



**CONTRA COSTA  
ENVIRONMENTAL HEALTH DIVISION**  
2120 DIAMOND BOULEVARD, SUITE 200  
CONCORD, CA 94520  
(925) 692-2500 (925) 692-2504 FAX  
www.cchealth.org/eh/



## SMALL WATER SYSTEM PERMIT APPLICATION

APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)

**SELECT TYPE OF WATER SYSTEM:**

- NON-PUBLIC WATER SYSTEM** (NON-PUBLIC WATER SYSTEM SERVES LESS THAT 15 CONNECTIONS OR LESS THAN 25 PEOPLE)
- PUBLIC WATER SYSTEM** (MUST ALSO SUBMIT STATE APPLICATION FOR DOMESTIC WATER SUPPLY)

**SELECT TYPE OF SERVICE REQUESTED:**

- CONSTRUCT A NEW WATER SYSTEM**       **PROVIDE ADDITIONAL SERVICE CONNECTIONS**       **CHANGE OF OWNERSHIP**  
 **OTHER** \_\_\_\_\_

Pursuant And Subject to the Requirements of the California Code of Regulations, Chapter 14 (California Safe Drinking Water Act), Article 3, Section 64211, and of the Contra Costa County Ordinance, Article 414-4.4, Section 414-4.401, Application is hereby made for a Water System to operate in Contra Costa County.

**PLEASE PRINT CLEARLY. ALL FIELDS MUST BE COMPLETED.**

Legal Owner's Name			
Legal Owner's Address			
City / State / Zip Code			Owner Telephone
Driver License #	Tax I. D. # / Social Security #	Email Address	
Water System Name / DBA			
Contact Person			Contact Person's Telephone
Water System Billing Address (if different from above)			
City/Zip Code			Site Telephone

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) am acting under authority and direction of the responsible legal entity under whose name this application is made.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY				
Facility ID#:	WA#:	P/E#: <b>46</b>	Census Tract::	REHS:
Amount Due: \$	Amount Paid: \$	Receipt #:	Received By:	
Check #:	/ CASH / Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA	Date Received:	Supervisor:	

**PROVIDE EMERGENCY NOTIFICATION INFORMATION**

NAME: (CONTACT 1)	NAME: (CONTACT 2)
TITLE:	
PHONE NUMBER:	
ALTERNATE PHONE NUMBER:	

**WATER SYSTEM MANAGEMENT INFORMATION**

NAME:	PHONE NUMBER:
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**SELECT THE WATER SYSTEM LEGAL CLASSIFICATION:**

COMMUNITY   
  NON-TRANSIENT NON-COMMUNITY   
  TRANSIENT NON COMMUNITY   
  STATE SMALL   
  LOCAL SMALL

**SELECT SERVICE AREA:**

AGRICULTURAL   
  RURAL   
  RESIDENTIAL   
  COMMERCIAL   
  INDUSTRIAL   
  OTHER: \_\_\_\_\_

**MONITORING REQUIREMENTS / SYSTEM DESCRIPTION**

NUMBER OF POPULATIONS SERVED:	NUMBER OF SERVICE CONNECTIONS:
SEASON BEGIN:	SEASON END:
WATER SOURCE:	WATER TREATMENT:      YES      NO
SEWER LOCATION:	ONSITE SEWAGE DISPOSAL (INCLUDING EXPANSION AREA):
LOCATION OF ABANDONED WELL(S): (PROVIDE NEAREST PROPERTY LINE)	PROVIDE SOURCES OF CONTAMINATION: (SPECIFY)

**HOUSING SYSTEM DESCRIPTION:**

TYPE:	CONDITION:	PIT DEPTH:	WELL DEPTH:
FLOOR MATERIAL:		DRAINAGE:	

**PUMP DESCRIPTION**

MAKE:	TYPE:	CAPACITY (GPM):	LUBRICATION:
POWER:	CONTROL:	DISCHARGE LOCATION:	FREQ. OF USE (HRS/DAYS):
FLOOD HAZARD:			

**STORAGE DESCRIPTION**

TYPE OF TANK:	CAPACITY OF TANK:
MEANS OF TANK PROTECTION:	FEED DISTRIBUTION      PRESSURE:      GRAVITY:

**CASING DESCRIPTION**

DEPTH:	DIAMETER: _____	HEIGHT:	DISTANCE TO HIGHEST PERFORATION:
_____	2ND CASING DIAMETER: _____		
CASING MATERIAL:	ANNULAR SEAL DEPTH:	IS ANNULAR SPACE SEALED:	IS CASING GRAVEL PACKED:

**IMPERVIOUS DATA**

THICKNESS:	DEPTH TO:
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**WATER LEVELS**

SURFACE:	STATIC:	WHEN PUMPING:
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**DISTRIBUTION SYSTEM DESCRIPTION**

MAIN DRAIN SIZE:	TYPE OF MATERIAL:	# OF SHUT OFF VALVES:	BILLING PROCEDURES: (METERS / FLAT RATE)
AUXILIARY SUPPLIES	BACK FLOW PREVENTION PROGRAM:	OPERATING RECORDS:	LABORATORY TESTS:

**WATER SAMPLING SITES**

**SAMPLE LOCATION (SITE NAME OR ADDRESS)**

**ADDITIONAL SAMPLE LOCATION**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

3. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**PROPOSED TREATMENT SYSTEM AND VULNERABILITY MONITORING:**

TREATMENT OBJECTIVE:

PROPOSED TREATMENT PROCESS:

**VULNERABILITY MONITORING**

**(CHECK ALL THAT APPLY)**

INORGANIC CHEMICALS

GENERAL MINERALS

GENERAL PHYSICAL

SYNTHETIC ORGANIC CHEMICALS

VOLATILE

ORGANIC CHEMICALS

LEAD & COPPER RULE

ASBESTOS

NITRATE

RADIOACTIVITY

**WELL DATA**

**(TO BE COMPLETED ONCE WELL HAS BEEN FINALED. ATTACH WELL LOG.)**

OWNER:

SOURCE:

COLLECTED BY:

WELL # OR NAME:

DATE DRILLED:

LOCATION:

SIZE OF LOT:

DATE: