



DUTCHESS COUNTY DEPARTMENT OF HEALTH
 85 Civic Center Plaza - Suite 106
 Poughkeepsie, NY 12601
 (845) 486-3404

Application for Public Water Supply Permit

Instructions: Fill out Sections A, B, and C completely and submit with the non-refundable annual fee of \$120 made payable to the Dutchess County Department of Health.

Additional fees: \$20 Returned Check fee, \$20 1st month late fee, \$15/month late fee for each additional month.

SECTION A: OWNER INFORMATION

Name of Public Water Supply (PWS): _____

PWS#: _____ Located in Municipality: (T / V / C): _____

Name of Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

SECTION B: SUPPLY LOCATION AND WATER OPERATOR INFORMATION

PWS Physical Address: _____

Population of PWS: _____ PWS Connections (#): _____

Name of PWS Water Operator: _____

Water Operator Address: _____

Water Operator Phone: _____

Water Operator Email: _____

SECTION C: OWNER'S CERTIFICATION

I, _____, owner of the above referenced public water supply certify the above information is correct. By submitting this application, I am applying for a Dutchess County Department of Health Permit to be granted for the Public Water Supply referenced above.

(Signature)

(Date)

Office Use Only

Fiscal:	Fee Amt _____	Rec'd _____
EHS WEP:	File number _____	SDWIS Entry _____

Admin Clerical:
Permit Issued: _____
Exp. Date: _____