



Sonoma County Department of Health Services - Environmental Health Division
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Small Water Systems Information to Accompany Application for Water Supply Permit

Date _____

Community or area served (submit map if available) _____

Water system name _____

Owner name _____

Address _____

Local representative name _____

Address _____

Daytime phone _____

Principal features of system (give brief description and location):

1. Source of supply (well, spring, etc.) _____

2. Treatment works (chlorination, etc.) _____

3. Pumping stations (booster pumps) _____

4. Storage (tanks, reservoir – gallon capacity) _____

5. Distribution system _____

Auxiliary water supply sources (wells, streams, lakes – frequency of use) _____

List existing backflow hazards and protection _____

Emergency provisions (providing water during floods, earthquakes, power interruptions, water shortages) _____

Are operating records kept? [] Yes [] No Indicate type and frequency of readings _____

Laboratory tests (summary of last three years, laboratory making tests, type of tests) _____

System data:

Approximate population served _____ Total number of connections available _____
Number of active connections _____ Number of metered connections _____
Safe maximum production capacity of water supply (gallons per day) _____
Water used: Average day _____ Maximum day _____

By _____

Title _____