



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**

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INFORMATION TO ACCOMPANY APPLICATIONS FOR PUBLIC WATER SUPPLY PERMIT

NAME OF WATER SYSTEM _____

WATER SYSTEM NUMBER _____ DATE _____

OWNER _____

OWNER'S ADDRESS _____

OWNER'S PHONE NUMBER _____

LOCAL REPRESENTATIVE (NAME & TITLE) _____

ADDRESS _____

PHONE NUMBER _____

COMMUNITY OR AREA SERVED (SUBMIT MAP IF AVAILABLE) _____

SYSTEM FACILITIES & OPERATION

AREA SERVED (GIVE BRIEF DESCRIPTION OF COMMUNITY OR NONCOMMUNITY SYSTEM INCLUDING SERVICE AREA POPULATION, CLIMATE, SEASONAL VARIATION & TOPOGRAPHY) _____

SOURCES OF SUPPLY (GIVE BRIEF DESCRIPTION AND LOCATION) _____

AUXILIARY SOURCES (SOURCE & CHARACTER, FREQUENCY OF USE) _____

PUMPING STATIONS _____

RESERVOIRS & STORAGE TANKS _____

DISTRIBUTION SYSTEM _____

OPERATION RECORDS (INDICATE TYPE AND FREQUENCY OF READINGS TAKEN) _____

CROSS-CONNECTION CONTROL (TO PREMISES HAVING UNAPPROVED SUPPLIES, PROGRAM, REGULATION FOR CONTROLLING CROSS-CONNECTION HAZARDS) _____

EMERGENCY PROVISIONS (FOR FURNISHING WATER DURING FLOODS, EARTHQUAKES, POWER INTERRUPTIONS AND WATER SHORTAGES) _____

LABORATORY TESTS (LAB USED, NATURE OF TESTS, AND DESCRIPTION OF TEST RESULTS) _____

Year	Population Served	No. of Active Connections	No. of Metered Services	% Metered	Average Day Use	Maximum Day use	Comments

SAFE MAXIMUM SOURCE CAPACITY FOR SYSTEM _____ GALLONS PER MINUTE

REPORT PREPARED BY : _____
NAME & TITLE

SIGNATURE: _____ DATE _____