STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH DRINKING WATER SECTION

Phase 2 Certificate of Public Convenience and Necessity (CPCN) Application: Community Water System

FILING INSTRUCTIONS

- I. WHERE TO FILE: Applications should be sent to: Connecticut Department of Public Health, Drinking Water Section, 410 Capitol Avenue, P.O. Box 340308 MS #12DWS, Hartford, CT 06134
- **II. WHAT TO FILE:** Applicant must submit the Application, Exhibits, Affidavits, and any other attachments. All attachments, including Exhibits and Affidavits, should be clearly identified. All pages attached should be numbered in sequential order.
- **III. APPLICATION FORM:** The Application is available on the <u>Department's web site</u>. Other forms as noted in the application are available here.
- IV. QUESTIONS: Questions regarding filing procedures should be directed to (860) 509-7333.
- **V. GOVERNING LAW:** The granting of a Water Certificates of Public Convenience and Necessity is governed by Section 16-262m of the General Statutes of Connecticut.

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Pursuant to CGS Sec. 16-262m-7

Phase II Approval, the final Certificate, permits the developer to go forward with the remainder of the project, i.e. installing the water distribution system and waterworks (storage tanks, transfer pumps, meters, etc.) and the septic or sewer systems (assuming appropriate approvals have already been obtained from the Department of Public Health or local Directors of Health or Department of Energy and Environmental Protection) for the septic or sewer systems and the diversion of water.

Project Name and Location:

DPH-DWS Project Number:					
A. Engineering Data					
Exhibit A-1					
Provide as Exhibit A-1, plans and specifications for the project must include but not be limited to: transfer pumps, well pumps and pump curves, hydropneumatic tanks, treatment facilities, distribution system layout, atmospheric storage facilities, metering (each source and customer), location of sample taps, on site standby power, presence of emergency alarms, location of pressure gauges, location of gate valves and blow offs, water level gauges on storage tank, fire protection (if necessary), and disinfection procedures;					
☐ Attached					
Exhibit A-2					
Provide as Exhibit A-2, a hydraulic gradient of the proposed system.					
☐ Yes, Attached ☐ No (Provide Details)					
Exhibit A-3					
Provide as Exhibit A-3, details of a typical service line, service connection, thrust block installation, hydrant installation, cross section of trench containing pipe, and a meter installation.					
☐ Yes, Attached ☐ No (Provide Details)					
Exhibit A-4					
Provide as Exhibit A-4, a plan and profile drawing of the water main and all other underground utilities (sewer, gas, electric, telephone or cable television).					
☐ Yes, Attached ☐ No (Provide Details)					
Exhibit A-5					
Name, address, telephone number, license number and title of proposed operator with day to day responsibility for system.					

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B. Other Information					
Exhibit B-1					
Provide as Exhibit B-1, a completed copy of the DPH Public Water System General Application for Approval or Permit form. (Click <u>here</u> for forms).					
☐ Attached					
Exhibit B-2					
Provide as Exhibit B-2, a completed DPH Water Treatment Plant Classification form, if applicable.					
Yes, AttachedNo, Not Applicable (no treatment is proposed)					
Exhibit B-3					
Provide as Exhibit B-3, a completed DPH Operator Verification form.					
☐ Yes, Attached☐ No (Provide Details)					
Exhibit B-4					
Does this application contain requests for waivers of any requirements?					
☐ Yes, Attached ☐ No					
Exhibit B-5					
Is additional information attached?					
Yes If so, explain No					

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C. <u>AFFIDAVIT</u>

<u>AFFI</u>	IDAVIT :	<u>#1</u>			
"Veracit	y of Stateme	ents"			
State of	_ :				
			SS.		
	-	(Town)	55.		
County of	:				
, Affiant, being	a dulv sworr	/affirmed acc	ording to law. deposes	and savs	
that:	<i>y</i> ,		aramig to tam, dop coor		
He/she is the (Of Applicant);	fice of Affiar	nt) of	(Name	of	
That he/she is authorized to and does make	this affidavi	t for said App	licant;		
That, the Applican	nt herein, ce	rtifies under p	enalty of false statement	that all	
statements made in the application for licensu	ıre are true a	and complete	and that it will also amer	nd its	
application while the application is pending if	any substan	tial changes o	ccur regarding the infor	mation	
provided in the application within ten days of	any such ch	ange.			
That the facts above set forth are true and countries belief and that he/she expects said Applican			O 1		
	Sig	gnature of Affiant			
Swarn and subscribed before me this	day of				
Sworn and subscribed before me this	day or .	Month	 Year		
Signature of official administering oath		Print Name	and Title		
My commission expires					