

Guideline on Regulatory Compliance for a Submetered Property
Engineering Section
Arkansas Department of Health & Human Services & Human Services

This Guideline is intended to assist Engineering Section personnel in determining whether a property which submeters its water supply¹, such as apartment or office buildings, is subject to the requirements² of the federal National Primary Drinking Water Regulations and the Arkansas *Rules and Regulations Pertaining to Public Water Systems*.

In a *Federal Register* notice dated December 23, 2003 [Vol 68, No.246, pg 74233], EPA revised its previous Guideline³ to state that a property should not necessarily be subject to regulation solely as the result of the existence or installation of submeters. Per the revised Guideline, the state primacy agency can use its discretion on whether to subject the property to the regulatory requirements for public water systems.

A property which submeters will not be subject to the regulatory requirements for public water systems provided its owners comply with and sign a statement affirming their intent for the following:

1. Be within the service area of a currently regulated public water system and receive all of its water from that system.
2. Serve a specific property under the ownership of a single individual, business entity, or an association of property owners (not including rural water associations or similar entities).
3. Contain no water source or treatment facilities.
4. Consist of a limited distribution system and not serve a large population. The term 'limited' shall apply to the distribution system's geographical area and complexity. The term 'large' means equal to or greater than 400 submetered units, or a population equal to or greater than 1000.
5. Maintain water quality that is in compliance with all primary and secondary drinking water standards. Provide access to the supplying public water system or the state primacy agency for inspection or monitoring of the property's water system.
6. Maintain compliance with the state Plumbing Code and have no cross connections without proper protection devices.
7. Provide a copy of the supplying public water system's annual Consumer Confidence Report to each submetered unit or post the Report in conspicuous locations on the property.
8. Receive written approval from the Department of Health & Human Services, prior to construction, for the plans and specifications of any additions or modifications to the onsite water or sewer mains.

Submetered properties may be subject to all regulatory requirements for a public water system if any of the above conditions are not met based on the sole determination of the Engineering Section, ADHHS.

January 2006

¹ Submetering is defined as the installation of a meter for each residence or work area. A ratio utility billing system (RUBS) is not considered submetering for the purposes of this policy.

² Including, but not limited to, monitoring, reporting, and operator licensing.

³ USEPA Water Supply Guidance No. 118, March 13, 1998.

Statement of Compliance - Guideline for a Submetered Property
Arkansas Department of Health & Human Services

Property Name _____

Address _____

City/State/Zip _____

County _____ PWS ID # (if applicable) _____

Supplying public water system _____ ID# _____

Having read the attached Guideline for a Submetered Property and the conditions contained therein, and as the rightful and legal representative of the above named property, I attest to the current compliance, and affirm the intent to comply in the future, with all of the conditions in that Guideline. If unable to comply, I will promptly notify, in writing, the Department of Health & Human Services. I acknowledge that the Department of Health & Human Services may, at its discretion, give proper notice and require the property to comply with all applicable requirements of the Arkansas Rules & Regulations Pertaining to Public Water Systems and the National Primary Drinking Water Regulations.

Name _____ Name _____

Position _____ Position _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Signature _____ Date _____ Signature _____ Date _____

ADH Staff
Name _____

Position _____

Supervisor _____

Date _____

Comments

