

Temporary Secondary Disinfection Form A

For facilities that receive water from a public water system but are not currently a registered MassDEP PWS

Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



This form is for facilities that receive water from a public water system but are not currently a registered MassDEP PWS. In addition, the facility must serve 25 or more persons at least 60 days a year and provide, or is planning to provide, temporary disinfection for less than 60 days per year (or 365 consecutive days).

Complete this form and return a PDF copy by email to the MassDEP Drinking Water Program at Program.director-dwp@mass.gov, **Subject:** Temporary Secondary Disinfection for less than 60 days.

A. Facility and Owner or Responsible Party Information

Facility Name

Facility Address

Owner or Responsible Party Name (for additional owners or responsible parties attach a separate sheet)

Address (if different from above)

Owner or Responsible Party Contact Person Name

Contact Person Title

Telephone Number (555-555-5555)

Email Address

B. Facility Description

C. Information and Compliance

With other National Directives and Industry Standards

1. Are you a Veterans Administration Hospital? Yes No If no, go to question #2

If yes, have you complied with the Veterans Administration Directive 1061? Yes No

If no, why not? _____

For information on this directive see:

https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3033

2. Are you required to comply with Center for Medicare & Medicaid Services QSO-17-30?

Yes No If no, go to question #3

If yes, are you in compliance? Yes No

If no, why not? _____

For information on this directive see <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO17-30-HospitalCAH-NH-REVISED-.pdf>.

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C. Information and Compliance (cont.)

3. Are you required to comply with the ANSI/ASHRAE Standard 188-2018, Legionellosis: Risk Management for Building Water Systems?

Yes No If no, go to next section

If no, why not? _____

To purchase this standard visit <https://www.ashrae.org/technical-resources/bookstore/ansi-ashrae-standard-188-2018-legionellosis-risk-management-for-building-water-systems>

D. Owner or Responsible Party Certification and Signature

I certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that my facility meets the conditions identified below:

1. My facility meets the exception criteria of the Massachusetts Drinking Water Regulations, 310 CMR 22.03(3):
- (a) My facility consists only of distribution and storage facilities (and does not have any collection and treatment facilities that serve water to the public);
 - (b) My facility obtains all of its water from, but is not owned or operated by, a Public Water System (PWS) which is subject to 310 CMR 22.00;

_____ PWS Name

_____ PWS ID #

- (c) My facility does not sell water to any person.
 - (d) My facility is not a carrier which conveys passengers in commerce;
 - (e) My facility, like all other rate-paying customers of the _____ has a water supply fee payer agreement that addresses the status and responsibilities of the parties for the ownership, operation and maintenance of the combined system, including but not limited to, drinking water sources, treatment facilities, Distribution System, storage and water quality sampling.
2. My facility has a written temporary disinfection plan.
3. My facility utilized the services of a drinking water professional or engineer to develop the temporary disinfection plan.

_____ Name of drinking water professional or engineer

_____ Contact information

_____ Type of training or certification of the drinking water professional or engineer

4. My facility shall utilize the services of a drinking water professional or engineer to implement and supervise the secondary disinfection plan.

_____ Name of drinking water professional or engineer

_____ Contact information

_____ Type of training or certification of the drinking water professional or engineer

5. My facility has discussed its plan with my supplying PWS and local authorities (and received any necessary or applicable permits).

_____ If applicable: these permits or approvals were received and are attached

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D. Owner or Responsible Party Certification and Signature (cont.)

6. The treated portion of the plumbing will be separated from the distribution system while temporary disinfection was/is occurring.
7. At no time shall the water from the temporary disinfection treatment be provided to consumers. My facility is/shall provide the following alternate water for drinking, cooking, bathing and other human-consumption purposes:

8. During the time of the temporary disinfection treatment, consumers will be notified in the following manner:

9. My facility has or shall maintain all plans, monitoring results and related information on file for review by MassDEP/DWP and other local authorities.
10. My facility shall notify MassDEP/DWP and other local authorities prior to installing permanent treatment or any changes that would change its exception status.
11. My facility has and shall keep an up-to-date emergency-response plan that addresses what steps must be followed when/if there are issued with our temporary disinfection, include whom to report such issues to at MassDEP/DWP and other local authorities. This plan also includes templates of notices for a variety of potential emergencies to inform our customers and others of the emergency and actions that they should take. This plan, including notice templates, is available for review by MassDEP/DWP and other local authorities at any time by contacting:

Signature of Owner or Responsible Party:

<hr/>	
Signature	Date
<hr/>	<hr/>
Print Name	Title
<hr/>	<hr/>
Address	
<hr/>	
Phone Number	Email Address
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E. For MassDEP/DWP Use Only

Information complete Information incomplete

Comments
