

Sierra County Human Services
Environmental Health
P.O. Box 7
Loyalton, CA 96118
Phone: (530) 993-6716
Fax: (530) 993-6790
Envhealth@sierracounty.ca.gov



Vickie Clark, Director
Sierra County Human Services

Celia Sutton-Pado, MD
Health Officer

APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT

Water System Name: _____

Site Address: _____

City / Town _____ Zip: _____

Contact Person (Primary): _____

Mailing address _____

Phone Numbers: 1. _____ E-Mail: _____
2. _____

Contact Person (Secondary) _____

Mailing address _____

Phone Numbers: 1. _____ E-Mail: _____
2. _____

Water System Owner: _____

Ownership Type Individual Mutual Corporation Public Other

Owner's Mailing Address: _____

Billing Address (if different): _____

Pursuant and subject to the requirements of the Title 22 California Code of Regulations (CCR), Article 3, relating to State Small Water System and California Health & Safety Code, Section 116340, application is here-by made for; Check all that apply.

- State Small Water System Permit Amendment Change of Ownership Other

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:
Sierra County Environmental Health
P.O. Box 7
Loyalton, CA 96118
emorgan@sierracounty.ca.gov
(530) 993-6716

For Office Use Only Water System ID Number _____ Date Received: _____

Small Water System Permit Information

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

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

Auxiliary Sources: _____

Treatment: No Yes If Yes, describe: _____

Reservoir/Storage Tanks: _____

Material _____

Pumping Stations: _____

Distribution System (include drawing) _____

Emergency and backup supply provisions _____

Cross connection control survey completed: _____

Population Served: (Served for human consumption including 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): _____

Average number of people (not the same people) served daily for 60 days out of the year (motel/hotel guests, customers, etc.). _____

Other Users: _____

Peak monthly population served: _____

Other Information:

Primary Contact Name: _____ **Phone Number:** _____

Title (position) _____ **Alternate Phone** _____

Email address: _____

(alternate E-mail address) _____

Certified Operator Name: _____ **Certification Type:** _____

Phone Number: _____