

Sonoma County Department of Health Services
Environmental Health
 625 5th St., Santa Rosa, CA 95404
 (707) 565-6565 ❖ Fax (707) 565-6525 ❖ <http://www.sonoma-county.org/eh>

STATE SMALL WATER SYSTEMS PERMIT APPLICATION

APPLICANT: Answer all questions completely. Sign and date below. Submit original to Environmental Health.
Please print or type. Please include payment with this application.

System	Name of Water System/Company _____ Phone _____ Mailing Address _____ Emergency Phone _____ Mailing City _____ State _____ Zip _____
Owner	Owner(s) Name(s) _____ Phone _____ Owner Address (if different from above) _____ Owner City _____ State _____ Zip _____ Email _____
Representative	Local Representative Name _____ Phone _____ Representative Address (if different from above) _____ Representative City _____ State _____ Zip _____ Email _____

Indicate which item(s) you are applying for:

- Continue to use existing water system
- Construct or expand existing water system and/or water sources
- Add treatment and/or make improvements to existing treatment facilities
- Amend existing permit to reflect changes to water system

Principal features of the system – brief description and location:

1. Source of supply (well, spring, etc.)

For office use only

FA# _____ Inspection Passed/Permit Issued By _____

Cash Check Credit Card Trans # _____ Amount Rec'd \$ _____ Date Rec'd _____ By _____

Principal features cont'd:

2. Treatment works (chlorination, etc.)

3. Pumping stations (booster pumps)

4. Storage (tanks, reservoir – gallon capacity)

5. Distribution system

Auxiliary water supply sources (wells, streams, lakes – frequency of use)

List existing backflow hazards and protection

Emergency provisions (providing water during floods, earthquakes, power interruptions, water shortages)

If operating records are kept, indicate type and frequency of readings

Laboratory tests (summary of the last three years, laboratory performing tests, type of tests)

System data

Approximate population served _____ Total number of connections available _____
Number of active connections _____ Number of metered connections _____
Safe maximum production capacity of water supply (gallons per day) _____
Water used: Average day _____ Maximum day _____

AGREEMENT

Pursuant and subject to all of the terms, conditions and provisions of Division 5, Part 1, Chapter 7, Section 4010.8 of the California Health and Safety Code and all amendments thereto relating to domestic water supplies, application is hereby made to County of Sonoma Department of Health Services, Environmental Health, for a State Small Water System permit.

I agree that if the number of connections exceeds 14 or the average number of persons served by the system exceeds 25 for 60 days or more per year, I will report such information to Environmental Health.

I hereby acknowledge that all the information above is true and accurate. I agree to abide by the conditions of the permit.

Note: *If a corporation is applying, the application must be signed in the name of the corporation by its duly accredited officer. If this application is made by a partnership, all members must sign.*

Signature _____ Print Name _____ Date _____
Signature _____ Print Name _____ Date _____
Signature _____ Print Name _____ Date _____