



DEPARTMENT OF HEALTH
APPLICATION FOR LIMITED USE AND PRIVATE WATER SYSTEM
OPERATING PERMIT

Authority s. 381.0062, FS, and Rule 64E-8, FAC

INSTRUCTIONS Fill in blanks for new or revised data. If a section's data is same as previous operating permit application, check the appropriate box. Read the agreement . Indicate attachments included. Sign and date form.

Water System Site Name and Location

Permit No. [grid]

[] All same as last year

Water System Name _____

Physical Address of water plant _____

Water System Owner's Name, Addresses & Phone Numbers

[] All same as last year (Please verify that the phone numbers have not changed.)

Name _____

Physical Address _____

Mailing Address _____

Phone Numbers home _____ work _____ pager _____ mobile _____

Major Tenant's Name, Addresses & Phone Numbers, if responsible water system operation and different from the above

[] All same as last year (Please verify that the phone numbers have not changed.)

Name _____

Physical Address _____

Mailing Address _____

Phone Numbers home _____ work _____ pager _____ mobile _____

Water System Operator's Name, Addresses & Phone Numbers, if different from the above

[] All same as last year (Please verify that the phone numbers have not changed.)

Name _____

Physical Address _____

Mailing Address _____

Phone Numbers home _____ work _____ pager _____ mobile _____

On-site Contact Person's Name, Location and Phone numbers, if different from the above

[] All same as last year (Please verify that phone numbers have not changed.)

Name(s) _____

On-site location _____

On-site phone number _____ pager _____ mobile _____

I agree to operate the system in accordance with section 381.0062, Florida Statutes and Rule 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 permitting, is true and correct.

Attachments included \$ _____ Fee (as established per type of water system)

For first permit only [] site plan [] well log Test results for: [] coliform bacteria [] lead [] nitrate

Authorized Applicant _____ Signature Date _____

Name (print or type) _____