



DEPARTMENT OF ENVIRONMENTAL HEALTH

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Information to Accompany APPLICATION FOR WATER SUPPLY PERMIT (Small Water Systems)

1. Community on Area Served: _____
2. Name of Water System: _____
Owner: _____
Owner's Address: _____
3. Local Representative: _____
Address: _____
4. Principle Features of System: _____
 - Sources of Supply: _____
 - Treatment Works: _____
 - Pumping Station: _____
 - Reservoirs: _____
 - Distribution System: _____
5. Auxiliary Supplies: _____

6. Back-Flow Hazard: _____
7. Emergency Provisions: _____
8. Operating Records: _____
9. Laboratory Tests: _____
- 10.

System Data Year	Population Served	No. Active Connections	No. Metered Services	% Metered	Water Avg/Day	Used Max/Day

State maximum production capacity of supply _____ gallons per day.

Signature

Date