

GUIDELINES FOR THE PERMITTING PROCESS STATE SMALL WATER SYSTEM

The following information is intended to guide the prospective water system applicant through the process required for the State Small Water Supply Permit.

STATE SMALL WATER SYSTEM DEFINED

A State Small water system is a water system intended to serve at least five (5) but not more than fourteen (14) service connections and less than an average of 25 individuals daily for more than 60 days out of the year.

PERMIT PROCESSING FEES

A fee of \$125.00 per hour will be charged for the amount of time required to process the permit application. Staff time includes office visits by applicant, telephone conversations, evaluation of system design, travel time to system site, and field investigations.

APPLICATION PACKET

The attached application forms should be completed and returned. The various forms include the following:

- Application for a State Small Water System Permit

The application must be signed by the property owner(s) of the water system. **Signatures on the application must be witnessed by a Notary Public, unless signed before a member of the Environmental Health Division staff. Applications lacking a notarized signature(s) or proper verification will not be accepted.**

- Information to Accompany the Application for State Small Water Systems

The Information to Accompany the Application sheets must be completed in their entirety. This includes owner billing information, principal features of the water system, storage and distribution data, and emergency notification.

- Water Quality Emergency Notification Plan

SOURCE OF SUPPLY

The source of supply may be a well, year-round spring, etc. If it is a well a copy of the well driller's report is preferred for each well used in the water system

WATER SYSTEM PLANS

A plan of the water system is to be submitted along with the application packet. This should include the parcels that will be served by the system, location of the well and tank(s), and layout of the water lines as they serve each connection. A handwritten sketch will be acceptable only if it is accurate and legible.

PROOF OF RECORDED EASEMENTS

Copies of recorded easements for the well, storage facilities, and water mains are required. Exception: When a private individual owns the system, all facilities are located on his property, and all properties served will continue to belong to him, recorded easements are not required.

ARTICLES OF INCORPORATION AND CORPORATE BYLAWS

All new State Small water systems are required to incorporate and provide copies of the Articles of Incorporation and Corporate Bylaws.

PUMP TEST REPORT

If the source of supply is a well, then a pump test to determine the sustained yield of the well is required. The length of the test will be determined by the Environmental Health Specialist.

WATER QUANTITY

The water system must have sufficient water available from the source and storage facilities to supply a minimum of three (3) gallons per minute for at least 24 hours for each service connection.

WATER PRESSURE

The water system must be capable of supplying a water pressure of at least 20 psi at each connection.

WATER QUALITY ANALYSES

Analyses of the water to determine its suitability for domestic use must be performed by a State Certified Laboratory. The following water quality analyses are required:

1. A bacteriological analysis is required for all systems and should be performed just prior to submitting the application packet to the Department. Results of bacteriological analyses more

than three (3) months old will not be acceptable. The bacteriological analyses must indicate that no Coliform bacteria are present in the water supply.

2. The results of a complete inorganic chemical analysis, including general mineral and general physical, are required of all systems.
 3. Analysis for uranium is required of all systems to determine the radiological quality of the water.
 4. Analyses for the pesticides Dibromochloropropane (DBCP) and Ethylene Dibromide (EDB) are required for all water systems located in the San Joaquin Valley basin portion of Kern County.
- * Analyses for the volatile organic compounds, according to EPA Test Method 502.2, may be required for those wells deemed as being especially vulnerable.

Resampling is required for any constituent which exceeds the drinking water standards and which may cause adverse health effects.

Analyses performed within the last five years will be accepted for all except the bacteriological analysis.

FINAL CONSTRUCTION INSPECTION

A construction inspection will be conducted by representative of this Division to determine compliance with applicable statutes and regulations. All deficiencies must be corrected before the issuance of the water supply permit.

A domestic well must meet the following construction criteria:

1. Have a concrete slab around the well casing, a minimum of 6-inch thickness, extending 3 feet in all directions from the edge of the well casing.
2. Have a screened casing air vent facing downward.
3. Have an approved backflow prevention device (check valve).
4. Have an unthreaded sample spigot on the discharge side of the check valve.

Storage and pressure tanks will be inspected. The storage tanks that have overflow piping shall be screened.

The water pressure will be checked at the inspection to verify that the system is capable of supplying water pressure of at least 20 psi, using a hose bib at the connections. The water system shall have all the water main lines installed and hose bibs available to check the pressure.



MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

Application from _____
Name of applicant, and if not an individual, a statement as to whether partnership or corporation.

Pursuant and subject to all of the terms, conditions and provisions of the California Code of Regulations, Title 22, Article 3, Section 64211, and all amendments thereto relating to State Small Water Systems, application is hereby made to the Kern County Environmental Health Division for a permit to _____

Applicant must state specifically what is being applied for B whether to construct new works, to use existing works, to make alterations or additions in works or sources and state nature of improvement in works. Enumerate definitely source or sources of supply, kind of works used or considered (if known) and specify the locality to be served and the number of connections, whether metered or flat rate. Additional sheets may be attached.

Dated _____, 20____.

IF BY CORPORATION,
CORPORATE SEAL
HERE

Post Office Address

NOTES

If this application is made by a corporation, it must be signed in the name of the corporation by its duly accredited officer or officers.
If this application is made by a partnership, all of the members must sign.
If this application is made by more than one individual, all must sign.
In all cases, the mailing address of the applicant must be given, and the execution of the application must be acknowledged before a Notary Public.



MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

Application from Cole Street Water System, Inc.
Name of applicant, and if not an individual, a statement as to whether partnership or corporation.

Pursuant and subject to all of the terms, conditions and provisions of the California Code of Regulations, Title 22, Article 3, Section 64211, and all amendments thereto relating to State Small Water Systems, application is hereby made to the Kern County Environmental Health Division for a permit to use an existing well to provide

water to parcels 1, 2, 3, and 4 of Parcel Map 10010 and parcels 1 and 2 of Parcel Map 10036. The system will use
Applicant must state specifically what is being applied for B whether to construct new works, to use existing works, to make alterations or additions

4-inch PVC Schedule 40 main lines and a 20,000-gallon storage tank and two booster pumps. All connections
in works or sources and state nature of improvement in works. Enumerate definitely source or sources of supply, kind of works used or considered
will be metered.

(if known) and specify the locality to be served and the number of connections, whether metered or flat rate. Additional sheets may be attached.

Dated October 17, 2006.

IF BY CORPORATION,
CORPORATE SEAL
HERE

Cole Street Water System, Inc.
by: _____
George Cole, President

P. O. Box 10

Caliente, CA 93516
Post Office Address

NOTES

- If this application is made by a corporation, it must be signed in the name of the corporation by its duly accredited officer or officers.
- If this application is made by a partnership, all of the members must sign.
- If this application is made by more than one individual, all must sign.
- In all cases, the mailing address of the applicant must be given, and the execution of the application must be acknowledged before a Notary Public.

**INFORMATION TO ACCOMPANY APPLICATION FOR
STATE SMALL WATER SYSTEMS**

Date _____

Area served (submit map , include assessors parcel numbers) _____

Water system name _____

Owner name _____

Address _____

Daytime telephone number _____

Billing name _____

Billing address _____

Daytime telephone number _____

Principal features of system (give brief description and location):

1. Source of supply (well, spring, etc.) _____

2. Treatment works (chlorination, etc.) _____

3. Pumping stations (booster pumps) _____

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

5. Auxiliary water supply sources (wells, streams, lakes – frequency of use) _____



6. List existing backflow hazards and protection _____

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

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

Laboratory tests (summary of last three years, laboratory making tests, type of tests) _____

System data:

Approximate population served _____	Total number of connections available _____
Number of active connections _____	Number of metered connections _____
Safe maximum production capacity of water supply (gallons per day) _____	
Water used: Average day _____	Minimum day _____

Prepared by _____

Title _____



DISTRIBUTION DATA

(1) **Place and Owner:** _____

(2) **Source of Information:** _____

Collected by: _____ **Date:** _____

(3) **Materials:**

Mains: _____

Condition: _____

Lead, copper, brass (extent): _____

Joints: _____

(4) **Disinfection (method):**

New Mains: _____

After Repairs: _____

(5) **Infiltration Hazard:** _____

(Relationship to ground water table, underwater lines, etc.)

(6) **Pressure Range:** _____

(7) **Cross-Connection and Backflow Prevention:**

Private supplies (kind and extent): _____

(8) **Dead Ends (extent):** _____

Growths and Sludge in Mains: _____

Flushing: _____

(9) **Defects and Remarks:**