

Date _____

PWS ID# ME _____

Dear Maine Drinking Water Program,

_____ (PWS name) currently has more than ten service connections, yet only _____ (number) of those service connections serve permanent residents (residing in their homes more than six months per year). As a result, _____ (PWS name) has fewer than 10 (ten) service connections serving a "Community" population and therefore requests classification as a Transient, Non-Community Public Water System. The signatures of all board members (overseers) of this water system are included below.

CERTIFICATION: We the undersigned hereby certify that, to our knowledge, the information in this letter is true and accurate. (Maine law makes it illegal for persons applying for a Departmental permit to make false statements with the intent to deceive Department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.)

Signature

Print Name

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____
