

Environmental Health Division

State Small Water System Report:

I. Technical Report

This report is comprised of the following sections:

I.	Technical Report	A description of the water system, number of connections, water treatment, and permit requirements.
II.	Water Monitoring Requirements and Bacteriological Sample Siting Plan	A detailed description of the chemical and bacteriological monitoring requirements and the sampling locations
III.	Emergency Notification Plan	Notification system that will be employed if contamination is identified in the water system
IV.	Operations Plan	A description of the general operations of the water system
V.	Maps and Attachments	Please include required Attachments at the back of the packet

For new permit applications, please complete all sections.

Changes such as a change of ownership, change of management, identification of potential contamination, expansion of the water system, or other changes may require revision of specific sections.

ATTACHMENTS – Please indicate the included attachments. Submittals marked with an asterisk * are required

- | | |
|---|---|
| <input type="checkbox"/> 1. (I.) Site Plan, to scale* | <input type="checkbox"/> 7. (II.) Chemical Source Sampling Results* |
| <input type="checkbox"/> 2. (I.) Well Completion Report* | <input type="checkbox"/> 8. (II.) Bacteriological Sample Results* |
| <input type="checkbox"/> 3. (I.) Distribution Piping Diagram* | <input type="checkbox"/> 9. (II.) Treatment Components Spec. Sheet |
| <input type="checkbox"/> 4. (I.) Well/Booster Pump Spec. Sheet* | <input type="checkbox"/> 10. (II.) Treatment Components Schematic |
| <input type="checkbox"/> 5. (I.) Storage/Pressure Tank Spec. Sheet* | <input type="checkbox"/> 11. (III.) Emergency Notification Plan* |
| <input type="checkbox"/> 6. (II.) Bacteriological Sample Siting Plan* | <input type="checkbox"/> 12. (IV.) Operations Plan* |

I. Technical Report

A. WATER SYSTEM CAPACITY REQUIREMENTS

The water system is notified of the following capacity requirements:

1. Water Supply Requirements:

The state small water system shall demonstrate that sufficient water is available for 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.

2. Water Usage Analysis:

A water usage analysis is an evaluation of the total water demand for the water system versus the total available water. The analysis shall include all water uses (domestic, irrigation, fire protection) and the total water supply and available storage capacity. Please include any peak water usages that may require additional water storage needs.

Note: New and existing water supply wells may be subject to required installation of a totalizing flowmeter and recording and reporting of actual water usage semi-annually.

All known wells on and within 500 feet of the site shall be included on the scaled site plan. The well type (domestic, irrigation, industrial, or public supply) and status of each well (active, standby, or abandoned) shall be included on the site plan.

B. SYSTEM CONTACT INFORMATION

System Name: _____ Site No.: _____

Site Address: _____ APN: _____

Property Owner: _____

Mailing Address: _____

E-Mail Address: _____ Phone No.: _____

Facility / Operations Manager: _____

Mailing Address: _____

E-Mail Address: _____ Phone No.: _____

C. Annual Notice to Consumers:

The Notice to Consumers shall be delivered by (*choose one*):

Direct Delivery

Continuous Posting at a Central Location – Location: _____

The following Annual Notice shall be provided by the water system to the consumers:

"The domestic water supply for this area is provided by a state small water system.

State regulatory requirements for operation of a state small water system are less extensive than requirements for larger public water systems.

If you have questions concerning your water supply, you should contact [insert: (1) name of water system, (2) name of responsible person, and (3) telephone number] or your local health department."

D. WATER SYSTEM INFORMATION

1. Type of Water System:

- State Small Water System
- Other _____

2. Population Served: (check all that apply)

*To determine approximate residential population, multiply number of residential service connections by 2.8. (CCR, Title 22 §64412)

- *Residential No.: _____
- Employees/Student No.: _____
- Transient Users No.: _____

3. Service Connections:

Number of Connections: _____

Description of Service Area:

Parcels Served:

	APN	Address	Connections type and number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

4. Source Water Data – Water Supply Well(s):

Please submit a copy of the Well Completion Report and pump specification sheet for each well
 Include additional pages as necessary for additional water supply wells

	Primary Well		Secondary Well	
Well Status	<input type="checkbox"/> Active <input type="checkbox"/> Standby <input type="checkbox"/> Other: _____		<input type="checkbox"/> Active <input type="checkbox"/> Standby <input type="checkbox"/> Other: _____	
Date Drilled				
Sanitary Seal Depth (ft.)				
Capacity (gpm)				
Depth to Static Water (ft) – Date Observed				
Pump Type				
Pump Horsepower				
Distance to Sewer (ft.)	<input type="checkbox"/> N/A - No public sewer connection		<input type="checkbox"/> N/A - No public sewer connection	
Distance to Leachfield (ft.)				
Distance to Septic Tank (ft.)				
GPS [Lat / Long]	Lat:	Long:	Lat:	Long:

