



## Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

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# FARMINGTON VALLEY HEALTH DISTRICT FOOD SERVICE PLAN REVIEW GUIDELINES & APPLICATIONS



The Farmington Valley Health District requires that all plans for proposed food service operations be submitted to this office for review. This ensures that the proposed equipment, the layout, floor/wall finishes and menu meet public health code requirements **before the start of construction.**

Following the plan review and the completion of construction, the Farmington Valley Health District will conduct a pre-opening inspection of the facility. At that time, a possible future inspection schedule will be discussed. This schedule will vary for each facility based on the menu, clientele served, and inspection history.

We hope that you will find the enclosed materials helpful. Please do not hesitate to contact this office should you have any questions regarding the planning of your facility.



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## **PROPOSED FOOD SERVICE FACILITY REQUIREMENTS**

The following information must be submitted to the Farmington Valley Health District for all proposed food service facilities:

1. A plan review application and a food service permit application and the required fees. (*See attached fee schedule*)
2. A complete set of facility plans including an equipment layout of all areas, plumbing plans, and electrical plans.
3. Details regarding finishes for floors, walls, and ceilings in all areas.
4. Cut sheets and specifications for all equipment verifying NSF® approval.
5. A copy of the proposed menu.
6. If the facility is served by an onsite well, a water registration form, and lab analysis verifying the water potability (*a list of water testing labs is enclosed*).

### **In addition, please note the following:**

1. If the proposed facility is served by a septic system, the system may need evaluation by an engineer to ensure that it is suitable for the proposed use.
2. In an effort to address the issue of fats, oil, and grease discharged into municipal sewers, the CT Department of Environmental Protection requires that Class II and, III Class IV food establishments install either a 1,000 gallon (minimum) outside grease interceptor, or an automatic grease recovery unit.  
Please contact your local WPCA for more information.
3. You must contact the town's Building Inspector, Fire Marshal, Zoning Official, Town Engineer, and if applicable, the Water Pollution Control Authority, regarding their requirements.
4. You must contact the CT Department of Consumer Protection, Food and Standards Division, at 860-713-6160 if baked goods and/or frozen desserts will be manufactured in the facility.
5. In the case that the proposed facility will be located in a private home, an equipped kitchen **separate** from that for home use is required.



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6. Hand wash sinks are required to be accessible in areas that include: food preparation areas, food dispensing areas, and warewashing areas.
  
7. FDA Food Code and Farmington Valley Health District Food Service Regulations require that Food Establishments that are determined to be Class 2, 3, or 4 employ a Certified Food Protection Manager (CFPM) and a Person in Charge (PIC). The CFPM and PIC must possess certification which can be obtained through an approved testing organization (*list enclosed*). The PIC may also be the CFPM but can also be a different individual who is in charge of the establishment at various times. The PIC is responsible for operating the food establishment in compliance with the regulatory requirements.



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Public Act 17-93 includes definitions for classifying retail food establishments that will now include food stores in addition to food service establishments. A facility’s menu determines its classification, plan review fee, food permit fee, and its inspection frequency.

**Definition:**

TCS – Time/Temperature Control for Safety Food (formerly “potentially hazardous foods”)

ROP – Reduced oxygen packaging

There are four “classes” of facilities under the Public Act 17-93:

**Class 1**

A retail food establishment that does not serve a population that is highly susceptible to foodborne illnesses and only offers:

- (A) Commercially packaged processed food that
  - (i) is time or temperature controlled for safety and may be heated for hot holding, but
  - (ii) is not permitted to be cooled, or
- (B) Food prepared in the establishment that is not time or temperature controlled for safety.

**Examples:**

- ❖ Coffee shops that do not prepare any TCS foods. May prepare non-TCS baked goods
- ❖ Ice cream shops (may also prepare and bake non-TCS foods for use)
- ❖ Gas stations such as 7-Eleven, Cumberland Farms, etc. that only heat commercially prepackaged TCS foods for hot holding or cold-hold TCS foods, such as commercially prepackaged fully cooked breakfast sandwiches or burgers
- ❖ Establishment that prepares non-TCS foods such as peanut butter and jelly sandwiches, Fluffernutter sandwiches, chocolates, cookies, cakes, or other non-TCS confections

**Inspection frequency** **Once per year (minimum)**





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## Class II

Preparation of limited menu TCS food that is served immediately, cold-held or hot-held for an unspecified length of time.

