|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT** | | | | | |
|  | | | | | |
| Water System Name: |  | | | | |
| Site Address: |  | City: |  | Zip: |  |
| Contact Person: |  | Phone No.: |  | | |
| Mailing address |  | | | | |
| Water System Owner’s Name: |  | Phone No.: |  | | |
| Owner’s Mailing Address: |  | | | | |
| Billing Address: |  | | | | |

Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116525, relating to domestic water supply permits, application is here by made for a domestic water supply permit to operate. Check all that apply.

New (4680)  Community Water System

Amendment (4690)  Non-transient Non-Community Water System

Change of Ownership (4680)  Transient Non-community Water System

Other  State Small Water System

|  |
| --- |
| Describe your water system below. If this is an amendment to an existing water system permit describe specifically what is being requested. |
|  |
|  |

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

|  |  |
| --- | --- |
| By: | **RETURN APPLICATION TO:**  **COUNTY OF SACRAMENTO**  Environmental Management Department  11080 White Rock Road, Suite 200  Rancho Cordova, CA 95670 |
| Title: |  |
| Address: |  |
|  |  |
| Telephone: |  |

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *For Office Use Only* | LPA Number: |  | Permit Fee: |  |
| SR Number: |  | Receipt Number: |  |
| WA Number: |  | AR Number: |  |

**Type of Ownership:**  Private  Public Mutual **Technical Report:** Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Water Source: | Surface | Groundwater | If well(s), how many: |  |
| Source Number(s): |  | | | |
| Auxiliary Sources: |  | | | |
| Treatment: | No | Yes | If Yes, describe: |  |
|  | | | | |
| Reservoir/Storage Tanks: | |  | | |
|  | | | | |
| Pumping Stations: |  | | | |
|  | | | | |
| Distribution System (include drawing) | |  | | |
|  | | | | |
| Emergency and backup supply provisions | |  | | |
|  | | | | |
|  | | | | |
| Cross connection control survey completed: | | |  | |

**Population Served: (Served for human consumption which includes handwashing, oral hygiene, showering, bathing, food preparation and drinking)**

|  |  |
| --- | --- |
| Area served (Describe what and where water is being served): |  |
| Number of connections (Number of buildings or structures): |  |
| Number of same non-residents who use system over six months of year (Employees, students, etc) : |  |
| Average number of people (not the same people) served daily for 60 days out of the year (Park users, customers, etc.). |  |
| Other Users: |  |
| Peak monthly population served: |  |

**Other Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Contact Name:** |  | | **Phone Number:** |  |
| **Email address:** |  | | | |
| **Certified Operator Name:** |  | | **Certification Type:** |  |
| **Phone Number:** |  |  |  |  |

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