

TERRY SCHMIDTBAUER

Director
(707) 784-6765

JAGJINDER SAHOTA

Environmental Health Manager
(707) 784-6765



DEPARTMENT OF RESOURCE MANAGEMENT

**SOLANO
COUNTY**

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.