

STAGE 2 DBPR
DIVISION OF DRINKING WATER
PO BOX 144830
SALT LAKE CITY, UT 84114-4830

System Information

PWS Name: _____ PWS ID: _____
Street Address: _____ Population Served: _____
City: _____
State: _____
Zip: _____

Source Water Type: Ground Subpart H
System Type CWS NTNCWS
Combined Distribution System: Wholesale Consecutive Neither

Contact Person

Name: _____ Title: _____
Phone Number: _____ Fax Number: _____
Email Address (if available): _____

Certification

I hereby certify that our water system serves a population less than 500. I understand that this PWS qualifies for a Small System Waiver.

Signature: _____ Date: _____