



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 \_\_\_\_\_

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

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.).

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 \_\_\_\_\_