



DEPARTMENT OF HEALTH
APPLICATION FOR LIMITED USE PUBLIC WATER SYSTEM
OPERATION

Authority: Section 381.0062, F.S., and Chapter 64E-8, F.A.C.

INSTRUCTIONS: Complete all applicable sections. Read agreement paragraph. Indicate attachments. Sign and date.

Application Type: [] Initial Operation [] Renewal [] Change of Owner

Water System Site Information

Permit Number: _____

Water System Name _____

Physical Address/Location _____ City _____

[] Residential: Describe _____ # of Residences _____ # of Residents _____

[] Non-residential: Describe _____

of Service Connections (buildings/businesses) _____ # Days open/year _____

of Employees _____ # of Visitors/day _____

Water System Owner Information [] Same as last year (please verify phone numbers)

Name _____ E-mail: _____

Mailing Address _____ City, State, Zip _____

Phone: Home _____ Work _____ Mobile _____ Fax _____

Water System Operator Information (if different from above) [] Same as last year (please verify phone number)

Name _____ Phone: _____

On-site Contact Person/Major Tenant Information (if different from above) [] Same as last year (please verify information)

Name(s), Location, & Phone _____

I agree to operate the system in accordance with s. 381.0062, Florida Statutes, and Chapter 64E-8, Florida Administrative Code. I understand that (1) any misrepresentation of facts in this application or its attachments, or failure to comply with sanitary standards, is grounds for administrative fines and for permit denial or revocation; and (2) prior approval by the county health department is required to modify the water system's components or use. The information contained in this application and on any attachments, all of which serve as a basis for authorization, is true and correct.

Attachments Included:

[] NEW SYSTEM (constructed on or after 1/1/93), for Initial Operation:

Satisfactory water quality analysis results per 64E-8.002(9), FAC:

- [] 5-day coliform bacteria survey (raw/source water)
[] 2-consecutive day coliform bacteria survey of finished water (treated/remote distribution water)
[] Nitrate (raw/source water)
[] Lead (first draw sample from indoor tap, water undisturbed in plumbing for at least six hours)

[] EXISTING SYSTEM (constructed prior to 1/1/93), for Initial Operation: (*FDC = Family Day Care)

[] Application fee \$ _____ (Permitted: \$90/\$45 if Apr 1-Sept 30; \$30/\$15 for FDC's*; Registered (one-time): \$90/not prorated)

[] Site plan [] Construction plan [] Well log, if available

Satisfactory water quality analysis results per 64E-8.004(2)(a)5, FAC (permitted) or 64E-8.004(5)(b)5, FAC (Registered):

- [] 2 consecutive-day coliform bacteria survey (raw/source water)
[] 1 coliform bacteria sample (treated/remote distribution water)
[] Nitrate (raw/source water)
[] Lead (first draw sample from indoor tap, water undisturbed in plumbing for at least six hours)

[] ANNUAL RENEWAL: [] Application fee \$ _____ (\$90; \$30 for LU Commercial Systems serving FDC's*)

[] CHANGE OF OWNER: [] Application fee \$ _____ (Permitted: \$90/\$45 if Apr 1-Sept 30; Registered (one-time): \$90/not prorated)

[] Site plan and construction plan, if any changes [] Well log, if available

Other attachments: _____

Authorized Applicant: (print) _____

(sign) _____ Date _____