

**Shasta County Department of Resource Management
Environmental Health Division**

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787 Fax (530) 225-5413
www.ehd.co.shasta.ca.us

APPLICATION FOR PERMIT TO OPERATE A PUBLIC WATER SYSTEM

Application From _____
(Name of Utility)

Applicant _____
(Enter the name of the legal owner, person(s) or organization)*

Address _____
(Address of legal owner, person(s) or organization)

To: Shasta County Department of Resource Management, Environmental Health Division

Pursuant and subject to the requirements of Division 104, Part 12, Chapter 4, Article 7, California Safe Drinking Water Act of the California Health & Safety Code (CHSC) relating to domestic water supplies, application is hereby made for a permit _____

(Applicant must state specifically what is being applied for – whether to operate a water system, to construct new works, to use existing works, to make alterations or additions in works or sources. Note Sections 116530 and 116540, CHSC, regarding information to be submitted with application. Additional sheet(s) may be attached.)

Date _____ Name of Water System _____

System Location _____ Phone _____

Mailing Address _____ Fax _____

Email _____

Owner(s) Name _____ Phone _____

Owner's Address _____

Local Representative _____
(Name) (Title)

Address _____ Phone _____

Water System Serves _____
(subdivision, motel, apartment complex, restaurant, mobile home park, school, etc.)

Number of Sources _____ Source Type _____

Population _____ (well, spring, surface water)

Number of Connections _____

Is the system operated all year? _____ If not, how many days per year? _____

Season Start Date_____

Season End Date_____

Is the water treated? Yes No

Filtered Sand Diatom Charcoal Cartridge Mixed/Dual Media Disinfected Chlorine

Ultra Violet Light Pretreatment Coagulation Sedimentation Other_____

Is System: Gravity Pressure Combination

Does System have storage? _____
(If yes, what is the storage capacity, material, open or closed)

Material of the Distribution System_____
(galvanized, copper, PVC, etc.)

Submit plan or diagram of entire water system which includes the sources, distribution system, treatment system, and services.

List name(s) of person(s) residing in area to be contacted regarding implementation of Emergency Notification Plan.

Name: _____ Phone: _____

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_____

If this application is made by a corporation, it must be signed in the name of the corporation by its duly accredited officer or officers, and must be accompanied by a resolution of the board of directors of such corporation authorizing the application to be made.

If this application is made by a partnership, all of the members must sign.

If this application is made by more than one individual, all must sign.