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| **I. APPLICANT’S INFORMATION** *(Please Print or Type):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Name | | | | | | | | | | | | | |  | | Last or Business Name | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Daytime Phone No. | | | | | | | | | | | | | | |  | | Alternate Phone No. | | | | |
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| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | City | | | | | | | | | | | | | | | |  | | | State | | | | | | | |  | Zip |
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| Facility ID Number | | | | | | | | | | |  | Facility Name | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Latitude | | | | | | | | | | | | | | | |  | Longitude | | | | | | | | |
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| **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):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. SPECIFIC REQUEST:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ATTACH PHOTOS, INSPECTION REPORTS, PLANS, SITE DRAWING AND/OR TEST RESULTS THAT SUPPORT THE REQUEST.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Property Owner’s Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Date | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **LOCAL ENVIRONMENTAL SPECIALIST RECOMMENDS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: | | | | | | | |  | | | | | | | | | Approval | | | | | | | | | Rejection | | | | | | | | | Date Reviewed: | | | | | | | | |  | | | | | | | | ES Initials: | | | | | | | | | | |  | | |
| Comments: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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):** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DEQ Authorized Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Title | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Date Signed | | | |
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