

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 STATE SMALL 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 Title 22, Division 4, Chapter 14, California Code of Regulations (CCR) relating to domestic water supplies, application is hereby made for a state small water system operating 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 Section 64211, CCR, 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, apartment complex, mobile home park, etc.)

Number of Sources \_\_\_\_\_ Source Type \_\_\_\_\_  
(well, spring, surface water)

Population \_\_\_\_\_ 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

Ultraviolet 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.

NOTE: No state small water system which was not in existence on November 12, 1991, shall be issued a permit to operate if the water supplier is an unincorporated association organization under Title 3 (commencing with Section 20000) of Division 3 of the Corporations Code.

System No. \_\_\_\_\_

### STATE SMALL WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Water System: \_\_\_\_\_

Physical Location Address: \_\_\_\_\_

The following persons have been designated to implement the plan upon notification by the Shasta County Environmental Health Division (SCEHD) that an imminent danger to the health of the water users exists:

<b>Water System: Contact Name &amp; Title</b>	<b>Email Address</b>	<b>Day</b>	<b>Telephone Evening</b>	<b>Cell</b>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

The implementation of this plan will be carried out with SCEHD (530) 225-5787.

### NOTIFICATION METHOD

Please check the method(s) by which you agree to notify customers:

- Telephone
- Door-to-door contact
- Posting
- Handout sheets
- Other

All water consumers will be notified within \_\_\_\_\_ hours.

Report prepared by:

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date