

Group B Workbook Application Form

Complete the entire application. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

SECTION I	Name & Address	Contact Information
Water System Name:	_____	
Plat Name:	_____	
Location of System:	_____	
Mailing Address:	_____	
City:	_____	Phone: _____
State & Zip Code	_____	Fax : _____
System Contact Person:	_____	Email: _____
Section/Township/Range:	_____	Parcel #: _____
Satellite Management Agency:	_____	

SECTION II: Type of Water System

Year Installed: _____	Please Check All That Apply:
Number of Service Connections: _____	<input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Residential
Permanent or Daily population: _____	<input type="checkbox"/> Recreational <input type="checkbox"/> Rural

SECTION III: Water System Specifications
--

Well Site Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	GPM Rate:	_____
Well Depth:	_____	Pressure Tank(s) Info.:	_____
Casing Diameter:	_____	Number of Tanks:	_____
Gallons per minute:	_____	Capacity:	_____
Pump Specifications:	_____	Working Storage:	_____
Horsepower:	_____	ASME Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Booster Pump Specs:	_____	Storage Tank Capacity:	_____
Pump Rate:	_____	Type of Treatment:	_____

SECTION IV: Water Quality Measures

Bacteriological Test:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inorganic Test:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nitrate Test:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Taken:	_____	Date Taken:	_____	Date Sample Taken:	_____
Test Results:	_____	Test Results:	_____	Test Results:	_____

Parameters Out of Compliance: _____

Application is hereby made for a Group B Water System. My signature below denotes intent to comply with all applicable State and local regulations.

Signature _____ **Date** _____

Fee: _____ **Receipt:** _____ **Permit:** _____

