



COUNTY OF LAKE

HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court
LAKEPORT, CALIFORNIA 95453-9739
Telephone 707/ 263-1164 Fax 707/263-1681

APPLICATION and PLAN CHECK NEW / RENEWAL TO OPERATE A WATER SYSTEM

New System – Date to Open: _____ Renewal Application-Date: _____

Name of Water System/Food Facility: _____

Address of System/Facility: _____

City _____ Zip code _____

Responsible Party: _____

Billing Address: _____

City: _____ State: _____ Zip Code _____

Phone #: _____ Fax/email: _____

Number of Service Connections: _____ Source of water: Well Spring Surface Other

System Serves: _____ (subdivision, motel, restaurant, industry)

Local Representative: _____ Phone #: _____

Address of Local representative: _____ email: _____

Manager of System: _____ Phone #: _____

Name of person residing in the area to be contacted regarding implementation of the emergency notification plan:

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Email: _____

Do you serve more than an average daily number of 25 people 60 days a year? ___ Yes ___ No

Sewage Disposal: ___ Septic System ___ Community Sewer: (Name) _____

As the ___ Water Master ___ Manager ___ Owner of this Water System, I certify that, should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of water system as may be promulgated. I also agree that representatives of the Lake county Division of Environmental Health may make inspections and examine records during the hours when the business is open.

Signature _____

Date _____

••For Office Use Only••

Date Received: _____

Category: _____

Facility No: _____

Fee Amount: _____

Receipt # _____

Existing Water System: _____

New System-Date to Open _____

Change of Ownership: _____

Effective Date: _____

Former Name: _____