



**DEPARTMENT OF HEALTH  
APPLICATION FOR  
LIMITED USE COMMERCIAL WATER SYSTEM  
REGISTRATION**

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

System No. 

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Water System Site Name and Location

Name \_\_\_\_\_  
Address \_\_\_\_\_

Water System Owner

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Numbers home \_\_\_\_\_ work \_\_\_\_\_ pager \_\_\_\_\_ mobile \_\_\_\_\_

**Please read and initial each of the following statements to show your understanding and compliance.**

I do not provide tap water to the general public for consumption, and I agree to operate the water system in accordance with s. 381.0062, Florida Statutes, and Chapter 64E-8, Florida Administrative Code.

*initial*

I understand that in order to maintain potable water status standards as required by federal Occupational and Health Safety Administration (OSHA) Rule 29 CFR 1910.141 and the State Plumbing Code, I must test the

*initial*

system's water quality annually for coliform bacteria at a certified laboratory.

I understand that: modification to the components or the use of the water system requires prior approval by the \_\_\_\_\_ County Health Department. I understand that change of ownership or business activity requires re-registration, and a \$15.00 fee.

*initial*

I understand this registration is subject to revocation if (1) the system is used to provide water for consumption to the general public, (2) the water fails to comply with water quality standards in Chapter Rule 64E-8, Florida Administrative Code.

*initial*

***If the water system registration is revoked for any of these reasons, I understand I must obtain an annual operating permit.***

**Indicate attachments submitted with this form**

- |   |  |
|---|--|
| <input type="checkbox"/> \$15 Registration Application Fee  | <input type="checkbox"/> Satisfactory Coliform Bacteria Test |
| <input type="checkbox"/> Satisfactory Lead Test from Distribution System  | <input type="checkbox"/> Satisfactory Nitrate Test From Well |
| <input type="checkbox"/> Other satisfactory test results if required by the department when well is close to contaminant source |  |

**The information contained in this application and attachments is true and correct.** This registration is effective when approval is granted by the county health department.

Authorized Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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