



WATER SYSTEM DATA SHEET RULE 64E-8, F.A.C.

() FOR INITIAL INSPECTION

() FOR REVISION OF DATA

To be Completed by the County Health Department

SYSTEM NAME AND PERMIT NUMBER

System Classification	Construction Characteristics	64E-8/WMD Variance for	64E-8 Variance Conditions
<input type="checkbox"/> Private <input type="checkbox"/> Multifamily <input type="checkbox"/> LU Community <input type="checkbox"/> LU Commercial <input type="checkbox"/> Registered LU Commercial	<input type="checkbox"/> Built before 1993 as private system <input type="checkbox"/> Built before 1993 as "other public" <input type="checkbox"/> Built per 64E-8 construction permit <input type="checkbox"/> Built after 1993 as private system <input type="checkbox"/> Built per FSDWA construction permit <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Foundation setback <input type="checkbox"/> OSTDS setback <input type="checkbox"/> Construction standards <input type="checkbox"/> MCL non-compliance <input type="checkbox"/> Other _____	<input type="checkbox"/> None or complies with code <input type="checkbox"/> Continuous disinfection <input type="checkbox"/> Increase Monitoring <input type="checkbox"/> Increase Construction Standards <input type="checkbox"/> Other _____
Source	Well Characteristics	Well Permit	OSTDS Setbacks (if applicable)
<input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Surface <input type="checkbox"/> Cistern <input type="checkbox"/> Other _____	Casing depth _____ Well depth _____ Year well drilled _____ Casing size _____ Casing material _____ Depth of grout _____	<input type="checkbox"/> WMD permit, public <input type="checkbox"/> WMD permit, private <input type="checkbox"/> County well permit <input type="checkbox"/> Delineated area permit <input type="checkbox"/> No well permit	_____ _____ _____ Calculated Flow Sewage _____ Water _____ (include migration)
Disinfection	Other Treatment	Tanks	Cross Connection Control
<input type="checkbox"/> Required <input type="checkbox"/> Optional <input type="checkbox"/> None Type <input type="checkbox"/> Chlorine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Other _____	<input type="checkbox"/> Required <input type="checkbox"/> Optional <input type="checkbox"/> None Type <input type="checkbox"/> Aeration <input type="checkbox"/> Corrosion control <input type="checkbox"/> DE filter <input type="checkbox"/> GAC filter <input type="checkbox"/> Ion exchange <input type="checkbox"/> Potassium permanganate <input type="checkbox"/> Micro filter <input type="checkbox"/> Sand filter <input type="checkbox"/> Reverse osmosis	<input type="checkbox"/> Bladder <input type="checkbox"/> Hydro pneumatic Total volume _____ <input type="checkbox"/> Contact tank Effective vol. _____ Distribution Lines Total length _____ Diameter _____ Material _____ Pumps Source <input type="checkbox"/> submersible <input type="checkbox"/> centrifugal <input type="checkbox"/> jet Make/ Model _____ Capacity _____ HP _____ Service Make/Model _____ Capacity _____ HP _____ Disinfectant pump Make/Model/Type _____	<input type="checkbox"/> Hose bib backflow prevention <input type="checkbox"/> Reduced pressure zone <input type="checkbox"/> Double check valve assembly <input type="checkbox"/> Pressure vacuum breaker <input type="checkbox"/> Atmospheric vacuum breaker <input type="checkbox"/> Dual check valve <input type="checkbox"/> Air gap
Comments			
Character of Service Area (Mark All That Apply)			Other Agency Operating Permits
<input type="checkbox"/> Adult living facility <input type="checkbox"/> Assembly <input type="checkbox"/> Child Care/School <input type="checkbox"/> Employee housing <input type="checkbox"/> Farm/Nursery/Stable <input type="checkbox"/> Food/Beverage service <input type="checkbox"/> Food/Beverage process. <input type="checkbox"/> Group home	<input type="checkbox"/> Industrial, heavy <input type="checkbox"/> Intermediate care facility <input type="checkbox"/> Jail <input type="checkbox"/> Medical facility <input type="checkbox"/> Migrant farmworker housing <input type="checkbox"/> Mobile home/RV park <input type="checkbox"/> Multi-family dwelling <input type="checkbox"/> Nursing home/Hospice	<input type="checkbox"/> Office/Retail/Service <input type="checkbox"/> Pharmacy/Lab <input type="checkbox"/> Public Pool <input type="checkbox"/> Recreational area/Camp <input type="checkbox"/> Residential treatment fac. <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Warehouse <input type="checkbox"/> Other	Requiring Annual 64E-8 Renewal <input type="checkbox"/> AHCA <input type="checkbox"/> DACS <input type="checkbox"/> DBPR <input type="checkbox"/> DCFS <input type="checkbox"/> DEP <input type="checkbox"/> Other Agency _____ <input type="checkbox"/> None
Date	Prepared by	Data entry by	