



**County of Lake**  
**Health Services Department**  
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## PERMIT REQUIREMENTS FOR STATE SMALL WATER SYSTEMS

**State Small Water System** - A system for the provision of piped water to the public for human consumption that serves at least five (5), but not more than fourteen (14), service connections and does not regularly serve drinking water to more than an average of 25 individuals daily for more than 60 days out of the year. (Health and Safety Code, Division 1, Part 12, Chapter 4, California Safe Drinking Water Act, Article 1, Section 116275(n).)

Please submit the following information to begin the permitting process:

1. A completed Annual Permit Application with fee payment of \$373.00.
2. A Plan Review Application will be required for new facilities and change of ownership's, (to include \$406.00). Please provide a Technical Report that includes a complete set of plans/specifications as follows below:

### TECHNICAL REPORT

- Description of system including any legal descriptions.
- Service area.
- Distribution system-storage, water mains, control valves, meters, pumping stations, cross-connection plan, and piping etc.
- Source and quantity  
Water Availability: Documentation that sufficient water is available from the water system's sources and distribution storage facilities to supply a minimum of three gallons per minute for at least 24 hours for each service connection served by the system.
- Water chemical quality  
Sample Analysis: All chemical and bacteriological testing must be taken to a State Certified Laboratory per (Title 22, Div. 4, Ch. 15, Art. 3, Sect. 64213, reference Tables 64431-A and potentially Table 64444-A) to be tested. Please ask the laboratory to forward a copy of your analysis results to Lake County, Environmental Health Division. The results of the analysis shall be reported to our office no later than the 10<sup>th</sup> day of the month following your receipt of the results by the State Small Water System.

Bacteriological Analysis: One (1) initial sample: A monthly or quarterly time schedule for continuous sampling will be provided after the system is reviewed by our office. Please note that your monthly or quarterly bacteriological sampling will continue to be required by this department to show that the water is safe to drink. The State Certified Laboratory will

need to forward a copy of the sampling analysis to this office. If any routine sample is total coliform-positive, the water supplier shall collect a repeat sample from the same location within 48 hours of being notified of the positive result. If the repeat sample is total coliform-positive the water supplier shall notify the local health officer within 48 hours and take corrective actions to eliminate the cause of the positive samples.

Inorganic and Volatile Organic Chemical Analysis: A one-time chemical analysis must be completed and analysis report forwarded to this office per (Title 22, Div. 4., Ch. 15, Art 3, Section 64213, Tables 64431-A and potentially Table 64444-A).

- Treatment - Depending on Water Source: May require documentation for continuous disinfection treatment of SURFACE Waters prior to entry to the distribution system.
- Identification of owner and person responsible for day to day operations. Provide organizational chart identifying key personnel, title, and phone number.
- Plan to notify those served under emergency conditions (see handout).
- Operations plan.
- Specify how responsible party will respond to failure of system.

# WATER QUALITY EMERGENCY NOTIFICATION PLAN FOR SMALL WATER SYSTEMS

The California Health and Safety Code, Chapter 7, Section 4029, requires all water utilities to have an **Emergency Notification Plan**. This plan is to be implemented whenever the Department of Health Services determines that your water supply fails to meet water quality standards and represents an imminent danger to the health of the water users. The legislation further requires that the notification indicate the nature of the problem with the water supply.

**\*\*As a Small Community Water System**, you are required to notify all customers on the water system.

**\*\*If an Owner or Operator of Residential Rental Property**, you must notify all tenants.

The Environmental Health Division of the Department of Health Services recommends that the means of notification of your tenants and/or customers be by either door-to-door contact, written handout sheets, posting of a notice at each site where drinking water is dispensed or telephone communication, using the method most appropriate for your type of operation.

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PLEASE INDICATE THE METHOD(S) OF NOTIFICATION YOU PLAN TO USE:

- Door-to Door
- Written handout sheets
- Telephone communication
- Posting of notice at each site where drinking water is dispensed

Send a letter to each water use

Name of Water System: \_\_\_\_\_

Name of **person residing in the area** to be contacted regarding implementation of the Notification Plan:

NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_ / \_\_\_\_\_  
(Please print or type) (Day) (Night)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
(ZIP)

Signature and Title: \_\_\_\_\_

Name of Water System \_\_\_\_\_

Attn: \_\_\_\_\_

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

City & Zip: \_\_\_\_\_

Please provide the following information, if applicable to your system and return it, with the completed application to our office within thirty (30) days. Your cooperation in completing the above information is greatly appreciated.

**WATER SYSTEM**

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NUMBER OF ACTUAL CONNECTIONS: \_\_\_\_\_

**WATERMASTER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**OWNER**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

# STATE SMALL WATER QUALITY TESTS

Before any new well is added to a State Small Water System, a water sample must be submitted to a state certified laboratory for analysis for the following chemicals and properties: **iron, manganese, chlorides, and total dissolved solids** and those chemicals listed below. In addition, a water sample must be taken to check for total coliform bacteria.

A State Small Water System cannot add a well to its system without the expressed written consent of the Department of Environmental Health.

Table 64431-A			
Maximum Contaminant Levels (MCL) Inorganic Chemicals			
Chemical	Mg/L	Chemical	Mg/L
Aluminum	1.000	Fluoride	2.000
Antimony	0.006	Mercury	0.002
Arsenic	0.050	Nickel	0.100
Asbestos	7.000 MFL*	Nitrate (as NO <sub>3</sub> )	45.000
Barium	1.000	Nitrate + Nitrite	10.000
Beryllium	0.004	Nitrite (as nitrogen)	1.000
Cadmium	0.005	Selenium	0.050
Chromium	0.050	Thallium	0.002
Cyanide	0.200		

\*MFL= million fibers per liter, MCL for fibers exceeding 10 um in length