

DEPARTMENT OF HEALTH APPLICATION FOR LIMITED USE AND MULTIFAMILY WATER SYSTEM CONSTRUCTION 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: () New (well constructed on or after 1/1/93) () Modification () Conversion to Multifamily (constructed prior to 1/1/93)

Water System Name:	Permit #:
Physical Address/Location:	
City/Zip: Water System Operator:E-mail:	
Mailing Address: City:	State:
Zip: Phone Number: Company:	
Water System Owner:E-mail	il:
Billing Address City: Zip: Phone Number:	State:
Water System Contractor/Builder:Company:	E-mail:
	State:
Address City:	
Facility Information (attach additional sheets as needed):	
Estimated Sewage Flow: gallons/day (from 64E-6.008)	
Residential: Describe# of Residences#	# of Residents
Commercial: Type	
# of Service Connections (buildings/businesses)	# Days open/year
# of Employees # of Visitors/day	# Hours open/day
Describe water outlets within building(s) or on premise (water fountains, sinks, eye-wash, ice machines, etc.):	
Make Medel Conscitu/Size and Type of Equipment to be installed (attach additional abouts as preded):	
Make, Model, Capacity/Size, and Type of Equipment to be Installed (attach additional sheets as needed):	
Well: Casing Diameter: Casing Depth: Grouting Method and Depth: Pump type and HP: Tank Capacity and Type:	
Piping / Distribution Lines:	
Treatment Equipment:	
Lagree to construct and operate the system in accordance with the plans as approved by the department and with the requirements of s. 381.0062, Florida Statutes and Rule Chapter 64E-8, Florida Administrative Code. I understand that: (1) if the system is not constructed per the approved plans, construction re-inspection requests must be accompanied by additional fees; (2) any misrepresentation of facts in this application or its attachments is grounds for administrative fines and for denial or revocation of the water system construction or operation permit; and (3) prior to receiving an operating permit, the county health department must be provided with satisfactory water quality test results. The information contained in this application and on any attachments, all of which serve as the basis for authorization, is true and correct.	
Attachments Included:	
() LIMITED USE: Application fee \$(\$90) Site plan Water system cons	struction plan 🔛 Well log
() MULTIFAMILY: Application fee \$(\$75) Site plan Water system con	struction plan 🔛 Well log
After construction, satisfactory water quality analysis results per 64E-8.003(5), FAC: 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) Lead (first draw sample from indoor tap, water undisturbed in plumbing for at least six hours)	
Authorized Applicant Signature:	
Print:	Date
DH 4092B, 7/18 Incorporated 64E-8.002, FAC	

Form DH4092B List of changes

- Font change from Times New Roman to Arial.
- Highlighted portions are additions or wording changes.
- Application type
 - Constructed on or after 1/1/93 changed to "well constructed on or after 1/1/93"
- Water System Name
 - City changed to City/Zip
 - Water System Operator
 - o New
- Water System Owner
 - Mailing Address changed to Billing Address
 - o City, State, Zip broken into separate entry blocks
 - Home phone removed
 - Work phone removed
 - o Mobile phone removed
 - o Phone Number entry block added
 - Company entry block added
- Water System Contractor/Builder
 - o 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

• Facility Information

- o "Non-Residential" changed to "Commercial"
- Commercial type entry block added
- o Additional entry lines added for description of water outlets, etc... section
- Make, Model, Capacity/Size, and Type of Equipment to be Installed (attach additional sheets as needed)
 - Wells changed to Well: Casing Diameter
 - o Casing Depth, Grouting Method, and Depth entry blocks added
 - Pumps changed to Pump type and HP
 - Tanks changed to Tank Capacity and Type
- Attachments
 - o Water System Construction Plan checkbox added to Limited Use Line
 - o Water System Construction Plan checkbox added to Multifamily line