



Marie Woodin, Director

County of Sacramento

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)
- Amendment (4690)
- Change of Ownership (4680)
- Other
- Community Water System
- Non-transient Non-Community Water System
- Transient Non-community Water System
- 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: _____
Title: _____
Address: _____
Telephone: _____

Date: _____

RETURN APPLICATION TO:
COUNTY OF SACRAMENTO
Environmental Management Department
11080 White Rock Road, Suite 200
Rancho Cordova, CA 95670

| | | |
|----------------------------|-------------------|-----------------------|
| <i>For Office Use Only</i> | LPA Number: _____ | Permit Fee: _____ |
| | SR Number: _____ | Receipt Number: _____ |
| | WA Number: _____ | AR Number: _____ |

Small Water System Permit Information

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: _____