



**DEPARTMENT OF HEALTH  
APPLICATION FOR LIMITED USE PUBLIC WATER SYSTEM  
OPERATING PERMIT**

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**

Water System Name \_\_\_\_\_ Permit #: \_\_\_\_\_

Physical Address/Location: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Residential: Describe \_\_\_\_\_ # of Residences \_\_\_\_\_ # of Residents \_\_\_\_\_

Commercial: Type: \_\_\_\_\_

# 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: \_\_\_\_\_

Billing Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Company: \_\_\_\_\_

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

Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Company: \_\_\_\_\_

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

Name(s), Location, Phone & E-mail: \_\_\_\_\_

*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:
- Completed water system application (form DH 4092B)
  - 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: \$90)
  - Site plan  Water system's construction plan  Well log and Completion form, 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: \$90)  
 Site plan and construction plan, if any changes  Well log, if available

**Authorized Applicant Signature:** \_\_\_\_\_

**Print:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Form DH4092A

### List of changes

- Font change from Times New Roman to Arial.
- Highlighted portions are additions or wording changes.
- **Header**
  - “OPERATION” changed to “OPERATING PERMIT”
- **Water System Site Information**
  - “Non-residential: Describe” changed to “Commercial: Type”
- **Water System Owner Information**
  - Mailing Address changed to Billing Address
  - City, State, Zip broken into separate entry blocks
  - Home phone removed
  - Work phone removed
  - Mobile phone removed
  - Phone Number entry block added
  - Company entry block added
- **Water System Operator Information**
  - Mailing Address changed to Billing Address
  - City, State, Zip broken into separate entry blocks
  - Home phone removed
  - Work phone removed
  - Mobile phone removed
  - Phone Number entry block added
  - Company entry block added
- **Attachments: New System**
  - Completed water system application (form DH 4092B) checkbox added
- **Authorized Applicant**
  - “(print)” changed to “Signature:”
  - “(sign)” changed to “Print:”