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DEPARTMENT OF RESOURCE MANAGEMENT



SOLANO  
COUNTY

Environmental Health Division

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Application For Water System Permit

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

Water System Name: \_\_\_\_\_ Site Number: \_\_\_\_\_

Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, §116275 and the California Code of Regulations, Title 22, Division 4, Chapter 14, Article 3, §64211 relating to State Small Water System permit requirements, application is hereby made to Solano County Resource Management, Environmental Health Division for a State Small Water System permit to operate:

Indicate item(s) for subject application:

- Application for new water system
- Change of ownership to existing water system
- Construct or expand existing water system and/or water sources
- Add treatment and/or make improvements to existing water system
- Other

Please indicate the proposed scope of the application and the proposed service area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Attachments (required):

- 1. Technical Report
- 2. Water Monitoring Requirements and Bacteriological Sample Siting Plan
- 3. Emergency Notification Plan
- 4. Operations Plan
- Non-Public Water System Declaration

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.

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

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Fee \$ \_\_\_\_\_ Paid \_\_\_ yes \_\_\_ no Receipt # \_\_\_\_\_ E.H. Specialist: \_\_\_\_\_ Date Received: \_\_\_\_\_