

**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

RENEWAL 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 permit to renew current water system operating permit for the time period noted below.

If there have been no changes in the operation of this system, including ownership, please check this box and complete the signature section on the back of this page to renew your operating permit. If any of the pre-printed information on this application is no longer correct, please cross out and provide current information. It will then be unnecessary to complete the remainder of this form.

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:

Water System: Contact Name & Title	Email Address	Day	Telephone Evening	Cell
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