



New Water System Information Form

To be used for new Public Water Systems
 Will allow ADEQ to enter the system into SDWIS, which will allow permits to be submitted on myDEQ

Part 1: General File Information	
PWS Name:	PWS Number: AZ04
System's Point of Contact Name:	Form submittal date:
Point of Contact phone number:	Is the system currently serving water: <input type="checkbox"/> Yes <input type="checkbox"/> No
Availability: <input type="checkbox"/> Permanent <input type="checkbox"/> Emergency <input type="checkbox"/> Seasonal <input type="checkbox"/> Other:	If no, when will ATC applications be submitted to ADEQ's Engineering Review team? _____
Part 2: New Water System Information	
Points of Contact	
Owner Name:	
Owner Work address:	
Owner Work email address:	
Owner work phone number:	
Administrative Contact Name:	
Administrative Contact Work address:	
Administrative Contact Work email address:	
Administrative Contact work phone number:	
<i>*If known - Designated Operator Name:</i>	
<i>Designated Operator Work address:</i>	
<i>Designated Operator Work email address:</i>	
<i>Designated Operator work phone number:</i>	
Water System Information	
Owner type:	
<input type="checkbox"/> Private <input type="checkbox"/> Local <input type="checkbox"/> Fed Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Mixed (private/public) <input type="checkbox"/> Native American	
Primary Source of Water:	
<input type="checkbox"/> Groundwater <input type="checkbox"/> Groundwater Purchased <input type="checkbox"/> Surface Water <input type="checkbox"/> Surface Water Purchased <input type="checkbox"/> Groundwater under direct influence of Surface Water(GUDI) <input type="checkbox"/> GUDI Purchased	
If purchased, Wholesale PWS ID: AZ04 _____	
Source of Water at wholesale system: <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> GUDI	
Population Served:	Residential (year-round residents) _____ Non-Transient (part-time residents/ employees) _____ Transient (Visitors, less than 6 months of the year) _____
Type of Service connections:	
<input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Combined	
Number of Service connections:	
Type of Service Connections:	
<input type="checkbox"/> Metered <input type="checkbox"/> Unmetered <input type="checkbox"/> Both <input type="checkbox"/> Unknown	

