

Ann Edwards
County Executive



Chevon Kothari
Deputy County Executive
Social Services Agency

Environmental Management
Department
Jennea Monasterio, 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)

☐ 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: _____

Title: _____

Address: _____

Telephone: _____

Date: _____

RETURN APPLICATION TO:

COUNTY OF SACRAMENTO

Environmental Management Department
11080 White Rock Road, Suite 200
Rancho Cordova, CA 95670

For Office Use Only

LPA Number: _____

Permit Fee: _____

SR Number: _____

Receipt Number: _____

WA Number: _____

AR Number: _____

11080 White Rock Rd Suite 200 • Rancho Cordova, California 95670 • fax (916) 875-8513

Environmental Compliance (916) 875-8550 • Environmental Health (916) 875-8440

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Small Water System Permit Information

Page 2 of 2

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: _____