



**ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
APPLICATION FOR A PERMIT TO SUPPLY WATER
FROM A MINOR PUBLIC WATER SUPPLY SYSTEM**

| | |
|-----------------|--|
| Facility ID No. | |
| Date Received | |

PLEASE PRINT

I. APPLICANT'S INFORMATION

| | | | |
|-------------------------|-----------|----------------------------|------------------------------|
| First Name of Applicant | Last Name | Daytime Phone No. () - | Alternate Phone No. () - |
| Mailing Address | City | State | Zip |

II. PROPERTY OWNER'S INFORMATION *(Complete this section if the Applicant DOES NOT own the property where the well is located)*

| | | | |
|-----------------------------|------|----------------------------|------------------------------|
| Property Owner's First Name | Last | Daytime Phone No. () - | Alternate Phone No. () - |
| Mailing Address | City | State | Zip |

III. WELL LOCATION

| | | | |
|-------------------------------|----------|-----------|--------|
| System (Business) Name | City | State | Zip |
| Street Address | Section | Township | Range |
| Legal Description /4 /4 /4 | Latitude | Longitude | County |

IV. FACILITY INFORMATION *NOTE: A minor water system CANNOT have more than 14 service connections used by year-round residents AND CANNOT serve more than 24 people more than 60 days a year.*

| | | | |
|---|--|--|-------------------------------|
| Type of Facility (e.g. camp ground, convenience store, mobile home park, etc) | Number of Persons Served Daily | Number of Days Per year Water Served to the Public | Number of Service Connections |
| Treatment Type | Well Type | Distribution Line Type | |
| Storage Type | Storage Size | Daily Flow | |
| Daily Design Flow in Gallons Per Day | Type of Sewer System Serving Facility <input type="checkbox"/> Off-Site Public Sewer System | <input type="checkbox"/> On-Site Sewage Treatment System | |

V. REQUIRED ATTACHMENTS

SITE DRAWING. The site drawing need to identify the location of: (a) property lines, (b) the well, (c) any 100-year flood plains within ¼ mile of the well, and (d) all potential sources of pollution (including roads, buildings, water wells, and surface wells) within 300 feet of the well.

SYSTEM COMPONENTS: A description of well type, distribution lines, storage and any treatment processes such as chlorination, softening, filtration, etc

VI. APPLICANT'S AFFIDAVIT

By signing this application, I, _____, certify that:

Name of Applicant

- All parts of the minor water system are located on property that I own or that is dedicated to me for the purpose of operating a minor public water supply; and
- All of the information contained herein is factual, accurate, and truthful to the best of my knowledge.

Applicant's signature

Date

SEND COMPLETED APPLICATION AND REQUIRED ATTACHMENTS TO YOUR LOCAL DEQ OFFICE OR CALL (405) 702-6100 FOR ASSISTANCE.

VII. DEQ USE ONLY

Local Environmental Specialist Review and Statement:

I have reviewed this application and all attachments. Based on my inspection of the facility and the information contained in the application, all issues affecting permit decisions have been identified.

Environmental Specialist Signature

Employee ID #

Date