



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

Authority s. 381.0062, FS, and Rule 64E-8, FAC

**INSTRUCTIONS** Fill in blanks for new or revised data. If a section's data is same as previous operating permit application, check the appropriate box. Read the agreement . Indicate attachments included. Sign and date form.

Water System Site Name and Location

Permit No.											
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All same as last year

Water System Name \_\_\_\_\_

Physical Address of water plant \_\_\_\_\_

Water System Owner's Name, Addresses & Phone Numbers

All same as last year (Please verify that the phone numbers have not changed.)

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers home \_\_\_\_\_ work \_\_\_\_\_ pager \_\_\_\_\_ mobile \_\_\_\_\_

Major Tenant's Name, Addresses & Phone Numbers, if responsible water system operation and different from the above

All same as last year (Please verify that the phone numbers have not changed.)

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers home \_\_\_\_\_ work \_\_\_\_\_ pager \_\_\_\_\_ mobile \_\_\_\_\_

Water System Operator's Name, Addresses & Phone Numbers, if different from the above

All same as last year (Please verify that the phone numbers have not changed.)

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers home \_\_\_\_\_ work \_\_\_\_\_ pager \_\_\_\_\_ mobile \_\_\_\_\_

On-site Contact Person's Name , Location and Phone numbers, if different from the above

All same as last year (Please verify that phone numbers have not changed.)

Name(s) \_\_\_\_\_

On-site location \_\_\_\_\_

On-site phone number \_\_\_\_\_ pager \_\_\_\_\_ mobile \_\_\_\_\_

*I agree to operate the system in accordance with section 381.0062, Florida Statutes and Rule 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 permitting, is true and correct.*

**Attachments included** \$\_\_\_\_\_ Fee (as established per type of water system)

**For first permit only**     site plan     well log    Test results for:     coliform bacteria     lead     nitrate

**Authorized Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature

**Name** (print or type) \_\_\_\_\_