

BILL EMLEN

Director
(707) 784-6765

TERRY SCHMIDTBAUER

Assistant Director
(707) 784-6765

JAGJINDER SAHOTA

Environmental Health Manager
(707) 784-6765



DEPARTMENT OF RESOURCE MANAGEMENT

SOLANO COUNTY

Environmental Health Division

675 Texas Street, Suite 5500
Fairfield, CA 94533-6342
(707) 784-6765
Fax (707) 784-4805

www.solanocounty.com

WATER SYSTEM TECHNICAL REPORT

System Name: _____ Site No.: _____

Site Address: _____ APN: _____

Property Owner: _____

Mailing Address: _____

E-Mail Address: _____ Phone No.: _____

Facility Manager: _____

Mailing Address: _____

E-Mail Address: _____ Phone No.: _____

ATTACHMENTS *(check all that apply)*

**Required to be submitted*

- | | |
|--|---|
| <input type="checkbox"/> Site Plan <i>(to scale)*</i> | <input type="checkbox"/> Chemical Source Sampling Results* |
| <input type="checkbox"/> Well Completion Report* | <input type="checkbox"/> Bacteriological Source Sample Results* |
| <input type="checkbox"/> Distribution Piping Diagram* | <input type="checkbox"/> Well/Booster Pump Specification Sheet* |
| <input type="checkbox"/> Operations Plan* | <input type="checkbox"/> Storage/Pressure Tank Specification Sheet* |
| <input type="checkbox"/> Emergency Notification Plan* | <input type="checkbox"/> Treatment Components Specification Sheet |
| <input type="checkbox"/> Bacteriological Sample Siting Plan* | <input type="checkbox"/> Treatment Components Schematic |

WATER SYSTEM INFORMATION

➤ **Type of Water System:** [] State Small Water System [] Other _____

➤ **Population Served:** *(check all that apply)*

[] *Residential No.: _____ [] Employees/Student No.: _____ [] Transient Users No.: _____

**To determine approximate residential population multiply number of residential service connections by 2.8. (CCR, Title 22 §64412)*

➤ **Service Connections:**

Number of Connections: _____

Description of Service Area: _____

Parcels Served:

	APN	Address	Connections type and number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

➤ **Source Water Data:**

Water Supply Well(s): *(check all that apply)*

Primary Well: _____ Secondary Well: _____
(well name) (well name)

***A copy of the Well Completion Report and well pump specification sheet shall be submitted for each well*

Primary Well:

Status: active standby other: _____

Date Drilled: _____ Sanitary Seal Depth (ft): _____

Capacity (gpm): _____ Depth to Static Water (ft): _____ Date: _____

Pump Type: _____ Pump Horsepower: _____

Distance to Sewer (ft): _____ [] N/A, no public sewer connection

Distance to Leachfield (ft): _____ Distance to septic tank (ft): _____

GPS Coordinates (Lat/Long): _____

Secondary Well:

Status: [] active [] standby [] other: _____

Date Drilled: _____ Sanitary Seal Depth (ft): _____

Capacity (gpm): _____ Depth to Static Water (ft): _____ Date: _____

Pump Type: _____ Pump Horsepower: _____

Distance to Sewer (ft): _____ [] N/A, no public sewer connection

Distance to Leachfield (ft): _____ Distance to septic tank (ft): _____

GPS Coordinates (Lat/Long): _____

***Include additional pages as necessary for additional water supply wells*

➤ **Water Storage Data:**

Tank(s): *(check all that apply)*

[] Storage Tank(s) No.: _____ [] Pressure Tank(s) No.: _____

***A copy of the tank specification sheet(s) shall be submitted*

Storage Tank(s): [] N/A, no storage tanks

Capacity (gal): _____ Material: _____

Pressure Tank(s): [] N/A, no pressure tanks

Capacity (gal): _____ Material: _____

➤ **Water Supply Requirements:**

The state small water system shall demonstrate that sufficient water is available for the water system's sources and distribution storage facilities to supply a minimum of three gallons per minute for at least 24 hours for each service connection served by the system.

➤ **Water Usage Analysis**

A water usage analysis is an evaluation of the total water demand for the water system versus the total available water. The analysis shall include all water uses (domestic, irrigation, fire protection) and the total water supply and available storage capacity. Please include any peak water usages that may require additional water storage needs.

