**Purpose**

The classification form assists water system owners in providing information needed by the department to classify their water system as either a regulated public water system (PWS) or a private water system. The department is charged with classifying water systems per the Drinking Water Regulations under 18 AAC 80.200(a). These instructions are meant to aid the water system owner in understanding the form and provide the information needed when filling it. Below are a few key definitions from state and federal regulations to help the user with some of the terminology used in the form.

**Public water system:** is a system that provides the public with water for human consumption through pipes or other constructed conveyances if the system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year. The term “human consumption” in this context would include drinking, bathing/showering/handwashing, cooking, dishwashing, and oral hygiene.

Public water systems are classified into three sub-categories:

Community: a public water system which serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents. Examples may include public water utilities, mobile home parks, home owner associations, etc.

Non-Transient Non-Community: a public water system that is not a community water system and regularly serves at least 25 of the same persons for more than 6 months per year. Examples may include office buildings with at least 25 employees, schools, mining camps, etc.

Transient Non-Community: a non-community water system that serves at least 25 individuals daily for 60 or more days per year, but does not regularly serve a daily average of at least 25 of the same individuals for more than six months per year. Examples may include motels, churches, convenience stores, restaurants, campgrounds, RV parks, etc.

**Private water system**: is a water system that that provides water for human consumption and is not a public water system. Private water systems serve less than a daily average of 25 people or operate for less than 60 days of the year, and have no more than 14 service connections. Examples may include single family home, duplex/triplex, small business serving less than 25 people daily (customers plus employees), small church with fewer than 25 attendees, temporary camp operating less than 60 days per year, etc.

**Classification Form Instructions**

Below are instructions for specific sections of the classification form.

**System Owner:** Provide contact information for the legal owner of the water system.

**System Operator:** Provide contact information for the operator of the water system. For small systems the owner and operator may be the same person.

**Facility Information:** Provide name, public water system identification number (PWSID)-if available, and physical address and legal description of the facility that houses the water system.

Days per year of operation: Refers to total number of days in a year that the water system is operational.

Dates of operation: Applies to seasonal systems; provide the calendar months/days the system is operational (e.g. May 25 to September 15).

Resident population served: daily average number of people served by the water system at their primary residence. The individual need not live at the residence for 365 days a year for it to be considered his/her year-round residence.

Non-transient population served: daily average number of people (same persons) served by the water system for more than 6 months out of the year (don’t have to be contiguous months); these people don’t use this facility as their primary residence. Examples of this type of population are workers/employees in a business, or children in a school.

Transient population served: daily average number of people served by the water system for less than 6 months out of the year. Examples are people using a gas station convenience store, guests at a hotel or motel, customers at a restaurant, people using a campground.

**Note**: Daily average in the above fields refers to an average population that includes only the days water is served to the public.

Number of service connections: include number of buildings or structures served by the water system, or points for distributing water (e.g. RV hookups or watering points).

Water Treatment: Please indicate if you add any chemicals (e.g. chlorine) or provide other additional treatment to the water (e.g. use of softeners, ultraviolet disinfection, filters, etc.). If no treatment provided, write “N/A.”

Sell Water: Does the facility sell water as a separate item or bill separately for water it provides?

**Systems Receiving Hauled Water:** this section applies to water systems without their own source of water (e.g. well or river intake) but instead have storage tank(s) that are filled by a water haul vehicle.

PWSID(s) of system(s) water is obtained from: Public water system ID (preferably) or name of the water system that provides the source of hauled water.

PWSID(s) of approved water hauler(s) used to deliver water (name if a hauler is not approved): Public water system ID or name of the water haul business(es) that deliver the water (in some cases the water hauler and water source are the same).

Describe system and system operations: Provide a brief description of the type of facility for this water system and how the water is used. Example: coffee hut operating year-round with water used only for making hot drinks; eight-plex residential unit; seasonal restaurant operation with two year-round rental units; RV park/campground that operates in summer only; bulk food preparation facility-water used only for food prep, no public restrooms available, etc.

**Owner's Certification:** Owner of the water system provides name, signature, and date, to attest that the information provided in the form is correct to the best of their knowledge.

**Where to Submit Form:** The completed form may be submitted to DEC’s Drinking Water Program via mail, fax, or e-mail (scanned form) to the regional DEC office according to the map on our website (see link below). For information on our office locations and contact information, please visit our website at: <http://dec.alaska.gov/eh/dw/contact/>.

If you have any questions about this form or need assistance in understanding a particular field, please contact one of our DEC Drinking Water Program engineering or compliance staff. Contact information can be found on the website link above.

**What to Expect Back from DEC:** After your form is received by DEC and all information is complete, DEC will send correspondence (letter or e-mail) providing the official water system classification. If the water system is classified as a public water system, additional instructions on how to get the system approved for construction or operation will be included in the correspondence.

**I. System Owner**

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

**II. Water System Operator**

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

**III. Facility Information** (attach additional sheets if needed)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name/PWSID:** | |  | | | | | | | **Phone:** | | |  | |
| **AKA:** | |  | | | | | | | **Fax:** | | |  | |
| **Physical Address:** | |  | | | | | | | | | | | |
| **Legal Description:** | Lot: | |  | Block: |  | Subdivision: |  | | | | Addition: | |  | |
| **or** |  | |  |  |  |  |  |  | |  |  | |  | |
| **Location:** | Meridian: | |  | Section: |  | Township: |  | Range: | |  | Tax Lot: | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Days per year of operation: |  |  | (Number of days) | |
| Dates of operation: |  | to |  | (if seasonal) |
| Resident population served (daily average**\***): |  |  | (Served at primary home via pipes, delivery, or self-haul) | |
| Non-transient population served (daily average**\***): |  |  | (Served more than 6 months/year) | |
| Transient population served (daily average**\***): |  |  | (Served less than 6 months/year) | |

|  |  |
| --- | --- |
| Does the facility sell water to any person or business? |  |
| Water treatment description (below): | |
|  | |
| **For Systems Receiving Hauled Water** | |
| PWSID(s) of system(s) water is obtained from: | |
|  | |
| PWSID(s) of approved water hauler(s) used to deliver water (name if a hauler is not approved): | |
|  | |

|  |  |
| --- | --- |
| Number of service connections: |  |

**\*** Daily average refers to an average population that includes

only the days water is served to the public.

|  |
| --- |
| Describe system, system operations, and how water is used below (attach additional sheets if needed): |
|  |

**IV. Owner's Certification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I submit the above information concerning the above referenced water system. By my signature, I certify the information above is correct (18 AAC 80.1900). | | | | | | |
|  |  |  |  |  |  |  |
| **Owner’s Signature** |  | **Date** |  | **Printed Name** |  | **Title** |