

Sanitary Survey Response Form

PWS NAME: **New Hartford Water Department**

PWS ID: **CT0920011**

Please complete this form and return it to this office by **March 16, 2018** at the following address to the attention of the engineer who inspected your water system. A response may also be returned by email.

Austin McMann
Department of Public Health- Drinking Water Section
410 Capitol Ave, MS# 12DWS, PO BOX 340308
Hartford, CT 06134-0308
Austin.McMann@ct.gov

If no written response is received, or if the significant deficiencies are not adequately addressed, enforcement action may be initiated.

Sanitary Survey Report Response Requirements:

No later than March 16, 2018: (per RCSA Section 19-13-B102(e)(7)(E)(iv)(III)): Provide a written plan to address all minor deficiencies, provide any required additional information, and as needed, address any recommendations and comments noted in this report

In the tables below, check off the appropriate box, and indicate the date corrective action is planned or was performed. Also, provide a brief description of the corrective action; if necessary attach a separate page. Attach a picture of the completed work, as applicable. If you have any questions regarding this matter please contact me at (860) 509-7333 or via email at Austin.McMann@ct.gov.

A) Minor Deficiencies

Minor Deficiencies	Documentation of Corrective Actions
1. Pine Meadow Well: A well with a withdrawal rate of more than 50 gpm shall not be located within 200 feet (100 feet if septic/sewer is tight pipe) of a source of pollution associated with a potential fecal contamination. [RCSA Sec. 19-13-B51d(a)(2)] (V057)	<input type="checkbox"/> Corrective action is complete: _____ (Specify Date) <input checked="" type="checkbox"/> X - Corrective action scheduled for completion: 2020 (Specify Date) Describe corrective action taken or planned: This deficiency consists of a long standing (and previously documented) violation that states that abutting properties/homes that have septic systems located within the protective radial distance of the wells. The recommended compliance action is to relocate the source of pollution outside of the protective radial area. The recommendation is not feasible at the present time. As a result, the Town continues to perform source water assessment monitoring. It should be noted that the Town continues to explore the potential of installing sanitary sewers within these areas to protect the source wells.

Minor Deficiencies	Documentation of Corrective Actions
<p>2. Black Bridge Well: A well with a withdrawal rate of more than 50 gpm shall not be located within 200 feet (100 feet if septic/sewer is tight pipe) of a source of pollution associated with a potential fecal contamination. [RCSA Sec. 19-13-B51d(a)(2)] (V057)</p>	<p><input type="checkbox"/> Corrective action is complete: _____ (Specify Date) X - Corrective action scheduled for completion 2020 (Specify Date) Describe corrective action taken or planned: This deficiency consists of a long standing (and previously documented) violation that states that abutting properties/homes that have septic systems located within the protective radial distance of the wells. The recommended compliance action is to relocate the source of pollution outside of the protective radial area. The recommendation is not feasible at the present time. As a result, the Town continues to perform source water assessment monitoring. It should be noted that the Town continues to explore the potential of installing sanitary sewers within these areas to protect the source wells.</p>
<p>3. Pine Meadow Well: For a well over 50 gpm, sanitary conditions in the area within the radial distance required shall be under control of the well owner by ownership, easement, or other arrangement approved by the commissioner of health. [RCSA Section 19-13-51d(c)(3)]</p>	<p>X - Corrective action is complete: 2015 (Specify Date) <input type="checkbox"/> Corrective action scheduled for completion: _____ (Specify Date) Describe corrective action taken or planned: This deficiency consists of a long standing and previously documented issue that states that the Town does not own and control the entire 200 foot sanitary radius surrounding the source wells. The recommended compliance action from the 2014 Sanitary Survey was to document the properties within the radius, which was done and submitted as part of the 2014 Sanitary Survey response letter dated January 3, 2015. The Town has developed a formalized Best Management Practices (BMP) for the privately owned land within the radius. Furthermore, it should be noted that as a standard the Town utilizes "Green" property management practices. No herbicides and/or pesticides are utilized on these town owned parcels. The recommendation owning and/or controlling all of the land within the 200 foot radius is not feasible at the present time. Consequently, we issued letters of Best Practices to the property owners within the radius and encouraged their support. These letters are sent every two years, as a reminder. It should be further noted that the Town continues to explore the potential of installing sanitary sewers within these areas to protect the source wells.</p>

