**Alaska Department of Environmental Conservation**
**Division of Environmental Health**

# Drinking Water Program
## System Classification Form

## I. System Owner

**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:** _____ **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)

Number of service connections: _____

**For Systems Receiving Hauled Water**

PWSID(s) water is obtained from: _____

PWSID(s) of approved water hauler(s) used to deliver water: _____

Do you treat the water? _____

* Daily average refers to an average population that includes only the days water is served to the public.

Describe system and system operations below:

## 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 |
|---|---|---|---|
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