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):  

- [ ] New permit   
- [ ] Change of owner   
- [ ] Amend permit 

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):  
    - [ ] Treated  
    - [ ] Untreated  
  - Nontransient-Noncommunity (same 25 or more persons for 6 or more months per year):  
    - [ ] Treated  
    - [ ] Untreated 

Community Water System (15-199 connections and serves 25 or more persons for 6 or more months per year):  

- 15-24 Service Connections  
  - [ ] Treated  
  - [ ] Untreated 
- 25-99 Service Connections  
  - [ ] Treated  
  - [ ] Untreated 
- 100-199 Service Connections  
  - [ ] Treated  
  - [ ] Untreated 

Non-Public Water System: 

- Local Small Water System* (small food facilities, small campgrounds, etc.)  
  - [ ] Treated  
  - [ ] Untreated  
- State Small Water System* (5-14 service connections)  
  - [ ] Treated  
  - [ ] Untreated 
- Retail Food Code Exemption** (food facility with stand-alone water source)  
  - [ ] Treated  
  - [ ] 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:  

- [ ] Year Round  
- [ ] Seasonal: Opens:  
  - [ ] Closes: 

Count of service connections:  

Estimated max daily population: 

Source(s) of Water: 

- Groundwater (well or spring not GWUDI)  
  - [ ] 
- Groundwater (GWUDI well or spring)  
  - [ ] 
- Surface Water (stream, lake, canal, etc.)  
  - [ ] 
- Purchased Water (water from another water system)  
  - [ ] 

GWUDI – Groundwater under the direct influence of surface water 

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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.