5. Water Storage Data:

Please submit a copy of the specification sheet(s) for each different tank

Type of Tank(s)	Material	Capacity (gal)	Number of Tanks	Total Capacity (gal)
Storage				
Pressure				
Other				

6. Water Treatment Data:

Treatment: *Check all that apply:*

- Disinfection
- Filtration
- Reverse Osmosis
- Ion Exchange
- Blending

Please submit a copy of the treatment specification sheet(s) and system schematics

Disinfection Treatment: N/A – No disinfection treatment

Continuous Disinfection: Yes No

Chemical Used: _____ Reservoir Capacity (gal): _____

Target Residual (ppm): _____ Injection Location: _____

Treatment (Other): N/A – No other treatment

Treatment Type: Centralized Point of Use Point of Entry

Constituent(s) Treated: _____

Raw Water Constituent Concentration (ppm): _____

Description of Treatment:

7. Distribution System Data:

Please submit a copy of the distribution piping diagram which includes the location of all connected water system facilities (water supply wells, water tanks, water treatment facilities).

Please submit a copy of the booster pump specification sheet, if applicable.

Water Mains:

Material: _____ Piping Diameter (in): _____

Distribution Operating Pressure (psi): _____

Booster Pumps: N/A – No booster pumps

Pump Type: _____ Pump Horsepower: _____

Pump Location: _____

8. Cross Connection Control (CCC) Program:

Backflow Prevention Devices Installed: *(check all that apply)*

- Double Check Valve
- Reduced Principle Pressure
- Pressure Vacuum Breaker

Please include the location of backflow prevention devices on the distribution piping diagram

Cross Connection Control Survey Performed:

- Yes – Date: _____
- No

Description of CCC Program:

E. Water Monitoring Requirements – see Section II:

Please complete and submit II. Water Monitoring Requirements and Bacteriological Sample Siting Plan

The applicant is notified of the following requirements:

1. Bacteriological Monitoring:

A bacteriological sample shall be taken from each source prior to treatment.

2. Chemical Monitoring:

Chemical sampling of all sources must be completed prior to issuance of a permit to operate.

Chemical Testing Performed: *(check all that apply)*

- 1. * Inorganic Chemicals *(Table 64431-A)* Date performed: _____
- 2. * Fluoride, Iron, Manganese, Chlorides & Total Dissolved Solids Date performed: _____
- 3. Synthetic Organic Chemicals Date performed: _____
- 4. Volatile Organic Chemicals Date performed: _____

*Testing Required

3. Water Monitoring:

New and existing water supply wells may be subject to monitoring of static ground water levels. Actual measurements of ground water levels should be collected and recorded from each well semi-annually during the spring and fall by use of the sounding port on the wellhead or from a designated onsite monitoring well. The date, time and information regarding the well's status (active, standby, or non-operational) along with the water level in feet below ground surface shall be included in the recording.

Note: Where metering or sounding ports are lacking, electric-power-consumption records or rated capacity of the well can be used as surrogates for actual pump data

F. Emergency Notification Plan – see Section III:

Please complete and submit III. Emergency Notification Plan

The applicant is notified that submittal of an Emergency Notification Plan is required

G. Operations Plan – see Section IV:

Please complete and submit IV. Operations Plan

The applicant is notified that submittal of an Operations Plan is required

Certification:

To the best of my knowledge, the information included in this report is correct and accurate.

Report Prepared by: _____ Title: _____

Signature: _____ Date: _____

California Code of Regulation (CCR) Title 22, Section 64431: Table 64431-A – Inorganic Chemicals*	
Chemical	Maximum Contaminant Levels (mg/L)
Aluminum	1
Antimony	0.006
Arsenic	0.01
Asbestos	7 MFL**
Barium	1
Beryllium	0.004
Cadmium	0.005
Chromium	0.05
Cyanide	0.15
Fluoride	2.0
Mercury	0.002
Nickel	0.1
Nitrate	10
Nitrate + Nitrite	10
Nitrite (as nitrogen)	1
Perchlorate	0.006
Selenium	0.05
Thallium	0.002
**MFL = million fibers per liter; MCL for fibers exceeding 10mm in length.	