



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** (constructed on or after 1/1/93) () **Modification** () **Conversion to Multifamily** (constructed prior to 1/1/93)

Water System Name: _____

Physical Address/Location _____ City _____

Water System Owner: _____ E-mail: _____

Mailing Address _____ City, State, Zip _____

Phone: Home _____ Work _____ Mobile _____ Fax _____

Water System Contractor/Builder: _____ E-mail: _____

Address _____ City, State, Zip _____

Phone: Home _____ Work _____ Mobile _____ Fax _____

Facility Information (attach additional sheets as needed): Estimated Sewage Flow _____ gallons/day (from 64E-6.008)

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

Non-Residential: Describe _____

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, Model, Capacity/Size, and Type of Equipment to be Installed (attach additional sheets as needed):

Wells _____ Pumps _____

Tanks _____

Piping / Distribution Lines _____

Treatment Equipment _____

I agree 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 construction plan well log

() **MULTIFAMILY:** Application fee \$ _____ (\$75) site plan construction 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)

Other attachments: _____

Authorized Applicant: (print) _____

(sign) _____ Date _____