COUNTY OF SAN LUIS OBISPO
ENVIRONMENTAL HEALTH SERVICES

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 FACILITES & OPERATION

Area Served_____

_____

_____
GIVE BRIEF DISCRIPTION 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_____

_____

_____

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, & WATER SHORTAGES

_____

_____

Operation Records_____
INDICATE TYPE AND FREQUENCY OF READINGS TAKEN

_____

_____

Laboratory Tests_____
LABORATORY MAKING TESTS, 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

_____
DATE