|  |
| --- |
| **I. APPLICANT’S INFORMATION** *(Please Print or Type):* |
|       |  |       |  |       |  |       |
| First Name |  | Last or Business Name |  | Daytime Phone No. |  | Alternate Phone No. |
|       |  |       |  |    |  |       |
| Mailing Address |  | City |  | State |  | Zip |
|       |  |       |  |       |  |       |
| Facility ID Number |  | Facility Name |  | Latitude |  | Longitude |
|  |
| **II. REASON FOR REQUEST** *(check all that apply):* |
| [ ]  | Amend Sampling Conditions *(Total Coliform, Nitrate, VOC)* | [ ]  | Amend Nitrate Conditions *(Post/Bottled Water/No Residential Use)* |
| [ ]  | Amend Treatment *(Chlorination/Filtration/Softening)* | [ ]  | Other *(provide explanation):*       |
|  |
| **III. ORIGINAL PERMIT CONDITIONS** *(check all that apply):* |
| Sampling | [ ]  Monthly | [ ]  Quarterly-can be reduced with installation of DEQ approved slab |  |  |
| Total Coliform | [ ]  Annual | [ ]  Quarterly |  |  |  |  |
| Nitrate | [ ]  Annual | [ ]  Quarterly | [ ]  Monthly |  |  |  |
| VOC | [ ]  Annual | [ ]  Quarterly | [ ]  Monthly | [ ]  Other: |       |
| Nitrate Conditions | [ ]  Post/Bottled Water/ No Residential Use |  |  |  |
| Treatment | [ ]  Full Time Chlorination | [ ]  Filtration | [ ]  Softening |  |  |  |
| Other: |       |
|  |
| **IV. SPECIFIC REQUEST:** |
|       |
| **ATTACH PHOTOS, INSPECTION REPORTS, PLANS, SITE DRAWING AND/OR TEST RESULTS THAT SUPPORT THE REQUEST.** |
|  |
| **TO BE COMPLETED BY PROPERTY OWNER:** |
| I, (printed name of system owner) |       | , | Hereby certify that I am the owner of the above-described property, |
| and request that the authorization to construct or permit to supply be amended. |
|  |  |       |  |
| Property Owner’s Signature |  | Date |  |
|  |
| **LOCAL ENVIRONMENTAL SPECIALIST RECOMMENDS:** |
| Date Received: |       | [ ]  Approval | [ ]  Rejection | Date Reviewed: |       | ES Initials: |  |
| Comments: |  |
|  |
| ***DEQ USE ONLY*** |
| **Your request for the issuance of an amendment or modification to your system described above has been:** |
| **[ ]  APPROVED-With the following Permit Conditions:** |  |  |
|  | **SAMPLING:** | [ ]  Monthly | [ ]  Quarterly-can be reduced with installation of DEQ approved slab |  |  |
|  | Total Coliform | [ ]  Annual | [ ]  Quarterly |  |  |  |  |
|  | Nitrate | [ ]  Annual | [ ]  Quarterly | [ ]  Monthly |  |  |  |
|  | VOC | [ ]  Annual | [ ]  Quarterly | [ ]  Monthly | [ ]  Other: |       |
|  | Nitrate Conditions | [ ]  Post/Bottled Water/ No Residential Use |  |  |  |
|  | Treatment | [ ]  Full Time Chlorination | [ ]  Filtration | [ ]  Softening |  |  |
|  | Other: |       |
| [ ]  **REJECTED-For the following reason(s):** |       |
|  |
|  |  |       |  |       |
| DEQ Authorized Signature |  | Title |  | Date Signed |
|  |
|  |  |  |  |  |  |  |