Minor Deficiencies	Documentation of Corrective Actions
<p>4. Black Bridge Well: For a well over 50 gpm, sanitary conditions in the area within the radial distance required shall be under control of the well owner by ownership, easement, or other arrangement approved by the commissioner of health. [RCSA Section 19-13-51d(c)(3)]</p>	<p>X - Corrective action is complete: 2015 (Specify Date) <input type="checkbox"/> Corrective action scheduled for completion: _____ (Specify Date) Describe corrective action taken or planned: This deficiency consists of a long standing and previously documented issue that states that the Town does not own and control the entire 200 foot sanitary radii surrounding the source wells. The recommended compliance action from the 2014 Sanitary Survey was to document the properties within the radius, which was done and submitted (include any changes to the previous list) as part of the 2014 Sanitary Survey response letter dated January 3, 2015. The Town has developed a formalized Best Management Practices (BMP) for the privately owned land within the radius. Furthermore, it should be noted that as a standard the Town utilizes “Green” property management practices. No herbicides and/or pesticides are utilized on these town owned parcels. The recommendation owning and/or controlling all of the land within the 200 foot radius is not feasible at the present time. (Please note that we took the same actions here as we did with the Pine Meadow well.) It should be further noted that the Town continues to explore the potential of installing sanitary sewers within these areas to protect the source wells.</p>
<p>5. Pine Meadow Well: No chemical substances other than those approved by the department shall be added to a system. The department only approves chemicals which are ANSI/NSF Standard 60 certified. [RCSA Section 19-13-B80] (V046)</p>	<p>X - Corrective action is complete: March 2018 (Specify Date) <input type="checkbox"/> Corrective action scheduled for completion: _____ (Specify Date) Describe corrective action taken or planned: The Astor Chemicals Inc. 25% Liquid Sodium Hydroxide used at these wells is not is not ANSI/NSF 60 certified. The new supplier ‘s (Savol) contact info and a copy of the ANSI/NSF 60 certification are attached for your review.</p>
<p>6. Black Bridge Well: No chemical substances other than those approved by the department shall be added to a system. The department only approves chemicals which are ANSI/NSF Standard 60 certified. [RCSA Section 19-13-B80] (V046)</p>	<p>X - Corrective action is complete: March 2018 (Specify Date) <input type="checkbox"/> Corrective action scheduled for completion: _____ (Specify Date) Describe corrective action taken or planned: The Astor Chemicals Inc. 25% Liquid Sodium Hydroxide used at these wells is not ANSI/NSF 60 certified. The new supplier’s (Savol) contact info and a copy of the ANSI/NSF 60 certification are attached for your review.</p>

Minor Deficiencies	Documentation of Corrective Actions
7. Management & Operation: Essential water supply valves shall be maintained in operating condition. [RCSA Section 19-13-B102(q)(6)]	<p>___ Corrective Action is complete _____ (Specify Date)</p> <p>X - Corrective Action scheduled for completion March 2018 (Specify Date)</p> <p>Describe corrective action taken or planned: A routine valve exercising program will be developed and implemented Spring 2018.</p>

B) Recommendations: Please provide a brief description of improvements completed or to be completed to address recommendations, as applicable.

- #1. The town will consider the recommendation for alarms and/or controls to alert the system of chemical overfeed or underfeed and implement as finances become available.
- #2. The town will take under advisement and review the Revised Total Coliform Rule guidance documents available on the DPH website.
- #3. The Town currently, and will continue to redevelop and maintain the Pine Meadow and Black Bridge wells on a routine basis to minimize the possibility of the wells being put out of service for an extended period of time.
- #4 The town will consider the recommendation and repair or replace instrumentation as needed.
- #5. Chemical containment is currently in place at the Pine Meadow well as part of the structural design of the building.

Floor containment dimensions are 112 sq/ft contained by a 6" berm. This equates to the Following: 112 sq./ft *.5' = 56 sq./ft * 7.48 gal/per-cubic ft. = 418 gallons of containment. Typically, there are 4 - 55 gallon drums, and 30 gallons of chemical stored in the day tank, for a total of 250 gallons. The 418 gallons of available containment satisfies the 110% containment required by DPH.

C) Certification

I certify that the information contained herein which is being submitted to the Connecticut Department of Public Health for a drinking water regulatory compliance purpose is complete and accurate and understand that any false statement contained herein is punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes.

Signature of PWS Owner/Legal Contact: _____ Date: _____

Printed Name of PWS Owner/Legal Contact: _____