



Countywide Services Agency

Environmental Management  
Department

Environmental Compliance Division  
Dennis Green, Chief

Terry Schutten, County Executive  
Jim Hunt, Acting Agency Administrator  
Val F. Siebal, Department Director

## County of Sacramento

### APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT

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

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing address \_\_\_\_\_

Water System Owner's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116525, relating to domestic water supply permits, application is here by made for a domestic water supply permit to operate Check all that apply.

- New (4680)
- Amendment (4690)
- Change of Ownership (4680)
- Other
- Community Water System
- Non-transient Non-Community Water System
- Transient Non-community Water System
- State Small Water System

Describe your water system below. If this is an amendment to an existing water system permit describe specifically what is being requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date: \_\_\_\_\_

**RETURN APPLICATION TO:**  
**COUNTY OF SACRAMENTO**  
Environmental Management Department  
10590 Armstrong, Suite A  
Mather, CA 95655

<i>For Office Use Only</i>	LPA Number: _____	Permit Fee: _____
	SR Number: _____	Receipt Number: _____
	WA Number: _____	AR Number: _____

**Small Water System Permit Information**

**Type of Ownership:**    Private    Public    Mutual   **Technical Report:**    Yes    No

Water Source:    Surface    Groundwater   If well(s), how many: \_\_\_\_\_

Source Number(s): \_\_\_\_\_

Auxiliary Sources: \_\_\_\_\_

Treatment:    No    Yes   If Yes, describe: \_\_\_\_\_

Reservoir/Storage Tanks: \_\_\_\_\_

Pumping Stations: \_\_\_\_\_

Distribution System (include drawing) \_\_\_\_\_

Emergency and backup supply provisions \_\_\_\_\_

Cross connection control survey completed: \_\_\_\_\_

**Population Served: (Served for human consumption which includes handwashing, oral hygiene, showering, bathing, food preparation and drinking)**

Area served (Describe what and where water is being served): \_\_\_\_\_

Number of connections (Number of buildings or structures): \_\_\_\_\_

Number of same non-residents who use system over six months of year (Employees, students, etc) : \_\_\_\_\_

Average number of people (not the same people) served daily for 60 days out of the year (Park users, customers, etc.). \_\_\_\_\_

Other Users: \_\_\_\_\_

Peak monthly population served: \_\_\_\_\_

**Other Information:**

**Primary Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Certified Operator Name:** \_\_\_\_\_ **Certification Type:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_