

PUBLIC WATER SYSTEM CLASSIFICATION

Potable Water Section
Florida Department of Environmental Protection
South District
PO Box 2549
Fort Myers, FL 33902-2549

Instructions: This is a word doc. click on yellow box and type. Sign, date, and return.

System Name: <name of system>

PWS ID Number: <ID number>

Owner Information:

Owner's Name:

Address:

City State Zip:

Phone:

E-mail address:

1. How many children (total) attend this facility?
2. How many employees (total, including yourself) work at this facility?
3. How many days per week do the children attend this facility?
4. Of the total number of children that attend this facility, how many of these children have attended **over** six months per year?
5. Of the total number of children that attend this facility, how many of these children have attended **less than** six months per year?
6. Of the total number of employees, how many of these persons will work here for **more** than six months per year?
7. Of the total number of employees, how many of these persons will work here for **less than** six months per year?

I do hereby certify that, to the best of my knowledge and belief all of the above information is accurate and there are written records available for Department inspection to corroborate the above information.

Signed: _____ Date: _____
System Owner

Signed: _____ Date: _____
DOH Representative