

APPLICATION

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Drinking Water and Groundwater Protection Division

Water Systems that require an Individual Permit to Operate

APPLICATION FOR A PUBLIC WATER SYSTEM PERMIT TO OPERATE For: Public Community Water Systems, Non-Transient Non-Community (NTNC) Water Systems, and Transient Non-Community (TNC) I: Water System Information WSID #1 Water System Name Water System Type Classification Town Administrative Contact<sup>2</sup> Phone # Applicant<sup>3</sup> Phone # NOTES: 1 WSID#: For new Water Systems write "New" if a WSID # has not yet been assigned to the Water System by the Division. <sup>2</sup>Administrative Contact is the Applicant's legally appointed representative designated to receive correspondence from the Division regarding the Water System. <sup>3</sup>The Applicant is the legal entity that is responsible for and has Operational Control of the Water System. Typically, the Applicant is the Owner of the Water System. If the entity other than the Owner is applying, the applicant must provide documentation establishing that they have operational control of and are responsible for the Water System. **II: Purpose of Application**  □ New Water System Please Attach: System Description, including references to Source and Construction Permits; and th eCapacity Determination issued by the Division. Required for new Community and NTNC Water Systems, see Subchapter 21-15 of the Water Supply Rule. □ Existing System – Change of Ownership or Change of Operational Control Please Attach: Record of Property Transfer or Sale, Documentation of the transfer of operational control and Responsibility for the Water System, and an updated Officials Contact Form. □ Existing System – Permit Amendment Request Please Attach: Itemized list of requested changes with explanation of reasoning for each change, summary of improvements completed since last sanitary survey. □ Existing System – Permit Renewal IMPORTANT: Use only for renewal of permits containing an expiration date. III: List of Attachments (Attach additional sheets as necessary) IV: Applicant's Statement (print name),\_\_\_\_\_ \_\_\_\_(title), hereby certify that the statements and representations made in this document are true and accurate to the best of my knowledge and that I am the Owner or have the lawful authority to sign this document on behalf of the Owner. I am applying for a Permit to Operate on behalf of a public water system, pursuant to Subchapter 21-5 of the Vermont Water Supply Rule. I consent to allow employees of the State of Vermont to enter the subject property and conduct all necessary inspections for the purpose of processing this application in accordance with state and federal safe drinking water standards and rule and the authority provided under the regulations being administered by the State of Vermont. Date \_\_\_\_\_ Signature \_\_\_\_\_ Email \_\_\_\_\_ Printed Name/Title Submit by Mail: Drinking Water and Groundwater Protection Division Submit Electronically: 1 National Life Drive, Davis 4 Instructions: http://dec.vermont.gov/water/contacts Montpelier, VT 05620-3521

FOR DIVISION USE ONLY:

☐ Ownership Verified ☐ Signature Verified ☐ Administratively Complete ☐ Technical Reviewer Assigned

ftp://ftp.anr.state.vt.us/Public Water Supply/

(NOTE: link **MUST** be opened in Windows Explorer, not a web browser)