



PUBLIC WATER SYSTEM (PWS) EVALUATION FORM

NAME OF FACILITY/BUSINESS: _____

PHYSICAL LOCATION/ADDRESS (STREET, CITY/VILLAGE, TOWNSHIP, COUNTY, ZIP CODE):

1. **IS YOUR FACILITY CONNECTED TO A DRINKING WATER SUPPLIER** (CITY, VILLAGE, MUNICIPAL OR REGIONAL WATER SYSTEM)? **YES / NO** IF YES, PROVIDE THE NAME: _____
IF YOU ANSWERED "YES", PLEASE GO TO QUESTION #10. IF YOU ANSWERED "NO", PLEASE CONTINUE.
2. **PLEASE CIRCLE ALL THAT APPLY. THIS FACILITY HAS ITS OWN:** WELL(S), CISTERN, SPRING, LAKE OR OTHER SOURCE OF WATER? IF OTHER, PLEASE DESCRIBE: _____
3. **PLEASE CIRCLE ALL THAT APPLY. THE WATER FROM THE WELL OR SOURCE IS USED FOR:** DRINKING, COOKING, DISHWASHING, HAND WASHING, BATHING, SHOWERING, POP MACHINE OR COFFEE MAKING.
4. **NUMBER OF EMPLOYEES PER DAY WHO HAVE ACCESS TO THE WATER:** _____
5. **NUMBER OF CUSTOMERS, CLIENTS, VISITORS OR OTHERS PER DAY WHO HAVE ACCESS TO THE WATER:** _____
6. **NUMBER OF DAYS THIS FACILITY IS OPEN PER YEAR:** _____
7. **PLEASE CIRCLE ALL THAT APPLY. THE WATER IS USED FOR:** INDUSTRIAL, RETAIL/COMMERCIAL, RESIDENTIAL, AND/OR OTHER__

8. **NUMBER OF SERVICE CONNECTIONS (BUILDINGS) WITH WATER:** _____
9. **WHO SHOULD MAIL BE ADDRESSED TO?** MR. / MRS. / MS. _____
AT WHAT ADDRESS? _____
E-MAIL ADDRESS: _____
10. **WHO IS THE CONTACT PERSON AND THE TELEPHONE NUMBER AT YOUR FACILITY?**

NAME: _____
TELEPHONE NUMBER () _____

11. **NAME, TITLE, ADDRESS AND TELEPHONE NUMBER OF THE PERSON COMPLETING THIS FORM:**

NAME/TITLE	ADDRESS	TELEPHONE NUMBER

SIGNATURE _____ **DATE** _____

PLEASE RETURN FORM TO: OHIO EPA
DIVISION OF DRINKING AND GROUND WATERS
2110 E. AURORA RD
TWINSBURG, OHIO 44087
TELEPHONE: (330) 963-1200
WEB SITE: WWW.EPA.OHIO.GOV

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS EVALUATION FORM.