(A) No cooling of TCS foods allowed

(B) Does **not** include facilities that provide foodservice specifically to a highly-susceptible population

### **Examples:**

- ❖ McDonald's
- ❖ Dunkin Donuts
- ❖ Taco Bell
- ❖ Burger King
- ❖ Five Guys
- ❖ Wendy's (if they do not cool burgers for chili)
- ❖ Subway restaurants (if they do not cool and reheat TCS foods, e.g. soup and meatballs)
- ❖ Gas stations such as 7-Eleven, Cumberland Farms, etc. that heat bulk TCS foods for hot holding (such as hot dog rollers, nachos with cheese, etc.)
- ❖ Deli preparing hot or cold sandwiches and does not cool food at the end of the day
- ❖ Schools (not including preschool facilities) if they do not cool foods

**Inspection Frequency**

**Twice per year (minimum)**

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## Class III

Preparation of an extensive menu of TCS food involving

(A) complex processes including cooking, cooling, reheating for hot-holding, and handling of raw ingredients

(B) Does **not** include facilities that provide foodservice specifically to a highly-susceptible population

### **Examples:**

- ❖ Wendy's (if they cool burgers for chili)
- ❖ Subway (if they cool and reheat TCS foods, e.g. soup and meatballs)



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- ❖ KFC (if they cool chicken for pot pies)
- ❖ Full-service restaurants, caterers, itinerant vendors, grocery stores that use complex processes (cool foods for later service, including same day service and reheating processes)
- ❖ Schools (not including preschool facilities) that cool and reheat foods

**Inspection Frequency**

**Three times per year (minimum)**

## Class IV

(A) On-site preparations of foods by special processes, such as sous vide, acidification, ROP, etc.

(B) Preparation of an extensive menu of TCS food involving complex processes including cooking, cooling, reheating for hot-holding, and handling of raw ingredients that is served in an establishment which **serves a highly-susceptible population.**

### **Examples:**

- ❖ Hospitals
- ❖ Long-term care facilities
- ❖ Preschools that provide foodservice
- ❖ Daycare centers for elderly or preschool age children that provide foodservice
- ❖ Any food establishment that engages in special processes such as acidification, smoking, curing, reduced oxygen packaging (including sous vide), sprouting seeds, etc.

**Inspection Frequency**

**Four times per year (minimum)**



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Fee schedule – Effective July 1, 2018

## Annual Permit Fee

CLASS I	\$175
CLASS II	\$300
CLASS III	\$450
CLASS IV	\$500
RETAIL	\$175
SUPERMARKET	\$700
PERMIT RENEWAL LATE FEE	\$100

**\*\*\*NOTE:** *Food service plan review fee to be the same amount as the annual food service permit fee for the class of the proposed establishment.*



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## APPLICATION FOR ANNUAL FOOD SERVICE PERMIT

• All sections must be completed

• Expires Annually on June 30th

Establishment Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Street Town Zip

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE)

Name of Owner: _____	Home: _____
Phone: Mailing Address: _____	Cell Phone: _____
Email Address: _____	

Name of Manager: _____	Home: _____
Phone: Mailing Address: _____	Cell Phone: _____
Email Address: _____	

Certified Food Protection Manager: _____	Phone Number: _____
Person in Charge: _____	Phone Number: _____
(REQUIRED FOR CLASS 2, 3 AND 4 ESTABLISHMENTS: PLEASE ATTACH COPIES FOOD MANAGERS CERTIFICATES)	

Water Source:  Public Water Name of Water Company: \_\_\_\_\_  
 Well Water Date of Last Analysis: \_\_\_\_\_  
(PLEASE ENCLOSE A COPY OF CURRENT WATER REPORT)

Waste Disposal:  Public Sewer  
 Septic System Date of Last Pumping: \_\_\_\_\_  
(PLEASE ENCLOSE A COPY OF YOUR LAST BILL)

I acknowledge that receipt and retention of this permit depends on compliance with the FDA Food Code and/or Public Health Code Regulation 19-13-B42. I attest that the above information is correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Permit Number: \_\_\_\_\_ Class: \_\_\_\_\_ Fee Due: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_





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FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FOOD SERVICE PLAN REVIEW APPLICATION

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Is this a renovation or a new building? \_\_\_\_\_

Is this building served by:

Public sewer \_\_\_\_\_ Public water \_\_\_\_\_

Septic system \_\_\_\_\_ Well water \_\_\_\_\_

Proposed number of seats \_\_\_\_\_ proposed class \_\_\_\_\_

### List all persons to receive correspondence

1. Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax# \_\_\_\_\_ *Town & Zip* \_\_\_\_\_ Email \_\_\_\_\_

