

New

Ownership Change

Effective Date

**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.

ATTACHMENT 1

**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
ENVIRONMENTAL HEALTH DIVISION**

Certified Copy of Resolution

“Resolved by the board of directors _____ a corporation, that pursuant and
(Name of Corporation)
subject to all of the terms, conditions, and provisions of Division 104, Part 12, Chapter 4, Article
1, Section 116275 (commencing with) of the California Health and Safety Code and all
amendments thereto, relating to domestic water supplies, application by this corporation be made
to the Shasta County Department of Resource Management, Environmental Health Division for a
permit to

(Applicant must state specifically what is being applied for – construct new works, to use existing works, to make alterations or

addition in works or sources and state nature of any treatment. Enumerate definitely source or sources of supply, kind of treatment

and specify the locality to be served. Additional sheets may be attached.)

That the _____ of this corporation be and he is hereby duly
(Title of Officer)
authorized and directed to cause the necessary data to be prepared and investigations to be made;
and that the President and Secretary of this corporation be and they are hereby duly authorized,
in its act and deed, to sign and file with said Shasta County Department of Resource
Management, Environmental Health Division the proper application.” The foregoing is a true
copy of a resolution adopted by the boards of directors of the said corporation of the ____ day of
_____, 20_____, and has not been revoked.

Secretary of said

(Name of Corporation)

AFFIX
CORPORATE SEAL
HERE

Attachment 2

FINANCIAL INFORMATION TO BE SUBMITTED AS PART OF THE PUBLIC WATER SYSTEM PERMIT APPLICATION

In order to comply with Section 116530 and 116540 (a) of the Health and Safety Code, any new community water system shall submit a financial plan to the Environmental Health Division as part of the domestic water supply permit application. This information shall also be required as part of an application for a change of ownership of an existing community water system which occurs after January 1, 1991.

The financial plan should cover and include the following:

OPERATING COST

The plan should include a detailed breakdown of anticipated annual operating costs projected over the next 5 years. The breakdown should include applicable costs such as raw water purchase, treatment costs, personnel, insurance, debt financing, state and county fees, monitoring and laboratory costs, electricity and power, sinking funds, repair and maintenance of system, consulting fees, administrative costs, and overhead.

REVENUE

The plan should present a breakdown of anticipated annual revenue for the water system projected over the next 5 years. All sources of revenue to be used by the system to meet annual costs should be shown including the unit costs (i.e., connection fees, standby fees, monthly charges) as well as the basis for other revenue calculations. The total amount of the revenue should equal or exceed the total operating cost of the system for each year.

GROWTH

The plan should describe the anticipated growth of the system (in terms of number of persons or service connections to be added annually) projected for the next 10 years and how this growth relates to projected costs and revenue.

FUTURE CAPITAL EXPENDITURES

The plan should describe any anticipated capital expenditures (including any start up costs for a new system) such as addition of treatment or new sources of supply; treatment plant expansions or modifications; major construction or significant distribution system changes; and major equipment replacement; projected for the next 15 years including the anticipated cost and timing of such projects. Changes to the system that may be necessary to comply with anticipated changes in state or federal regulations, to the extent they have been proposed, should be included.

FUNDING FOR CAPITAL EXPENDITURES

The plan should also describe how these projected capital expenditures (including new system start up costs) will be funded or financed including the source of the funds. A description of how this funding availability will be assured (i.e., surety bond, letter of credit, insurance, taxing authority or other means) should be included.