



Verification of Public Water System Adequacy

*Health Department Use Only-
Validation*

- | | |
|---|---|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Temporary Events |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Adult Family Homes |
| <input type="checkbox"/> RV / Mobile Home Parks | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Boarding Homes |
| <input type="checkbox"/> Camps | <input type="checkbox"/> Bed & Breakfast |

Site Address: _____

Parcel Number: _____

Applicant Name: _____

Mailing address: _____

City: _____ State: ____ Zip: _____

Phone #: _____ Fax #: _____

Please provide a description of your proposal.

Please provide a site plan of your project:

Provide Name of Public Water System: _____

Provide Water System State ID number: _____

OSS Review required by Health Department YES _____ NO _____

Verification by Health Department Water Program:

Name of Water System: _____

State ID number: _____

- The above water system **is able** to provide adequate water to the above project.
- The above water system **is not able** to provide adequate water to the above facility.

Approved by _____

Approval Date _____

Expiration Date _____

Expiration Schedule

<u>Type of Facility</u>	<u>Approval Valid for:</u>
Adult Family Home – Group A System	3 Years
Adult Family Home – Group B System	18 months
Bed & Breakfast	No Expiration
Boarding Homes	No Expiration
Camps	No Expiration
Child Care Facilities	3 Years
Commercial	No Expiration
RV/Mobile Home Parks	No Expiration
Schools	No Expiration
Single Family	No Expiration
Temporary Events	Duration of Event