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**