

APPLICATION FOR A PERMIT TO OPERATE A PUBLIC WATER SYSTEM

1. System Identification:

Water System ID (WSID): _____
 Water System Name: _____
 County: _____
 Nearest City (attach a location map): _____
 Previous owner & system name* (transfers only): _____

*A copy of the warranty deed or bill of sale must accompany the application for all permit transfers.

Please select reason for submittal (New systems must be approved by EPD prior to initial permit issuance):

New System Modification Transfer Renewal

2. Ownership type:

Governmental:
 City County Authority Federal State

Private:
 Individual Incorporation Industry Company Association
 Trust Other

3. System & service area characteristics:

Check the one that best describes the system type & service area. (See Definitions, Rule 391-3-5-.02):

- Community Water System: a public water system, which serves at least 15 service connections, used by year-round residents or regularly serves at least 25 year-round residents (i.e. cities, counties, subdivisions, mobile home parks, etc.).
- Non-Transient, Non-Community Water System: a public water system that is not a community water system and that regularly serves at least 25 of the same persons over 6 months per year (i.e. factories, schools, shopping centers, etc.).
- Transient, Non-Community Water System: a public water system that is not a community water system or a non-transient non-community water system. A transient non-community water system provides piped water for human consumption to at least 15 service connections or which regularly serves at least 25 persons at least 60 days a year (i.e. rest areas, parks, picnic areas, churches, restaurants, convenience stores, etc.)

If a seasonal operation, give dates of operation: (Month/Day begin): ____/____ (Month/day end): ____/____

4. Service Connections and Population Served:

| | | |
|-------------------------------------------------------------------------------------------------------------|--|--|
| Service connections currently in use | | |
| Service connections applying to serve (no greater than the number of connections currently approved by EPD) | | |
| Current community (residential) population** | | |
| Current non-transient population** | | |
| Current transient population** | | |
| Current wholesale population (applies only to systems providing water to another permitted water system) | | |

** See definitions in section 3. "System & Service Area Characteristics" above

Source information must be completed on pages 3 and 4 (See Section 10) for permit issuance. Please note that all sources must be approved by the Division prior to permit modification.

5. Distribution Storage: How many of each type tank are in use and their combined storage capacity.

| Type of Tank | # of Tanks | Total Volume (Gallons) |
|------------------|------------|------------------------|
| Elevated Storage | | |
| Clearwell(s) | | |
| Pressure | | |
| Ground Storage | | |

6. Contact Information

| | Water System Owner | Water System Operator in Responsible Charge | Other (Please Specify) |
|------------------------------------------------------|--------------------|---------------------------------------------|------------------------|
| Name | | | |
| Title | | | |
| Mailing Address | | | |
| City, State Zip Code | | | |
| Physical Street Address (for UPS & other deliveries) | | | |
| City, State Zip Code | | | |
| Telephone Number | | | |
| Fax Number | | | |
| Emergency Number | | | |
| Email Address | | | |

Water System Operators: List below all water system operators (use additional pages as necessary):

| Name | Title | Certification Number | Certification Class | Expiration Date |
|------|-------|----------------------|---------------------|-----------------|
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7. Privately owned community water systems must provide an acceptable trust deed for continuity of operation and maintenance of the water system, unless specified otherwise in the Rules (Rule 391-3-5-.04). An acceptable blank trust deed will be provided by the Environmental Protection Division (EPD) upon request. (Note: A trust deed is not required for governmentally owned systems or non-community systems.)

Name of Water System Trustee: _____

8. I understand the Director of EPD is relying upon the accuracy of the information provided herein and in accordance with Section 9 of the Georgia Safe Drinking Water Act of 1977. I shall upon request of the Director or his representative, provide such additional information as may be necessary to complete final disposition of the application. I further understand it is unlawful for any person to own or operate a public water system, except in such a manner as to conform and comply with all rules, regulations, orders, and permits established under the provisions of the Georgia Safe Drinking Water Act of 1977 and applicable to the waters involved.

Name of Owner of the Water System as it will appear on the permit (Individual, City, County, Company, etc.) Please Print

Owner's or Authorized Agent's Signature: _____ Title: _____

9. For governmentally owned water systems (Cities, Counties, Authorities):

To the best of my knowledge, the water system is in compliance with the Service Delivery Strategy (House Bill 489, 1997) for all counties in which its boundaries lie.

Owner's or Authorized Agent's Signature: _____ Date: _____

10. Sources of water supply (attach additional pages if necessary), if not applicable to your system enter N/A:

Please indicate all sources of water supply for the water system:

Surface Water (Identify each plant or plant section and the source of water supply):

| Plant | # of Filters | Filter Area (ft ²) | Filter Rate (gpm/ ft ²) | Source(s) | Production Capacity (MGD) | Design Capacity (MGD) |
|-------|--------------|--------------------------------|-------------------------------------|-----------|---------------------------|-----------------------|
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Surface Water Withdrawal Permit #: _____
 Permitted Withdrawal (MGD): Max 24 Hour: _____ Monthly Average: _____

Treatment provided to surface water sources (check all that apply):

- Chlorination Fluoridation Filtration Aeration Corrosion Control
 Softening Iron/Manganese Control Taste/Odor Control Other (specify): _____

Springs:

| Source # | Spring Name/# | Location | Production Capacity (GPM) | Treatment Plant # | GWUDI? (Y/N) |
|----------|---------------|----------|---------------------------|-------------------|--------------|
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Treatment provided for spring sources (check all that apply):

- Chlorination Fluoridation Filtration Aeration Corrosion Control
 Softening Iron/Manganese Control Taste/Odor Control Other (specify): _____

Sources of purchased water (Identify each Purchase Water Supplier):

| Source # | Wholesale System | Water System ID # of Wholesaler | Average Daily Purchase (GPD) | Is additional treatment provided by purchaser? |
|----------|------------------|---------------------------------|------------------------------|------------------------------------------------|
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Treatment provided to purchased water (check all that apply):

- Chlorination Fluoridation Filtration Aeration Corrosion Control
 Softening Iron/Manganese Control Taste/Odor Control Other (specify): _____

Groundwater Sources:

| Source # | Well # | Location | Well Yield (GPM) | Pump Capacity (GPM) | Treatment Plant # |
|----------|--------|----------|------------------|---------------------|-------------------|
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Groundwater Use Permit #: _____ Total Permitted Withdrawal (MGD): _____

A Well Head Protection Plan is required for every well, well field or spring which is used as a source for a community public water supply serving a municipality, county or authority (Rule 391-3-5-.40). Contact the Wellhead Protection Program at (404) 656-3214 for further information.

Treatment provided to groundwater sources (check all that apply):

- Chlorination Fluoridation Filtration Aeration Corrosion Control
 Softening Iron/Manganese Control Taste/Odor Control Other (specify):