

**Shasta County Department of Resource Management  
Environmental Health Division**

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787 Fax (530) 225-5413  
www.ehd.co.shasta.ca.us

**RENEWAL APPLICATION FOR PERMIT TO OPERATE A PUBLIC WATER SYSTEM**

Application From \_\_\_\_\_  
(Name of Utility)

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

Address \_\_\_\_\_  
(Address of legal owner, person(s) or organization)

To: Shasta County Department of Resource Management, Environmental Health Division

Pursuant and subject to the requirements of Division 104, Part 12, Chapter 4, Article 7, California Safe Drinking Water Act of the California Health & Safety Code (CHSC) relating to domestic water supplies, application is hereby made for a permit to renew current water system operating permit for the time period noted below.

**If there have been no changes in the operation of this system, including ownership, please check this box and complete the signature section on the back of this page to renew your operating permit. If any of the pre-printed information on this application is no longer correct, please cross out and provide current information. It will then be unnecessary to complete the remainder of this form.**

Applicant must state specifically what is being applied for – whether to operate a water system, to construct new works, to use existing works, to make alterations or additions in works or sources. Note Sections 116530 and 116540, CHSC, regarding information to be submitted with application. Additional sheet(s) may be attached.

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Date \_\_\_\_\_ Name of Water System \_\_\_\_\_

System Location \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Owner(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Local Representative \_\_\_\_\_  
(Name) (Title)

Address \_\_\_\_\_ Phone \_\_\_\_\_

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Water System Serves \_\_\_\_\_  
(subdivision, motel, apartment complex, restaurant, mobile home park, school, etc.)

Number of Sources \_\_\_\_\_ Source Type \_\_\_\_\_  
(well, spring, surface water)

Population \_\_\_\_\_ Number of Connections \_\_\_\_\_

Is the system operated all year? \_\_\_\_\_ If not, how many days per year? \_\_\_\_\_

Season Start Date \_\_\_\_\_ Season End Date \_\_\_\_\_

Is the water treated?    Yes   No

Filtered   Sand   Diatom   Charcoal   Cartridge   Mixed/Dual Media   Disinfected   Chlorine

Ultraviolet Light   Pretreatment   Coagulation   Sedimentation   Other\_\_\_\_\_

Is System:        Gravity   Pressure   Combination

Does System have storage? \_\_\_\_\_

(If yes, what is the storage capacity, material, open or closed)

Material of the Distribution System\_\_\_\_\_

(galvanized, copper, PVC, etc.)

Submit plan or diagram of entire water system which includes the sources, distribution system, treatment system, and services.

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List name(s) of person(s) residing in area to be contacted regarding implementation of Emergency Notification Plan.

Name: \_\_\_\_\_                      Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

If this application is made by a corporation, it must be signed in the name of the corporation by its duly accredited officer or officers, and must be accompanied by a resolution of the board of directors of such corporation authorizing the application to be made.

If this application is made by a partnership, all of the members must sign.

If this application is made by more than one individual, all must sign.