



**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:** \_\_\_\_\_ Permit #: \_\_\_\_\_

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 \_\_\_\_\_