INFORMATION TO ACCOMPANY APPLICATIONS FOR PUBLIC WATER SUPPLY PERMIT

NAME OF WATER SYSTEM

WATER SYSTEM NUMBERDATE

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)

_____________________________________________________________________________________________________________________________

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

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<th>Year</th>
<th>Population Served</th>
<th>No. of Active Connections</th>
<th>No. of Metered Services</th>
<th>% Metered</th>
<th>Average Day Use</th>
<th>Maximum Day Use</th>
<th>Comments</th>
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SAFE MAXIMUM SOURCE CAPACITY FOR SYSTEM __________________________ GALLONS PER MINUTE

REPORT PREPARED BY: ____________________________________________

NAME & TITLE

SIGNATURE:____________________________________________________ DATE________________________________________