



Ventura County Environmental Health Division
 800 S. Victoria Ave., Ventura CA 93009-1730
 TELEPHONE: 805/654-2813 or FAX: 805/654-2480
<https://vcrma.org/divisions/environmental-health>

APPLICATION FOR PERMIT TO PURVEY DOMESTIC WATER State Small Water System

Instructions:

1. This permit application is subject to all of the terms, conditions, and provisions of the California Health and Safety Code Section 116275 et seq. and all regulations adopted pursuant thereto, relating to domestic water supplies.
2. If the applicant is not an individual, provide a statement as to whether the applicant is a partnership or corporation.
3. If this application is made by a corporation, it must be signed in the name of the corporation by its duly accredited office or officer and must be accompanied by resolution by the board of directors of such corporation authorizing the application be made. This resolution must be made substantially in the form furnished by the Environmental Health Division. All mutuals must now be incorporated.
4. If this application is made by a partnership, all of the members must sign.
5. If this application is made by more than one individual, all of the members must sign.
6. In all cases, the post office address of the applicant(s) must be given and the execution of the application must be acknowledged before a Notary Public.

FOR OFFICE USE ONLY

Date Received _____	Received by _____	Amount Received _____	PE _____
Receipt # _____	INV # _____	AR # _____	SR # _____

1. Purpose of this permit:
 - ____ Construct new works
 - ____ Use existing works
 - ____ Make alterations or additions in works or sources (state nature of improvement in works):

2. Applicant Information:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

3. Community or area served: _____ County: _____

4. Name of Water System: _____
Owner: _____
Street Address: _____ City: _____
5. Local Representative:
Name: _____ Title: _____
Street Address: _____ City: _____
6. Certified Operator:
Name: _____
Grade: _____ Cert. #: _____ Exp. Date: _____
7. Principal Features of System:
- a. Source of Supply
 - ▶ Brief description: _____
 - ▶ Location: _____
 - ▶ Show nature of water rights: _____
 - ▶ Show ownership of system: _____
 - b. Water Treatment Types
 - ▶ Make and model: _____
 - ▶ Treatment for: _____
 - ▶ Capacity: _____
 - c. Booster Pumps or Pumping Stations
 - ▶ hp: _____
 - ▶ GPM capacity: _____
 - d. Storage Facilities
 - ▶ Material _____ Coating: _____
 - ▶ Elevations of tanks and dates installed: _____
 - ▶ Capacity: _____
 - e. Distribution System
 - ▶ Pipe Sizes: _____
 - ▶ Materials: _____
 - ▶ Length of runs: _____
 - ▶ System pressures Maximum: _____ Minimum: _____

▶ Design fireflows (anticipated): _____

f. Submit map of system showing locations of all water system features.

8. Auxilliary Supplies:

- ▶ Source and character: _____
- ▶ Frequency of use: _____

9. Emergency Provisions for furnishing water during floods, earthquakes, power interruptions, and water shortage:

10. Back-Flow Prevention Program (to premises having unapproved supplies; non-potable uses; for controlling back-flow hazard) conducted by:

- ▶ Certified testers: _____
- ▶ Devices tested annually? Yes ____ No ____ NA ____
- ▶ Types of hazards anticipated: _____

11. Operating Records - Indicate nature and frequency of readings:

12. Laboratory Analysis - Dates of last general mineral physical, inorganic, radiological, and organic tests:

13. System Data:

Year	Population Served	# Active Connections	# Metered Services	% Metered	Water Used	
					Average Day	Maximum Day

Safe maximum production capacity of supply _____ gallons per day.

Type of metering device or method _____

By: _____ Title: _____