



# Environmental Health Division

## STATE SMALL WATER SYSTEM PERMIT APPLICATION



Ukiah Office: 860 N Bush Street  
Ph: 707-234-6625

Fort Bragg Office: 120 W Fir Street  
Ph: 707-961-2714

enviroh@mendocinocounty.gov

**APPLICANT:** Answer all questions completely. Sign and date below. Submit original to Environmental Health.

***Please print or type. Please include payment with this application.***

<b>System</b>	Name of Water System/Company _____ Phone _____ Mailing Address _____ Emergency Phone _____ Mailing City _____ State _____ Zip _____
<b>Owner</b>	Owner(s) Name(s) _____ Phone _____ Owner Address (if different from above) _____ Owner City _____ State _____ Zip _____ Email _____
<b>Representative</b>	Local Representative Name _____ Phone _____ Representative Address (if different from above) _____ Representative City _____ State _____ Zip _____ Email _____

**Indicate which item(s) you are applying for:**

- Continue to use existing water system
- Construct or expand existing water system and/or water sources
- Add treatment and/or make improvements to existing treatment facilities
- Amend existing permit to reflect changes to water system

**Principal features of the system – brief description and location:**

1. Source of supply (well, spring, etc.)

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***For office use only***

FA# \_\_\_\_\_ Inspection Passed/Permit Issued By \_\_\_\_\_

Payment Number \_\_\_\_\_ Amount Rec'd \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

**Principal features cont'd:**

2. Treatment works (chlorination, etc.)
  
3. Pumping stations (booster pumps)
  
4. Storage (tanks, reservoir – gallon capacity)
  
5. Distribution system

**Auxiliary water supply sources (wells, streams, lakes – frequency of use)**

**List existing backflow hazards and protection**

**Emergency provisions (providing water during floods, earthquakes, power interruptions, water shortages)**

**If operating records are kept, indicate type and frequency of readings**

**Laboratory tests (summary of the last three years, laboratory performing tests, type of tests)**

**System data**

Approximate population served \_\_\_\_\_ Total number of connections available \_\_\_\_\_  
Number of active connections \_\_\_\_\_ Number of metered connections \_\_\_\_\_  
Safe maximum production capacity of water supply (gallons per day) \_\_\_\_\_  
Water used: Average day \_\_\_\_\_ Maximum day \_\_\_\_\_

**AGREEMENT**

Pursuant and subject to all of the terms, conditions and provisions of Division 5, Part 1, Chapter 7, Section 4010.8 of the California Health and Safety Code and all amendments thereto relating to domestic water supplies, application is hereby made to Mendocino County Environmental Health, for a State Small Water System permit.

I agree that if the number of connections exceeds 14 or the average number of persons served by the system exceeds 25 for 60 days or more per year, I will report such information to Environmental Health.

I hereby acknowledge that all the information above is true and accurate. I agree to abide by the conditions of the permit.

**Note:** *If a corporation is applying, the application must be signed in the name of the corporation by its duly accredited officer. If this application is made by a partnership, all members must sign.*

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_