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|  **Applicant (Waterworks Owner)** |
| Name: *First Middle Last* | Affiliation:  *business/organization name* |
| Address:  *street* |
| City: *City* | State:  *State* | City: *City* |
| Phone Number:  *(xxx)xxx-xxxx* | Email:  *email address* |
| If Applicable: Federal Employer Identification Number (EIN):  *enter number* | State EIN:  *enter number* |
| I hereby authorize the Virginia Department of Health, Office of Drinking Water to inspect all proposed facilities. |
| Signature:  Date: |
| **Permit Information** |
| PWSID (if any):  *XXXXXXX* | City/County: *city/county* |
| Waterworks Name: *name* |
| **Waterworks Description:** |
| Waterworks location)  *Provide address or describe the location of the project* |
| Describe the facilities served and the types of water use:  *Describe the facilities served (i.e. restaurant or bath house) and the types of water use (i.e. drinking, hand washing, food prep, ect)* |
| Population Served: | Employees: *XX* | Customers: *XX* | Residents: *XX* | Others: *XX* |
| Period of Operation: | # Hours/Day: *XX* | # Days/Week: *XX* | #Months/Year: *XX* |
| Water Source:[ ]  Surface Water [ ]  Well [ ]  Spring [ ]  Purchase-wholesaler name: *name* |
| Records available: [ ]  Well Construction Information [ ]  Water Sample Data [ ]  Water Usage Data  |
| If water is treated, please describe:  *Describe the types of treatment proposed in the order in which the water will be treated* |
| Water served for drinking:[ ]  Tap/Fountain [ ]  Bottled [ ]  Both [ ]  Neither |
| Is there a VDH issued Variance to allow bottled water for drinking? [ ]  Yes (attach copy) [ ]  No |
| Existing Permit(s): [ ]  VDH-Food [ ]  VDH-Campground [ ]  VDH-Hotel/Motel [ ]  Onsite Sewer  [ ]  Marina [ ]  Other:  *describe* |
| Permit Capacity:  | Seats: *enter number* | Campsites:  *enter number* | Rooms:  *enter number* |
| Sewer(gpd):  *enter number* | Boat Slips:  *enter number* | Other:  *enter number* |