



DEPARTMENT OF HEALTH
APPLICATION FOR LIMITED USE COMMERCIAL WATER SYSTEM
REGISTRATION

Authority: Section 381.0062, F.S., and Chapter 64E-8, F.A.C.

INSTRUCTIONS: Complete all applicable sections. You must read and initial each statement to show your understanding and compliance. Indicate attachments. Sign and date.

Water System Site Information

Water System Name
Physical Address/Location
City

Permit #: _____

Water System Owner Information

Name
E-mail:
Mailing Address
City, State, Zip
Phone: Home
Work
Mobile
Fax

Major Tenant Information (if different from above)

Name(s)
E-mail:
Address
City, State, Zip
Phone: Home
Work
Mobile
Fax

This water system does not provide water to the general public for consumption as defined in Chapter 381.0062, Florida Statutes, (F.S.). I agree to operate the water system in accordance with Chapters 381.0062, F.S. and 64E-8, Florida Administrative Code (F.A.C.).

I understand that in order to maintain potable water status standards as required by the federal Occupational Health and Safety Administration (OSHA) Rule 29 CFR 1910.141 and the State Plumbing Code, I must submit one satisfactory water quality analysis result for coliform bacteria each calendar year, using approved methods performed by a Department of Health certified laboratory.

I understand that modification to the components or the use of this water system requires prior approval by the County Health Department. I understand that change of ownership or business activity requires re-registration, including application fees and water quality analysis.

I understand that this Registration is subject to revocation if the water quality fails to comply with the standards of Chapter 64E-8, F.A.C. or if the system is used to provide water for consumption to the general public. I understand that re-registration may be required if I fail to perform annual water quality analysis for coliform bacteria.

Attachments included:

- () NEW System (constructed on or after 1/1/93): Must also submit Forms DH 4092A and DH 4092B, \$90 fee, etc.
Application fee \$ (15)
() EXISTING System (constructed prior to 1/1/93), for Initial Registration: Must also submit Form DH 4092A, \$90 fee, etc.
Application fee \$ (15)
() For Re-Registration (per 64E-8.004(5)(e) or (f)): Change of owner/business must also submit Form DH 4092A, \$90 fee, etc.
Application fee \$ (15)
site plan and construction plan (if any changes)
well log, if available
Satisfactory water quality analysis results:
2 consecutive-day coliform survey (raw/source)
1 coliform (distribution)
Lead (indoor first draw, undisturbed for 6 hrs.)
Nitrate (raw/source)

Other attachments:

The information contained in this application and any attachments, all of which serve as a basis for authorization, is true and correct.

Authorized Applicant: (print)
(sign) Date