

Group B Annual Operating Permit

Drinking Water Systems

Submittal Date	Permit Fee
	\$75.00

WATER SYSTEM INFORMATION			
<i>Water System Name</i>		<i>Water System ID</i>	
WATER SYSTEM CONTACT INFORMATION			
<i>First Name</i>	<i>Last Name</i>	<i>Contact Phone</i>	<i>Email Address</i>
<i>Mailing Street Address</i>		<i>Mail City</i>	<i>State</i> <i>Zip/Postal</i>
WATER SYSTEM CONNECTIONS – Please list the street address for each connection to the water system.			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
RECENT WORK DOCUMENTATION – Please describe any work completed on the water system in the last 3 years.			
If any improvements, have been made, please identify them. If other is selected, please describe the improvements.			
<input type="checkbox"/> Well Pump <input type="checkbox"/> Pressure Tank(s) <input type="checkbox"/> Storage (if applicable)			
<input type="checkbox"/> Booster pump (if applicable) <input type="checkbox"/> Well or Pump House repairs <input type="checkbox"/> Other (describe below)			
<i>Other improvements</i>			
CERTIFICATION			
<i>By signing this permit, I certify that the information contained within this annual operating permit is true and accurate to the best of my knowledge.</i>			
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>	