ADEM





Segmental Water System Certification Application

Legal Name of Sys	tem			
Mailing Address_				
		•	,	
Cit	у	County	State	Zip .
Physical Location If different from mailing addre				·
Cit	tv	County	State	Zip
	•		514.10	_ .p
Owner or Parent C	ompany			
Responsible Autho	ority		(Name and Title)	
Felephone Numbe	r(s)			
Responsible authority)	(P	rimary)	(Emergency)	(Fax)
E-Mail Address Responsible Authority)	· · · · · · · · · · · · · · · · · · ·			
Responsible Authority Signature				Date
Name of Certified Operator		Оре	erator#	Expiration Date
ype of Facility and Number of Uni	ts			
	(Shopping	Center, Apartment Com	nplex, etc.)	* Construction Completion Date
Water will be supp o this facility by _				
** Name of Water System				Water Supplier's PWSID#

- * Facilities constructed after (date) must submit a statement from a licensed plumber that no cross-connections nor potential for backflow or low pressure exists in the facility.
- ** A statement must be submitted from the permitted water system providing water to this facility that routine monitoring and operation will reflect the quality of water available to the segmental water system.

Please include \$100.00 certification fee with this application