



PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 County Hospital Road, Ste 127 Quincy, CA 95971

Phone (530) 283-6355 ~ FAX (530) 283-6241

APPLICATION FOR WATER SYSTEM PERMIT TO OPERATE

Water System Name: _____
 Physical Location Address: _____
 Assessor Parcel Number: _____ Assigned System#: _____
 Mailing Address: _____
 Billing Address: _____

Application Purpose (check one):

<input type="checkbox"/> New permit	<input type="checkbox"/> Change of owner	<input type="checkbox"/> Amend permit
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Type of Water System (check one):

Public Water System:		
Noncommunity Water System (serves 25 or more persons for 60 or more days annually):		
Transient-Noncommunity (any 25 or more persons for 60 or more days annually)	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated
Nontransient-Noncommunity (same 25 or more persons for 6 or more months per year)	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated
Community Water System (15-199 connections and serves 25 or more persons for 6 or more months per year):		
15-24 Service Connections	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated
25-99 Service Connections	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated
100-199 Service Connections	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated
Non-Public Water System:		
Local Small Water System* (small food facilities, small campgrounds, etc.)	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated
State Small Water System* (5-14 service connections)	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated
Retail Food Code Exemption** (food facility with stand-alone water source)	<input type="checkbox"/> Treated	<input type="checkbox"/> Untreated

* Attach a completed "Non-Public Water System Declaration" to the completed application.

** Attach a completed "Food Code Exemption Declaration" to the completed application.

Note: Treatment is the physical, biological, or chemical processes, including blending, designed to affect water quality.

Operation: <input type="checkbox"/> Year Round or <input type="checkbox"/> Seasonal: Opens: _____ Closes: _____

Count of service connections: _____	Estimated max daily population: _____
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Source(s) of Water			
<input type="checkbox"/> Groundwater (well or spring not GWUDI)	<input type="checkbox"/> Groundwater (GWUDI well or spring)	<input type="checkbox"/> Surface Water (stream, lake, canal, etc.)	<input type="checkbox"/> Purchased Water (water from another water system)

GWUDI – Groundwater under the direct influence of surface water

APPLICATION FOR WATER SYSTEM PERMIT TO OPERATE

System name: _____
Assigned System#: _____

Water System Owner(s): _____

Mailing Address: _____
Address or P.O. Box City State Zip

Phone #s: Day: _____ Night: _____

Cellular: _____ Fax #: _____

E-mail address: _____

Operator/Manager(s): _____

Mailing Address: _____
Address or P.O. Box City State Zip

Phone #s: Day: _____ Night: _____

Cellular: _____ Fax #: _____

E-mail address: _____

The information submitted on this application will become the starting point for the permitting process. Additional water system information will be required in areas that include and are not limited to: water source(s), treatment, storage, distribution, and technical/managerial and financial capacity. An Environmental Health representative will contact you to identify what additional information is required.

Signature:

I/We herewith make application to operate a water system in Plumas County CA.

I/We agree to maintain and operate this system in compliance with all local, State and Federal regulations.

I/We further agree to provide any and all maintenance and upgrades necessary to insure a safe and potable drinking water supply to our service connections.

Name

Signature

Date

Plumas County Environmental Health looks forward to working with you to help you maintain a clean and safe drinking water system.