# PUBLIC WATER SYSTEM CLASSIFICATION

**INSTRUCTIONS:** In order to aid the Department to correctly classify a water system, a minimum amount of information is needed concerning the number of people served and the length of time they are served. One way to provide this information is to fill in the blanks, sign, date, and return to:

Department of Environmental Protection
South District
P O Box 2549
Ft Myers, FL 33902-2549

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

**SYSTEM NAME:**

**PWS ID NUMBER:**

**Owner Information:**
Owner's Name:

Address:

City State Zip:

Phone #:

E-mail address:

1. How many employees will work at this facility? <number>

2. Will 25 or more persons, including employees, ever visit this facility in single day?
**Check one please**.
a. Yes ☐ b. No ☐

3. How many days per year will 25 or more persons, including employees, visit this facility?
**Check one please**.
a. Less than 60 days per year ☐ b. 60 or more days per year ☐

4. Will 25 or more of the same persons be served by the water system over 6 months per year?
**Check one please**.
a. Yes ☐ b. No ☐

5. Will 25 or more residents be served by the water system at least 9 months per year?
**Check one please**.
a. Yes ☐ b. No ☐

**I, do hereby certify that, to the best of my knowledge and belief, all of the above information is accurate.**

Signed:_____ Date:_____
System Owner

Signed:_____ Date:_____
DOH Representative