Note: New and existing water supply wells may be subject to required installation of a totalizing flowmeter and recording and reporting of actual water usage semi-annually.

***All known wells on and within 500 feet of the site shall be included on the scaled site plan. The well type (domestic, irrigation, industrial, or public supply) and status of each well (active, standby, or abandoned) shall be included on the site plan.*

➤ **Water Treatment Data:**

Treatment: *(check all that apply)*

Disinfection Filtration Reverse Osmosis Ion Exchange Blending

***A copy of the treatment specification sheet(s) and system schematic shall be submitted*

Disinfection Treatment: N/A, no disinfection treatment

Continuous Disinfection: Yes No

Chemical Used: _____ Crock Capacity (gal): _____

Target Residual (ppm): _____ Injection Location: _____

Treatment (Other): N/A, no other treatment

Constituent(s) Treated: _____

Raw Water Constituent Concentration: _____

Treatment Type: Centralized Point of Use Point of Entry

Description of Treatment: _____

➤ **Distribution System Data:**

***A copy of the distribution piping diagram shall be submitted including the location of all connected water system facilities (water supply wells, water tanks, water treatment facilities).*

Water Mains:

Material: _____ Piping Diameter (in): _____

Distribution Operating Pressure (psi): _____

Booster Pumps: N/A, no booster pumps

Pump Type: _____ Pump Horsepower: _____

Pump Location: _____

***A copy of the booster pump specification sheet shall be submitted.*

Cross Connection Control (CCC) Program:

Cross Connection Control Survey Performed: Yes No

Backflow Prevention Devices Installed: *(check all that apply)*

Double Check Valve Reduced Principle Pressure Pressure Vacuum Breaker

***Include location of backflow devices on distribution piping diagram*

Description of CCC Program: _____

➤ **Water Monitoring**

Bacteriological Monitoring:

A bacteriological sample shall be taken from each source prior to treatment.

***A Bacteriological Sample Siting Plan and copy of lab results shall be submitted*

Chemical Monitoring:

Chemical sampling of all sources must be completed prior to issuance of a permit to operate.

Chemical Testing Performed: *(check all that apply)* **Required to be tested*

- Inorganic Chemicals* (Table 64431-A) Synthetic Organic Chemicals Volatile Organic Chemicals
 Fluoride, Iron, Manganese, Chlorides & Total Dissolved Solids*

***A copy of lab results shall be submitted*

Water Level Monitoring:

New and existing water supply wells may be subject to monitoring of static ground water levels. Actual measurements of ground water levels should be collected and recorded from each well semi-annually during the spring and fall by use of the sounding port on the wellhead or from a designated onsite monitoring well. The date, time and information regarding the well's status (active, standby, or non-operational) along with the water level in feet below ground surface shall be included in the recording.

Note: Where metering or sounding ports are lacking, electric-power-consumption records or rated capacity of the well can be used as surrogates for actual pumpage data.

➤ **Notification Requirements**

Emergency Notification Plan:

***An Emergency Notification Plan shall be submitted*

Annual Notice to Consumers:

The following annual notice shall be provided by the water system to the consumer served by the system:

"The domestic water supply for this area is provided by a state small water system. State regulatory requirements for operation of a state small water system are less extensive than requirements for larger public water systems. If you have questions concerning your water supply, you should contact [insert: (1) name of water system, (2) name of responsible person, and (3) telephone number] or your local health department."

The Notice to Consumers shall be delivery by (choose one):

- Direct Delivery Continuous Posting at a Central Location

Report Prepared by: _____ Title: _____

Signature: _____ Date: _____

Table 64431-A
Maximum Contaminant Levels
Inorganic Chemicals

<i>Chemical</i>	<i>Maximum Contaminant Level, mg/L</i>
Aluminum	1.
Antimony	0.006
Arsenic	0.010
Asbestos	7 MFL*
Barium	1.
Beryllium	0.004
Cadmium	0.005
Chromium	0.05
Cyanide	0.15
Fluoride	2.0
Mercury	0.002
Nickel	0.1
Nitrate (as nitrogen)	10.
Nitrate+Nitrite (sum as nitrogen)	10.
Nitrite (as nitrogen)	1.
Perchlorate	0.006
Selenium	0.05
Thallium	0.002

* MFL=million fibers per liter; MCL for fibers exceeding 10 μ m in length.