



Maricopa County

Environmental Services Department, Water and Waste Management Division

APPLICATION FOR NEW DRINKING WATER SOURCE APPROVAL

To be completed by representative of the water system.
All analyses results must be collected at the source and must be submitted on the proper reporting forms.
All analyses must be conducted by an ADHS certified laboratory.
Proper review fee must be included at the time of submission.

New public and Non-Permitted Public Water Systems Only

Proposed Public Water System Name :		
Type of Public Water system Community <input type="checkbox"/> Non-transient Noncommunity <input type="checkbox"/> Transient Noncommunity <input type="checkbox"/>	Est. Population served:	Est. # Service Connectns:
	Anticipated Start Date:	
	DWR Well Registration #	55 -
	(Attach a copy of the DWR registration Record and Driller's Well Log)	
Point of Entry Designation:	Well name :	
(If no preference is indicated Department will assign)		
Water System owner information (Operating permit will be mailed to this person or company)		
Name: _____		
Address: _____		
Phone Number: _____	Fax Number: _____	Email: _____

Existing Permitted Public Water Systems Only

Public Water System Name :		
PWS ID # 07 -	Population served:	Number of Service Connections:
DWR Well Registration # 55 -	Well name :	
(Attach a copy of the DWR registration Record and Driller's Well Log)		
Existing POE <input type="checkbox"/>	Point of Entry Designation:	Anticipated Start Date of the POE
New POE <input type="checkbox"/>	(If no preference is indicated Department will assign)	

All Applicants

Project Description:		
Source Address:		
Name of PWS Certified Operator:		
License Number:	Phone Number:	FAX Number:
Name of Project Engineer:		
Address :		
Phone Number:	Fax Number:	
Date or Dates Samples Collected on :		

Mail approval to: Water System owner PWS Certified Operator Project Engineer

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address: _____ or by facsimile transmission to the following fax number: _____ (fax number). _____ (initials). It is the responsibility of the permit holder to update the Department if there is a change in contact information.

Signature

Printed Name

Date