



Connecticut Department of Public Health Drinking Water Section Generator Documentation

Generator Documentation Form		
PWS Name:		PWSID:
Generator Information*:		
Facility Name:		Facility ID:
Facility Type (Check all that apply for individual generator): <input type="checkbox"/> Source [well(s)] <input type="checkbox"/> Pumping Station <input type="checkbox"/> Treatment Plant <input type="checkbox"/> Storage Other:		
Facility location:		
Critical facility (Will loss of power at facility result in loss of pressure below 25 psi/ risk drinking water quality) : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Generator make:	Generator model:	Generator capacity:
		Tank run time:
Fuel type:	Containment for liquid fuel tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance of fuel supply tank(s) containment to closest source (well):
Is generator portable or stationary? <input type="checkbox"/> Portable <input type="checkbox"/> Stationary		If portable, is pigtail adaptor provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer switch: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		
Have you completed an Emergency Contingency and Response Plan? : <input type="checkbox"/> Yes <input type="checkbox"/> No		

* Use additional forms for multiple generators

Signature: _____	Date: _____
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