2. Applicant if other than owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax# \_\_\_\_\_ *Town & Zip* \_\_\_\_\_ Email \_\_\_\_\_

3. Any others to receive correspondence

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Town & Zip \_\_\_\_\_ Town & Zip \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_



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## **WELL WATER TESTING REQUIREMENTS!!**

The Connecticut Department of Public Health, through the action of the Connecticut General Assembly, adopted requirements for testing well water. Specifically, the requirements are:

1. ***ALL*** water samples must be collected by an individual under the direction of a licensed laboratory, a state certified operator as defined in Section 25-32-7a(c) of the regulations of state agencies, or a licensed sanitarian;
2. The well water ***MUST*** meet the maximum contaminant levels (MCL'S) of the Connecticut Public Health Code;
3. ***The water has to be analyzed for:***
  - a. Total Coliform bacteria
  - b. Nitrate
  - c. Nitrite
  - d. Sodium
  - e. Chloride
  - f. Iron
  - g. Manganese
  - h. Hardness
  - i. Turbidity
  - j. pH
  - k. Sulfate
  - l. Apparent Color
  - m. Odor
  - n. Volatile Organic Chemicals (VOC'S)
  - o. Seven listed pesticides, if the nitrate level is over 10.0
4. ***The Connecticut Department of Health recommends testing for Arsenic and Uranium.***

When the results are mailed or faxed to the Farmington Valley Health District, a Water Certification Form with signature of the person who took the sample must be included. This is a State Regulation.

## **APPROVED LOCAL WATER TESTING LABORATORIES**

Plainville	Tunxis Laboratory	100 Northwest Drive	(860)793-8866
Torrington	Litchfield Hills Water Testing www.tahd.org	350 Main Street, Ste A	(860)489-0436
Windsor	Envirotech Laboratory	77 Cook Hill Road	(860)688-7249
Manchester	Phoenix Environmental Lab	587 East Middle Tpke	(860)645-1102
Waterbury	NW Environmental Water Lab	450 Meriden Road	(203)437-4110 (203)725-0501 Fax
New Milford	Hydro Technologies	62 Bank Street	(860)355-8773 (860)350-2258 Fax
Berlin Agawam, MA	Northeast Laboratories Vallid Labs	129 Mill Street 295 Silver Street	(860)828-9787 (413)789-2206



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### **QUALIFIED FOOD OPERATOR APPROVED TESTING ORGANIZATIONS**

#### **ServSafe®**

The Educational Foundation of the National Restaurant Association  
(NRA) Phone: 1-800-765-2122  
Website: [www.nraef.org](http://www.nraef.org)  
175 West Jackson, Suite 1500  
Chicago, IL 60604

#### **Thomson Prometric**

(formerly Experior Assessments, National Assessment Institute, Chauncey, and  
Educational Testing Service)  
Phone: 1-800-786-3926  
Website: [www.experioronline.com/food.htm](http://www.experioronline.com/food.htm)  
1260 Energy Lane  
St. Paul, MN 55108

#### **National Registry of Food Safety Professionals/Environmental Health Testing**

Phone: 1-800-446-0257  
1-407-352-  
3830

Fax: 1-407-352-3603  
Website: [www.NRFSP.com](http://www.NRFSP.com)  
5728 Major  
Blvd. Suite  
750  
Orlando, FL 32819

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***\*Not Currently Approved, but certificates obtained prior to 2003 are acceptable:***

#### **Certifying Board for Dietary Managers**

Phone: 1-800-323-1908  
Fax: 1-630-587-6308  
Website: [www.dmaonline.org](http://www.dmaonline.org)  
406 Surrey Woods Drive  
St. Charles, Illinois 60174-2386



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## **Automatic Grease Recovery Unit Manufacturer Contacts**

This list is not all-inclusive nor does it constitute an endorsement by the FVHD. We strongly urge food establishments to contact several manufacturers to compare not only prices, but design and performance features.

### **Thermaco Big Dipper**

(800)633-4204

### **Highland Tank/Lowe Engineering**

(603) 315-7465

### **International Grease Recovery Device (IGRD)**

(860) 648-1593

### **JOSAM**

(860) 659-0301

### **New England Grease Trap**

(888) 634-8727



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## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH DRINKING WATER SECTION Food Service Establishment Water System Registration Form (Rev. 4/06)

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: \_\_\_\_\_



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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:

CT Department of Public Health – Drinking Water Section, CRS Unit,  
410 Capitol Ave. MS#51WAT, P.O. Box 340308, Hartford, CT 06134-0308

\* If CWS customer, do not forward form to CT DPH – DWS.

