Water System Determination Form

Facility name: ________________________________  Legal owner of the water system: ________________________________

Facility physical address: ________________________________  Owner of property: ________________________________
Primary contact name: ________________________________  Address: ________________________________
Phone number: ________________________________  Email address: ________________________________

Type of area served: ____________________________________
(i.e. type of business, facility or community. Please submit map if available)

Number of service connections:
(A service connection is any connection between the water system piping and customer piping; i.e. number of plumbed buildings or physical structures supplied by the water system)

• Are there any residential connections?  □ No  □ Yes  If yes, how many? ______

Population Served:

• This facility has at least ______ people on site daily the busiest 60 days of the year (the 60 busiest days do not necessarily have to be consecutive days).
• How many of the same persons will be on your premises for at least 6 months? ______
• What is the number of year-round residential customers or persons (residing on site more than 183 days per year) served? ______
• Describe the proposed or existing operating activities for this facility and water system (including days and hours of operation):

_____________________________________________________________________________________________

_____________________________________________________________________________________________

• Water supply source (check all that apply):

□ Groundwater  □ Surface water  □ Purchase water

List the water source name(s), type, and description of usage for the facility:

<table>
<thead>
<tr>
<th>NAME OF WATER</th>
<th>TYPE OF SOURCE</th>
<th>PERIOD OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Owner/Operator Signature ______________________________  Date ___________________________