



Alaska Department of Environmental Conservation
Division of Environmental Health Drinking Water Program

Public Water System Classification Form

I. Owner/Responsible Party

Required Fields in Bold

First Name: Last Name: Phone:
Company Name: Fax:
Mailing Address:
City: State: Zip Code:
Email Address:

II. System Operator

First Name: Last Name: Phone:
Certification: Fax:
Mailing Address:
City: State: Zip Code:

III. Facility Information

Facility Name: Last Name: Phone:
AKA: Fax:
Mailing Address:
City: State: Zip Code:
Physical Address:

Legal Description: Lot: Block: Subdivision: Addition:
Or Location: Meridian: Section: Township: Range: Tax Lot:

Number of Service Connections: For Hauled Water Systems:
Days per Year of Operation: List PWSIDs water is obtained from:
Dates of Operation: List Department approved water haul trucks
Population Served - Resident: (PWS at primary place of abode) used to deliver water:
- Non-Transient: (> 6 months/year of PWS use) List size of potable water storage:
- Transient: (<6 months/year of PWS use) Is treatment equipment installed prior to
distribution?:

Describe system and system operations below:

[Empty box for describing system and operations]

IV. Owner's Statement

I submit the above information concerning the above referenced project. By my signature (18 AAC 15.030), I certify that the above information is correct and the public water system is (check one):

- privately owned and I am the owner.
owned by a sole proprietorship and that I am the proprietor.
owned by a partnership of which I am a general partner.
owned by a corporation of which I am a principal executive officer of at least the level of vice president, or a duly authorized representative responsible for overall project management.
owned by a municipal, state, federal, or other public agency of which I am a principal executive officer, ranking elected official, or other duly authorized employee.

Signature Date Printed Name Title