



Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

Stacey Cryer v Agency Director



Community Health Services Branch 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)

Operating records kept? ☐ Yes ☐ No Indicate type and frequency of readings _____

System Data:

Approximate population served _____ Total # of connections available _____

of active connections _____ # of metered connections _____

Safe maximum production capacity of water supply (gallons per day) _____

Water used: Average day _____ Maximum Day _____

By _____

Title _____