

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
FLORIDA DEPARTMENT OF HEALTH**

INTERAGENCY TRANSFER OF A PUBLIC WATER SYSTEM

1. PWS #		2. Date	
3. Water System Name and Address			
4. System Owner Name and Address			
5. Type of Establishment			
6. Current Classification		<input type="checkbox"/> Regulated under Florida Safe Drinking Water Act (DEP) <input type="checkbox"/> Regulated under Chapter 64 E-8, F.A.C. (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 of persons served Census data <input type="checkbox"/> Yes <input type="checkbox"/> No Type population served <input type="checkbox"/> Transient <input type="checkbox"/> Non-transient 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"/> Limited Use	
9. <input type="checkbox"/> Sanitary Survey <input type="checkbox"/> Joint Inspection		Conducted by: <input type="checkbox"/> DEP Name _____ Date _____ <input type="checkbox"/> DOH Name _____ Date _____ <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"/> Request to split system <input type="checkbox"/> Correct error in original classification	
12. Transfer Action		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted conditionally (List Conditions in Comments) <input type="checkbox"/> Request denied (List Reasons and Comments)	
Signatures: _____ DEP Drinking Water Program Manager _____ DOH Environmental Health Director			
13. <input type="checkbox"/> File Transferred			