



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Nicholas Drews Health Agency Director
Penny Borenstein, MD, MPH Health Officer/Public Health Director

Permit Application for Public Water Systems

NAME OF PUBLIC WATER SYSTEM \_\_\_\_\_

FACILITY/PHYSICAL LOCATION ADDRESS \_\_\_\_\_

SCOPE OF WORK (check all that apply):

- NEW PUBLIC WATER SYSTEM
EXISTING ("FOUND") WATER SYSTEM
CHANGE OF OWNERSHIP
OTHER: \_\_\_\_\_

APPROXIMATE COMPLETION DATE: \_\_\_\_\_ (Pending approval)

Construction may not begin until plans are approved in writing by this department.

Health Department approval expires in one year if construction has not begun by that time.

INCLUDED WITH APPLICATION:

- SB 1263 Preliminary Technical Report (some exceptions apply)
Technical, Managerial, and Financial (TMF) Capacity Report
One digital set of complete, easily readable plans drawn to scale (min. of 1/4" per foot)
A schematic showing the flow of water through the entire system
Other required materials (see "Permit Application Requirements Summary for New or Existing Public Water Systems")

Please Note:

- TMF Report review will not begin until SB 1263 approval or exemption has been obtained. Allow six months for SB 1263 review and minimum six months for TMF Report review (not concurrent). Applicant may submit SB 1263 Preliminary Technical Report prior to TMF.
Permit application review will be billed at current EHS hourly rate. Permit will not be issued if there are outstanding review fees. Building permits will not be cleared to issue until adequate TMF Report is submitted.

WATER SYSTEM CONTACT INFORMATION

Owner Name: \_\_\_\_\_

Administrative Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email (required): \_\_\_\_\_

Email (required): \_\_\_\_\_

Phone (required): \_\_\_\_\_

Phone (required): \_\_\_\_\_

Financial Contact: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email (required): \_\_\_\_\_

Email (required): \_\_\_\_\_

Phone (required): \_\_\_\_\_

Phone (required): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email (required): \_\_\_\_\_

Phone (required): \_\_\_\_\_

**SYSTEM POPULATION**

ACTIVE SERVICE CONNECTIONS  
*Each residential unit and/or commercial or industrial establishment to which drinking water is supplied is a service connection.*

Service Connection(s)	Location Description

Total # of active service connections: \_\_\_\_\_

POPULATION SERVED

*Population refers to the number of individuals served by a water system. An individual is considered to be served by a water system if the individual consumes water from, lives in, is a customer of, or works in a place to which drinking water is supplied from the system. Consumption includes water for handwashing, warewashing, cooking, and bathing. For example, if a winery tasting room washes glasses that are used by customers, then each customer is considered to be "served" water, even if they did not "drink" water.*

Population Type	Count	Days Served Per Year
<i>Residents: people with permanent residences served by the water system.</i>		
<i>Non-transient: people that are served on a regular basis for at least six months per year e.g. employees</i>		
<i>Transient: persons served by the water system who are not residents or non-transients e.g. visitors, customers</i>		

**SYSTEM TECHNICAL DESCRIPTION OVERVIEW**

*Please give a brief description for each of the following sections.*

*A detailed description is required in the SB 1263 Preliminary Technical Report and TMF Report.*

SOURCES OF SUPPLY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please note: Well Completion Reports must be submitted for each well with permit application.*

SAFE MAXIMUM SOURCE CAPACITY FOR SYSTEM: \_\_\_\_\_ GALLONS PER MINUTE

*Please note: A recent (within the last 5 years) constant rate pump test must be provided for each well with SB 1263 Preliminary Technical Report and/or TMF Capacity Report. For pump test requirements regarding duration and monitoring intervals for drawdown and recovery, please refer to **California Waterworks Standards, Article 2 Permit Requirements, Section 64554 New and Existing Source Capacity.***

*Methodology must be approved by EHS prior to conducting pump test.*

PUMPING STATIONS (i.e. make, model, size in horsepower of all pumps including boosters, and depth if submersible): \_\_\_\_\_  
 \_\_\_\_\_  
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RESERVOIRS & STORAGE TANKS (i.e. actual storage capacity, tank material): \_\_\_\_\_

TREATMENT: \_\_\_\_\_

*Please note: Specification sheets for all treatment, including manufacturer make and model, system parameters, sizing information, required pressure, daily flow capacity, specifications on treatment additives, brine discharge configuration, and maintenance and operation plan including responsible staff must be provided with SB 1263 Preliminary Technical Report and/or TMF Capacity Report.*

DISTRIBUTION SYSTEM (i.e. pipe material(s), size of pipe, location of flow meters and service connections, pressure zones, hydrants, sample taps, valves, and backflow devices. Indicate relationship to fire suppression storage and lines): \_\_\_\_\_

APPLICATION PREPARED BY (Print Name and Title): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ ENTERED BY \_\_\_\_\_ ENTERED DATE \_\_\_\_\_  
PE# \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CHECK/CC AUTH # \_\_\_\_\_ CASH   
 NONPROFIT: TAX ID # \_\_\_\_\_  VETERAN EXEMPT DD214 ATTACHED  YES  NO  
PR# \_\_\_\_\_ SR# \_\_\_\_\_ FA# \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_  
INSPECTOR APPROVED \_\_\_\_\_ DATE \_\_\_\_\_