



**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 \_\_\_\_\_