

ENVIRONMENTAL HEALTH DIVISION

2700 M Street, Suite 300, Bakersfield, CA 93301

Phone # (661) 862-8740 Fax (661) 862-8701

Email EH@kerncounty.com

STATE SMALL WATER SYSTEM APPLICATION

FA #:	PR#:	WA#:
Water System Name:		
Location of Well:		
Address:	City:	State: Zip:
Township: Range: Section:	APN:	
Number of connections supplied by source:		Number of people served:
Number of Active Connections:		Number of inactive Connections:
Directions to Locate Source (attach map if needed)		
PRIMARY CONTACT		SECONDARY CONTACT
Name:		Name:
Address:		Address:
City:	State: Zip:	City: State: Zip:
Phone:		Phone:
E-mail:		E-mail:
BILLING ADDRESS		MAILING ADDRESS
Name:		Name:
Address:		Address:
City:	State: Zip:	City: State: Zip:
Contact :	Phone:	Contact: Phone:

SIGNATURE OF APPLICANTS:

PRINT NAMES:

FA#: _____

PR#: _____

WA#: _____

Water system name _____

STATE SMALL WATER SYSTEM INFORMATION

SOURCE OF WATER SUPPLY

1. Source of Supply: Well Spring Other: _____

2. Maximum Capacity Production of Water Supply _____

WELL SYSTEM DESCRIPTION

1. Well Data Information

Approximate date drilled: _____

Driller: _____

Well Depth: _____ feet () Unknown

Annular Seal: _____ feet () Unknown

Pump Size: _____

Previous Agricultural Well? () Yes () No

2. Storage (tanks, reservoir – gallon capacity) _____

3. Pressure (tanks – material, gallon capacity) _____

4. Pumping stations (booster pumps) _____

5. Treatment works (chlorination, etc.) _____

6. Distribution System (material, piping size) _____

7. Cross Connection and Backflow Prevention _____

8. Dead Ends / Flush Points _____

Emergency provisions (providing water during floods, earthquakes, power interruptions, water shortages)

Are operating records kept? [] Yes [] No Indicate type and frequency of readings _____

Prepared by _____

Date _____

Print Name _____

Title _____

FA #: _____

PR#: _____

WA#: _____

Water system name _____

WATER QUALITY EMERGENCY NOTIFICATION PLAN

The California Health and Safety Code, Section 4029, requires that every water system that supplies water to a user for domestic purposes submit an emergency notification plan to the local health authority. This plan is to be implemented whenever the health authority determines that your water supply fails to meet water quality standards and represents an immediate danger to the health of the user. It is recommended that this same plan be used for water outages and rationing resulting from natural or man-made disasters.

For systems serving fewer than 15 customers, we recommend that the means of notification of customers be by door-to-door contact or written handout sheets.

Please acknowledge your concurrence and acceptance with this means of notification. If you agree to notify customers by door-to-door contact or written handout sheets, check the "Standard Plan" section of the form. If you propose to use some other method, complete the "Alternate Plan" section of this form.

_____ STANDARD PLAN: I concur with the above-mentioned plan.

_____ ALTERNATE PLAN: I propose to notify my water consumers by the following method:

The following persons have been designated to implement the plan upon notification by the Environmental Health Services Division that an imminent danger to the health of the water users exists:

	Print Name	Day Phone	Evening Phone
1.	_____	_____	_____
2.	_____	_____	_____

Report Prepared By:

Signature and Title

Date

Print Name

Day Phone

Evening Phone