



Oklahoma Department of Environmental Quality
 707 N. Robinson , OKC, OK 73102-6010
 (405) 702-8100
Application for Permit to Supply Water
Public Water Supply

Applicant's Phone No.: (____) _____

This application is to be submitted to obtain a permit to provide a potable water supply. This form is not applicable after July 1, 2012.

To the Executive Director of The Department of Environmental Quality
 Department of Environmental Quality
 Water Quality Division
 P.O. Box 1677
 Oklahoma City, OK 73101-1677

Date: _____

A. Supply Water

The applicant _____ PWSID No. _____, hereby makes application
(Facility ID No. is required)
 for a permit to supply water for domestic use to _____.

B. In making this application, the applicant certifies and states the following:

1. The applicant has been supplied with copies of all rules and standards promulgated by the Oklahoma Department of Environmental Quality for the operation of the facility in question.
2. The applicant agrees to provide inspection and be responsible for the operation of the facility in accordance with the aforementioned rules and standards, and in accordance with state law agrees that the Oklahoma Department of Environmental Quality shall have access to the facility at any time during and after construction for the purpose of inspection for compliance with the provisions of the Environmental Code. 27A O.S. Supp. 1994, Section 2-1-101 and following.
3. The applicant intends to own and operate the facility after construction is completed. Yes (); No (). If "No", provide information on responsibility for operation.
4. The applicant is holder of or will obtain a deed or easement to the land upon which construction is planned. Yes (); No (). If "No", explain.

C. Required Attachments

- Site Drawing
- Wellhead Protection and Upper Terminal Construction Checklist
- Inspection
- Sampling History
- Well Driller's Log

APPLICANT SIGNATURE

Note: Application must be signed by the chief elective or executive officer of the applicant, or by the applicant himself if a sole proprietorship. Information must be legible.

 Signature Name of Organization (Print or Type)

 Name of Authorized Signature (Print or Type) Street Address (Print or Type)

 Title City/State/Zip Code

Subscribed and sworn before me _____, day of _____, 20____.

My commission expires: _____

 Notary Public/Corporate Secretary/City Clerk