

Sierra County Human Services  
Environmental Health  
P.O. Box 7  
Loyalton, CA 96118  
Phone: (530) 993-6716  
Fax: (530) 993-6790  
[envhealth@sierracounty.ca.gov](mailto:envhealth@sierracounty.ca.gov)



**APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT**

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

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

City / Town \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person (Primary): \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Numbers: 1. \_\_\_\_\_ E-Mail: \_\_\_\_\_  
2. \_\_\_\_\_

Contact Person (Secondary): \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Numbers: 1. \_\_\_\_\_ E-Mail: \_\_\_\_\_  
2. \_\_\_\_\_

Water System Owner: \_\_\_\_\_

Ownership Type  Individual  Mutual  Corporation  Public  Other: \_\_\_\_\_

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

Billing Address (if different): \_\_\_\_\_

Pursuant and subject to the requirements of the Title 22 California Code of Regulations (CCR), Article 3, Section 64211-64217 relating to State Small Water System and California Health & Safety Code, Section 116340, application is here-by made for; Check all that apply.

State Small Water System Permit  Amendment  Change of Ownership  Other \_\_\_\_\_

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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

**RETURN APPLICATION TO:**  
**Sierra County Environmental Health**  
P.O. Box 7  
Loyalton, CA 96118  
[envhealth@sierracounty.ca.gov](mailto:envhealth@sierracounty.ca.gov)  
(530) 993-6716

*For Office Use Only*      Water System ID Number \_\_\_\_\_      Date Received: \_\_\_\_\_

**State Small Water System Permit Information**

**Type of Ownership:**  Private  Public  Mutual **Technical Report:**  Yes  No

Water Source:  Surface  Groundwater If well(s), how many: \_\_\_\_\_

Auxiliary Sources: \_\_\_\_\_

Treatment:  No  Yes If Yes, describe: \_\_\_\_\_

Reservoir/Storage Tanks (gallons): \_\_\_\_\_

Material \_\_\_\_\_

Pumping Stations: \_\_\_\_\_

Distribution System (attach drawing) \_\_\_\_\_

Emergency and backup supply provisions \_\_\_\_\_

Cross connection control survey information \_\_\_\_\_

**Population Served: Please answer BOTH sections on Number of Connections and Number of People Served (Served for human consumption including handwashing, oral hygiene, showering, bathing, food preparation and drinking)**

<b>(A) NUMBER OF "CONNECTIONS"</b>	
Total number of residential service connections in service area for water system (number of houses, apartments, mobilehomes, trailers, cabins)	Total # of connections Please attach map and listing of addresses or APN #'s
Number of service connections used by yearlong (≥183 days/year) residents.	Number # of connections used by yearlong residents Please attach a listing of the yearlong connections by address or APN #
<b>(B) NUMBER OF "PEOPLE"</b>	
Does the water system serve water to at least 25 people per day at least 60 days of the year? (does not need to be consecutive days)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, peak number of people served daily for 60 days out of the year & then identify how many are residents versus non-residents (i.e., hotel/motel guests, customers)	Number of residents: _____ Number of non-residents: _____ (transient population-hotel/motel guests, customers)

**Other Information:**

**Primary Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Title (position)** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**(alternate E-mail address)** \_\_\_\_\_

**Certified Operator Name (if applicable):** \_\_\_\_\_ **Certification Type:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_