloomfield, CT 06002	Phone 860-561-7900	Fax 860-561-7918	Web Site
Director Name Mr. Steven Huleatt	Title Director of Health	Email	
Water System Name: Juniper Club Inc. Water System Town: Bloomfield Water System No./Type: CT0110051 / C Population: 104 Food Service Establishment? No	Admin Contact: Ms. ELIZABETH L. HARDING Organization: Title: VICE PRESIDENT Phone / Ext: 860-655-3132 / E-Mail:	Chief Certified Operator(s): RACICOT, JEFF, Certified	
Violation Detail			
Analyte Name (Code): Total Coliform	Violation Number: 2010 - 9132710		
Violation Name (Type): Maximum Contaminant Level	Compliance Period: 8/1/2010 - 8/31/2010		
MCL Violated: Present	Compliance Result: Present		
Water System Facility Name (ID): Distribution System (00600)			
Health Officers/Public Notification Language: The United States Environmental Protection Agency (EPA) sets drinking water standards and has determined that the presence of total coliform is a possible health concern. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems. For systems analyzing at least 40 samples per month, no more than 5 percent of the monthly samples may be positive for total coliforms. For systems analyzing less than 40 samples, no more than one sample per month may be positive for total coliforms. Drinking water that meets this standard is associated with little or none of this risk and should be considered safe with respect to total coliforms.			
Enforcement Actions Taken			
Issue Date: 9/13/2010	Violation Close Date:		
Public Notice Due: 10/13/2010	Public Notice Received:		
CT0110051 - Violation History (Past 12 Months)			
Violation Type	Analyte Name	Compliance Period	Water System Facility
MCL	Total Coliform	8/1/2010 - 8/31/2010	00600 - Distribution System
Violation Type: MCL = Maximum Contaminant Level; MON = Monitoring and Reporting; PN = Public Notification; RPT = Reporting			
Report Creation Date: 9/14/2010 3:02:56 AM			
			Page 1 of 2

COMPLIANCE – WATER QUALITY STANDARDS

- 💧 In addition to generating the MCL and M/R Report, you can also review the water system's testing schedule (on the DWS website) – **red is bad since it indicates missing data!**
- 💧 The food service establishment may also be interested in knowing that they can check that we received data by looking at their own schedules.

COMPLIANCE – WELL & WATER SYSTEM CONSTRUCTION

COMPLIANT

- 💧 Well is 6” above grade and fitted with watertight well cap
- 💧 Well was drilled in 1970 and is 73 feet from the septic tank, water quality is not impacted

NOT COMPLIANT

- 💧 Well cap is missing or broken
- 💧 Well casing is cracked or tilted due to impact with a vehicle
- 💧 Well pit is flooded

STEP 3: COMPLIANCE WITH WELL AND WATER SYSTEM CONSTRUCTION REQUIREMENTS

COMPLIANT

- 💧 Vent on atmospheric storage tank is properly screened with 24-mesh screen
- 💧 Treatment system is well maintained

NOT COMPLIANT

- 💧 Backwash discharge line is submerged in a wastewater pipe in the basement ceiling
- 💧 Screen on atmospheric storage tank vent or overflow is missing
- 💧 Treatment system is in alarm mode

STEP 3: COMPLIANCE WITH WELL AND WATER SYSTEM CONSTRUCTION REQUIREMENTS

- 💧 Has what can reasonably be fixed been taken care of?
- 💧 In general, could contamination be introduced into the water system?
- 💧 Does an immediate and substantial hazard to public health exist?

Questions or Comments?



Additional Info

- 💧 Call or email the DPH DWS at:
(860) 509-7333
- 💧 The DPH FPP is another resource at:
(860) 509-7297
- 💧 We can help you make an assessment if you email digital pictures.
- 💧 Let us know what information DWS can add to our website to aid you in assessing FSEs

THANK YOU!

