

BILL EMLEN
Director
(707) 784-6765

TERRY SCHMIDTBAUER
Assistant Director
(707) 784-6765

JAGJINDER SAHOTA
Environmental Health Manager
(707) 784-6765



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

www.solanocounty.com

Environmental Health Division

State Small Water System Report:

V. Maps and Attachments

This report is comprised of the following sections:

| | | |
|------|--|---|
| I. | Technical Report | A description of the water system, number of connections, water treatment, and permit requirements. |
| II. | Water Monitoring Requirements and Bacteriological Sample Siting Plan | A detailed description of the chemical and bacteriological monitoring requirements and the sampling locations |
| III. | Emergency Notification Plan | Notification system that will be employed if contamination is identified in the water system |
| IV. | Operations Plan | A description of the general operations of the water system |
| V. | Maps and Attachments | Please include these Attachments at the back of the packet |

For new permit applications, please complete all sections.

Changes such as a change of ownership, change of management, identification of potential contamination, expansion of the water system, or other changes may require revision of specific sections.

ATTACHMENTS – Please indicate the included attachments. Submittals marked with an asterisk * are required

- | | |
|---|---|
| <input type="checkbox"/> 1. (I.) Site Plan, to scale* | <input type="checkbox"/> 7. (II.) Chemical Source Sampling Results* |
| <input type="checkbox"/> 2. (I.) Well Completion Report* | <input type="checkbox"/> 8. (II.) Bacteriological Sample Results* |
| <input type="checkbox"/> 3. (I.) Distribution Piping Diagram* | <input type="checkbox"/> 9. (II.) Treatment Components Spec. Sheet |
| <input type="checkbox"/> 4. (I.) Well/Booster Pump Spec. Sheet* | <input type="checkbox"/> 10. (II.) Treatment Components Schematic |
| <input type="checkbox"/> 5. (I.) Storage/Pressure Tank Spec. Sheet* | <input type="checkbox"/> 11. (III.) Emergency Notification Plan* |
| <input type="checkbox"/> 6. (II.) Bacteriological Sample Siting Plan* | <input type="checkbox"/> 12. (IV.) Operations Plan* |

Please ensure all of the applicable attachments are submitted.