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| **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

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| 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.

|  |  |
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| By: |      **RETURN APPLICATION TO:****COUNTY OF SACRAMENTO**Environmental Management Department11080 White Rock Road, Suite 200Rancho 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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