

ADEM

Alabama Department of Environmental Management



Segmental Water System Certification Application

Legal Name of System _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Physical Location _____
(If different from mailing address)

City _____ County _____ State _____ Zip _____

Owner or Parent Company _____

Responsible Authority _____
(Name and Title)

Telephone Number(s) _____
(Responsible authority) (Primary) (Emergency) (Fax)

E-Mail Address _____
(Responsible Authority)

_____ Responsible Authority Signature _____ Date _____

_____ Name of Certified Operator _____ Operator # _____ Expiration Date _____

Type of Facility and Number of Units _____
(Shopping Center, Apartment Complex, etc.) * Construction Completion Date _____

Water will be supplied to this facility by _____
** Name of Water System Water Supplier's PWSID# _____

* Facilities constructed after (date) must submit a statement from a licensed plumber that no cross-connections nor potential for backflow or low pressure exists in the facility.

** A statement must be submitted from the permitted water system providing water to this facility that routine monitoring and operation will reflect the quality of water available to the segmental water system.

Please include \$100.00 certification fee with this application