



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

Permit #: _____

Water System Name _____
 Physical Address/Location _____ City _____

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.).
initial

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.
initial

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.
initial

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.**
initial

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 _____