

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
 FLORIDA DEPARTMENT OF HEALTH
 INTERAGENCY TRANSFER OF A PUBLIC WATER SYSTEM**

1. PWS #: <number>	2. Date: <00/00/0000>
3. Water System Name, address, e-mail, and phone number: <name> <address> <city state zip> <e-mail address> <phone number>	
4. System Owner Name, address, e-mail, and phone number: <name> <address> <city state zip> <e-mail address> <phone number>	
5. Type of Establishment: <type>	
6. Current Classification:	<input type="checkbox"/> Regulated under Florida Safe Drinking Water Act by DEP <input type="checkbox"/> Regulated under Chapter 64 E-8, F.A.C. by DOH <input type="checkbox"/> Not currently regulated
7. System Parameters:	Piped water for human consumption: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of service connections: <number> Number of persons served Census data: <input type="checkbox"/> Yes <input type="checkbox"/> No Service at least 60-days per year: <input type="checkbox"/> Yes <input type="checkbox"/> No Oral consumption (includes water used in food preparation and dish washing, Reference IA.1.1.1.5) <input type="checkbox"/> Yes <input type="checkbox"/> No
8. System Type:	<input type="checkbox"/> Community <input type="checkbox"/> Non-Community: <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/> Limited Use
9. <input type="checkbox"/> Sanitary Survey <input type="checkbox"/> Joint Inspection	Conducted by: <input type="checkbox"/> DEP Name: <inspector> Date: 00/00/0000 <input type="checkbox"/> DOH Name: <inspector> Date: 00/00/0000 <input type="checkbox"/> Sanitary Survey/Joint Inspection form is attached
10. Request for Transfer:	<input type="checkbox"/> From DEP to DOH <input type="checkbox"/> From DOH to DEP
11. Reason for Transfer:	<input type="checkbox"/> Change in system parameters (see section 7) <input type="checkbox"/> Correct error in original classification
12. Transfer Action:	<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted conditional (list conditions) <input type="checkbox"/> Request Denied (list reasons and comments)
Signatures and Dates:	
<hr/> DEP Drinking Water Program Manager	
<hr/> DOH Environmental Health Director	
13. <input type="checkbox"/> File Transferred	