

**APPLICATION TO OPERATE PUBLIC WATER SUPPLY**

Rensselaer County Health Department

Environmental Health Division

Complete all items that apply to your establishment, sign and return with appropriate fee to:

**RENSSELAER COUNTY DEPARTMENT OF HEALTH**  
**1600 Seventh Avenue**  
**Troy, NY 12180**  
**(518) 270-2644 / 270-2633**

**Permit Fees:**  
**Community PWS.....\$150.00**  
**Nontransient-**  
**Noncommunity PWS.....\$ 75.00**  
**Community PWS .....\$75.00**

**Section A: Facility Information (ENTIRE SECTION MUST BE COMPLETED BY ALL APPLICANTS)**

Facility Name \_\_\_\_\_ Fed. PWS ID# \_\_\_\_\_

Facility **Mailing** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Town)(Village)(City) of \_\_\_\_\_

**Section B: Water Supply**

**Community PWS** \_\_\_\_\_ (A public water system which serves at least five service connections used by year round residents or regularly serves at least 25 year round residents.)

**Nontransient noncommunity PWS** \_\_\_\_\_ (A public water system that is not a community water system but is a subset of a noncommunity water system that regularly serves at least 25 of the same people, four hours or more per day, for four or more days per week, for 26 or more weeks per year.)

**Noncommunity PWS** \_\_\_\_\_ (a public water system that is not a community water system).

**Section C: Operator/Owner Information**

**Legal Operator/Owner** \_\_\_\_\_

**Permanent (home) address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_

**Signature of Owner/Operator** \_\_\_\_\_ **Title** \_\_\_\_\_

**Print Name of person signing** \_\_\_\_\_

**Section D: FOR OFFICE USE ONLY**

**Permit issued :** Yes No      **Permit effective date:** \_\_\_\_\_      **Expiration date** \_\_\_\_\_

**Date Received** \_\_\_\_\_      **Permit No.** \_\_\_\_\_      **Fee Amount** \_\_\_\_\_

**Cash** \_\_\_\_\_      **Check (enter check no.)** \_\_\_\_\_      **Money Order** \_\_\_\_\_

**Signature** \_\_\_\_\_      **Title** \_\_\_\_\_      **Date** \_\_\_\_\_