



WATER SYSTEM DATA SHEET RULE 64E-8, F.A.C.

FOR INITIAL INSPECTION

FOR REVISION OF DATA

To be Completed by the County Health Department

SYSTEM NAME AND PERMIT NUMBER

System Classification	Construction Characteristics	64E-8/WMD Variance for	64E-8 Variance Conditions
<input type="checkbox"/> Private	<input type="checkbox"/> Built before 1993 as private system	<input type="checkbox"/> None	<input type="checkbox"/> None or complies with code
<input type="checkbox"/> Multifamily	<input type="checkbox"/> Built before 1993 as "other public"	<input type="checkbox"/> Foundation setback	<input type="checkbox"/> Continuous disinfection
<input type="checkbox"/> LU Community	<input type="checkbox"/> Built per 64E-8 construction permit	<input type="checkbox"/> OSTDS setback	<input type="checkbox"/> Increase Monitoring
<input type="checkbox"/> LU Commercial	<input type="checkbox"/> Built after 1993 as private system	<input type="checkbox"/> Construction standards	<input type="checkbox"/> Increase Construction Standards
<input type="checkbox"/> Registered LU Commercial	<input type="checkbox"/> Built per FSDWA construction permit	<input type="checkbox"/> MCL non-compliance	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Source	Well Characteristics	Well Permit	OSTDS Setbacks (if applicable)
<input type="checkbox"/> Well	Casing depth _____	<input type="checkbox"/> WMD permit, public	_____
<input type="checkbox"/> Spring	Well depth _____	<input type="checkbox"/> WMD permit, private	_____
<input type="checkbox"/> Surface	Year well drilled _____	<input type="checkbox"/> County well permit	_____
<input type="checkbox"/> Cistern	Casing size _____	<input type="checkbox"/> Delineated area permit	
<input type="checkbox"/> Other _____	Casing material _____	<input type="checkbox"/> No well permit	
	Depth of grout _____		
			Calculated Flow
			Sewage _____
			Water _____
			(include migration)

Disinfection	Other Treatment	Tanks	Cross Connection Control
<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Bladder	<input type="checkbox"/> Hose bib backflow prevention
<input type="checkbox"/> Optional	<input type="checkbox"/> Optional	<input type="checkbox"/> Hydropneumatic	<input type="checkbox"/> Reduced pressure zone
<input type="checkbox"/> None	<input type="checkbox"/> None	Total volume _____	<input type="checkbox"/> Double check valve assembly
Type	Type	<input type="checkbox"/> Contact tank	<input type="checkbox"/> Pressure vacuum breaker
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Aeration	Effective vol. _____	<input type="checkbox"/> Atmospheric vacuum breaker
<input type="checkbox"/> Ultraviolet	<input type="checkbox"/> Corrosion control		<input type="checkbox"/> Dual check valve
<input type="checkbox"/> Other _____	<input type="checkbox"/> DE filter		<input type="checkbox"/> Air gap
	<input type="checkbox"/> GAC filter		
	<input type="checkbox"/> Ion exchange		
	<input type="checkbox"/> Potassium permanganate		
	<input type="checkbox"/> Micro filter		
	<input type="checkbox"/> Sand filter		
	<input type="checkbox"/> Reverse osmosis		

Comments	Distribution Lines
	Total length _____
	Diameter _____
	Material _____
	Pumps
	Source <input type="checkbox"/> submersible <input type="checkbox"/> centrifugal <input type="checkbox"/> jet
	Make/ Model _____
	Capacity _____ HP _____
	Service Make/Model _____
	Capacity _____ HP _____
	Disinfectant pump Make/Model/Type _____

Character of Service Area (Mark All That Apply)			Other Agency Operating Permits Requiring Annual 64E-8 Renewal
<input type="checkbox"/> Adult living facility	<input type="checkbox"/> Industrial, heavy	<input type="checkbox"/> Office/Retail/Service	<input type="checkbox"/> AHCA
<input type="checkbox"/> Assembly	<input type="checkbox"/> Intermediate care facility	<input type="checkbox"/> Pharmacy/Lab	<input type="checkbox"/> DACS
<input type="checkbox"/> Child Care/School	<input type="checkbox"/> Jail	<input type="checkbox"/> Public Pool	<input type="checkbox"/> DBPR
<input type="checkbox"/> Employee housing	<input type="checkbox"/> Medical facility	<input type="checkbox"/> Recreational area/Camp	<input type="checkbox"/> DCFS
<input type="checkbox"/> Farm/Nursery/Stable	<input type="checkbox"/> Migrant farmworker housing	<input type="checkbox"/> Residential treatment fac.	<input type="checkbox"/> DEP
<input type="checkbox"/> Food/Beverage service	<input type="checkbox"/> Mobile home/RV park	<input type="checkbox"/> Single family dwelling	<input type="checkbox"/> Other Agency _____
<input type="checkbox"/> Food/Beverage process.	<input type="checkbox"/> Multi-family dwelling	<input type="checkbox"/> Warehouse	<input type="checkbox"/> None
<input type="checkbox"/> Group home	<input type="checkbox"/> Nursing home/Hospice	<input type="checkbox"/> Other	

Date	Prepared by	Data entry by
-------------	--------------------	----------------------