

## Public Water Supply Determination Survey

This information is provided so that DEP may determine if the water system serving the facility/business indicated below meets the definition of a public water system.

Facility/Business Name 1980 RT 209 Brodheadsville PA 18322  
Mailing Address 942 8th Av Bethlehem PA 18018

My name is Marike Gabunica and I am the owner of the water system serving  
\_\_\_\_\_ located at 1980 RT 209, Brodheadsville Pennsylvania.

I certify that: (check all that apply)

If the Facility/Business is served by a public water system:

\_\_\_\_\_ This system obtains **all** of its water for human consumption (*including drinking, bathing and showering, cooking, dishwashing or maintaining oral hygiene*) from a public water system; **and** this system does not provide any collection or treatment and does not sell water.

Name of water system from which water is received:

If the Facility/Business is served by an onsite source of water:

This system does not provide water for any of the following:

Drinking or oral hygiene	Bathing or shower facilities
Cooking or food preparation	Dishwashing

I have conducted a survey of all the service connections and believe that the water system does not meet the definition of a public water system because it serves fewer than 25 individuals **AND** has less than 15 service connections. Provide details below.

- There are a total of \_\_\_\_\_ *individual persons* served by the water system.
- There are a total of \_\_\_\_\_ *service connections* served by the water system.

This system operates fewer than 60 days out of the year. The total number of days in a year that this water system is open to the public is \_\_\_\_\_.

It is my intent not to provide water to more than 14 service connections or more than 24 people for more than 59 days per year.

I understand, that if this system ever provides water for human consumption to more than 24 people or 14 service connections for more than 59 days/year, I will be responsible for notifying the Department of Environmental Protection (Department). I also understand that future changes in Department regulations or policies could necessitate a change in status of this water system.

I understand, that in the event that ownership of this water system is changed or transferred, I will be responsible for notifying the Department of the ownership change and for providing a copy of this document to any future owner(s) of the water system.

I understand, that under the conditions described above, this water system will not be subject to the requirements of Title 25 Pa. Code Chapter 109 of the Department of Environmental Protection.

regulations, but may be subject to other federal, state or local regulations or requirements as they pertain to this water system.

I understand that a permit or approval must be obtained from the Department if circumstances occur that require this water system to become a regulated public water system.

I certify that I have notified all other federal, state and local agencies by which I am regulated of this information and have provided them with a copy of this affidavit.

I do hereby assert and certify under penalty of law, as provided by 18 Pa. C.S. § 4904, that the statements above are true and correct to the best of my knowledge and belief.

Signature Maria  
Name (please print) Mariene Gabunica  
Title owner  
Telephone Number 484-201-9878

COMMONWEALTH OF PENNSYLVANIA :  
: ss  
COUNTY OF :

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) and in due form of law, acknowledged this to be his/her act and deed and desired that the same might be recorded as such.

In witness whereof, I hereunto set my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public

(Notary Stamp)