

# GLENN COUNTY

## Planning & Community Development Services Agency Environmental Health Department

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[www.countyofglenn.net](http://www.countyofglenn.net)



Mardy Thomas, Director

### CAL CODE/ STATE SMALL WATER SYSTEM PERMIT APPLICATION

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(Enter the name of legal owner, person(s) or organization)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

System Name: \_\_\_\_\_

Pursuant and subject to the requirements of the California Code of Regulations, Title 22, Chapter 14, Article 3, relating to state small water system permits, application is hereby made for a domestic water supply permit to operate.

Indicate item(s) for subject application:

- Continue to use existing water system
- Construct or expand existing water system and/or water sources
- Add treatment and/or make improvements to existing treatment facilities
- Amend existing permit to reflect changes to water system

\_\_\_\_\_  
\_\_\_\_\_

Water System Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## INFORMATION TO ACCOMPANY WATER SUPPLY PERMIT APPLICATION

1. Community or Area Served: \_\_\_\_\_  
(Submit site map with service connection information)

2. Name of Water System: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

3. Local Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

4. Principal Features of System

a. Source(s) of Supply (Give a brief description and location):

\_\_\_\_\_  
\_\_\_\_\_

b. Treatment:

\_\_\_\_\_  
\_\_\_\_\_

c. Pumping Stations:

\_\_\_\_\_  
\_\_\_\_\_

d. Reservoirs:

\_\_\_\_\_  
\_\_\_\_\_

e. Distribution System:

\_\_\_\_\_  
\_\_\_\_\_

5. Auxiliary Supplies (Source and character, frequency of use):

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6. Back-Flow Hazard (To premises having unapproved supplies; program regulations for controlling back-flow hazards):

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7. Emergency Provisions (For furnishing water during floods, earthquakes, power interruptions and water shortages):

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8. Operating Records (Indicate nature and frequency of readings):

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9. Laboratory Tests (Laboratory running tests, nature of tests and summary of recent tests):

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10. System Data (population served, number of connections, number of metered services, average water used in gallons, future growth of water system):

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_