### Instructions for Completing Registration Form

This form is to be used for food service establishments who will or do occupy a building with a well water system. This form is to be used during new food service establishment licensure and existing food service establishment relicensure. Sections A and B of this form are to be completed by the food service establishment applicant, and returned to the respective Local Health Department for review and transmission to the Drinking Water Section of the Department of Public Health. Section B is to be completed by the Local Health Department.

**A. Food Service Establishment Information:** This information is to be provided by the food service establishment applicant. Check if there are any changes in ownership, or contact information (i.e., phone #, address, ownership, contact information, etc.). *New food service establishment licensure / Relicensure* – check either new licensure or relicensure.

**Food Service Establishment Name** – list the business name of the food service establishment.

**Ownership information** – enter the name, mailing address, phone number and dated signature of the owner of the food service establishment. If the owner is a corporation then the name of a contact person must also be provided.

### **B. Water System Information:**

**What is the source of the water supply for this location?** – Indicate (check) whether this establishment is served by its own well or is a customer of Community Public Water System (CWS).

\*Only continue completing Section B if the food service establishment receives all or part of its water supply from a source other than a regulated CWS. If the food service establishment does not own the water system (i.e. leased space) then the information in Section B may need to be obtained from the property owner.

**Water System/Property Name** – provide the name that best describes the water system. In cases where the water system serves only the food service establishment, provide the business name of the food service establishment. If the water system serves a shopping plaza provide the name of the shopping plaza. If the water system serves multiple properties provide the name that best describes the water system (example: 156-159 Main Street). Provide the Public Water System (PWS) identification #, if known or if applicable.

**Address of Water System** – list the address(es) of the property(ies) being served by the well water system.

**Town** – list the town in which the water system is located.

**Businesses and/or facilities supplied by water system** – list the name of all businesses, or other facilities served by the water system.

**Do at least 25 persons visit the facilities/businesses supplied by the water system daily at least 60 days out of the year?** – The availability of water would include public restrooms and/or foods or beverages prepared with water. Check yes or no.

**Total number of same persons who regularly use the facilities/businesses for at least 6 months a year** – provide the number of persons (i.e. employees, students, NOT residents or transient customers) who use the facility on a daily basis at least 6 months out of the year. Provide an average number of customers who visit your facility/business on a daily basis. Provide the number of residents who live at the facilities/businesses.

**Does this water system also supply water to a (check any that apply)** – check any of the applicable categories. If an applicable category is not provided, check other and provide a description of the type of facility the water system supplies.

**Type and number of wells** – provide the number of wells for each applicable category in the space provided, when using the “Other”



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category also provide a description of the type of water source.

**Installed water treatment equipment** – check any water treatment equipment installed on the water system. When checking chemical feed systems also list the type of chemical that is being added to the water (example: chlorine, soda ash, permanganate).

**Water system annual operating period (begin/end dates of operation)** – provide the beginning and end dates (month and day) of the season of operation for the water system, if the water system operates year round enter from 1/1 to 12/31.

**Water system ownership information** – enter the name, mailing address, phone number and signature for the **property owner** of the water system that will provide water service to the food service establishment. This may be the same information as the owner of the food service establishment, or it may be the name of the landlord, owner of a shopping plaza, etc. If the owner is a corporation then the name of a contact person must also be provided.

**Information to be completed by the Local Health Department:**

1. **Date** – date of review.
2. **Water System Classification (check one)** – check the water system classification based on information provided in Section B (Water availability to 25 or more persons/day for at least 60 days/year, and # of employees, residents, etc.).
  - If the system regularly serves at least 25 of the **same** persons (not including residents or transient persons) per day for 6 months or more a year, then check **NTNC**.
  - If the system does not supply water to at least 25 persons for at least 60 days out of the year, then check **NP**.
  - If the system is served only by a Community Public Water System (Section B is N/A), then check **CWS** Customer.
  - If the system serves 25 or more persons, at least 60 days a year, and does not meet any of the above, then check **TNC**.

\*For additional information on classification, refer to <http://www.dph.state.ct.us/BRS/water/Consumer/PWS.htm>
3. **Reviewed by (print name and title)** – provide the name and title of the local health official reviewing the registration form. This person must be a registered sanitarian or the local director of health.
4. **Signature** – signature of the person (registered sanitarian or local director of health) reviewing the registration form.

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\*\*\*\*\* **QUESTIONS???** If you have any questions please call the Drinking Water Section at (860) 509-7333. \*\*\*\*\*