APPLICATION FOR PERMIT TO PURVEY DOMESTIC WATER
State Small Water System

Instructions:
1. This permit application is subject to all of the terms, conditions, and provisions of the California Health and Safety Code Section 116275 et seq. and all regulations adopted pursuant thereto, relating to domestic water supplies.
2. If the applicant is not an individual, provide a statement as to whether the applicant is a partnership or corporation.
3. If this application is made by a corporation, it must be signed in the name of the corporation by its duly accredited office or officer and must be accompanied by resolution by the board of directors of such corporation authorizing the application be made. This resolution must be made substantially in the form furnished by the Environmental Health Division. All mutuals must now be incorporated.
4. If this application is made by a partnership, all of the members must sign.
5. If this application is made by more than one individual, all of the members must sign.
6. In all cases, the post office address of the applicant(s) must be given and the execution of the application must be acknowledged before a Notary Public.

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Received by</th>
<th>Amount Received</th>
<th>PE</th>
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</thead>
<tbody>
<tr>
<td>Receipt #</td>
<td>INV #</td>
<td>AR #</td>
<td>SR #</td>
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</tbody>
</table>

1. Purpose of this permit:
   ____ Construct new works
   ____ Use existing works
   ____ Make alterations or additions in works or sources (state nature of improvement in works):
   ________________________________________________________________

2. Applicant Information:
   Printed Name: ________________________________________________
   Signature: ____________________________ Date: ________________
   Street Address: ______________________________________________
   City: ____________________________ State: ______ Zip: ____________

3. Community or area served: ____________________________ County: ______
4. Name of Water System: ________________________________________________________________
   Owner: ____________________________________________________________________________
   Street Address: __________________________________ City: _____________________________

5. Local Representative:
   Name: ___________________________________________ Title: _____________________________
   Street Address: _______________________________ City: _____________________________

6. Certified Operator:
   Name: __________________________________________
   Grade: __________ Cert. #: _______________ Exp. Date: ____________________

7. Principal Features of System:
   a. Source of Supply
      ‣ Brief description: ______________________________________________________________
      ‣ Location: ___________________________________________________________________
      ‣ Show nature of water rights: _________________________________________________
      ‣ Show ownership of system: _________________________________________________
   b. Water Treatment Types
      ‣ Make and model: ______________________________________________________________
      ‣ Treatment for: ________________________________________________________________
      ‣ Capacity: __________________________________________________________________
   c. Booster Pumps or Pumping Stations
      ‣ hp: _______________________________________________________________________
      ‣ GPM capacity: ______________________________________________________________
   d. Storage Facilities
      ‣ Material _______________________ Coating: _______________________________________
      ‣ Elevations of tanks and dates installed: _________________________________________
      ‣ Capacity: __________________________________________________________________
   e. Distribution System
      ‣ Pipe Sizes: __________________________________________________________________
      ‣ Materials: __________________________________________________________________
      ‣ Length of runs: __________________________________________________________________
      ‣ System pressures  Maximum: ___________  Minimum: ___________
Design fireflows (anticipated): ____________________________________________

f. Submit map of system showing locations of all water system features.

8. Auxillary Supplies:
   ▶ Source and character: ______________________________________________________
   ▶ Frequency of use: _________________________________________________________

9. Emergency Provisions for furnishing water during floods, earthquakes, power interruptions, and water shortage:
   __________________________________________________________________________
   __________________________________________________________________________

10. Back-Flow Prevention Program (to premises having unapproved supplies; non-potable uses; for controlling back-flow hazard) conducted by:
    ▶ Certified testers: __________________________________________________________
    ▶ Devices tested annually? Yes ____  No ____  NA ____
    ▶ Types of hazards anticipated: ______________________________________________

11. Operating Records - Indicate nature and frequency of readings:
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

12. Laboratory Analysis - Dates of last general mineral physical, inorganic, radiological, and organic tests:
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

13. System Data:

<table>
<thead>
<tr>
<th>Year</th>
<th>Population Served</th>
<th># Active Connections</th>
<th># Metered Services</th>
<th>% Metered</th>
<th>Water Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Average Day</td>
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Safe maximum production capacity of supply ________ gallons per day.
Type of metering device or method __________________________________________

By: ____________________________________________  Title: ________________________