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WWW.BUTTECOUNTY.NET/PUBLICHEALTH

ENVIRONMENTAL HEALTH DIVISION

INFORMATION TO ACCOMPANY APPLICATION FOR A WATER SUPPLY PERMIT

Date: _____

1. Community or Area Served _____
(submit site map with service connection information)

2. Name of Water System _____

Owner _____

Owner's Address _____

3. Local Representative Name _____ Title _____

4. Principal Features of System

a. Source(s) of Supply (Give a brief description and location)

b. Treatment

c. Pumping Stations

d. Reservoirs

e. Distribution System

TEL- 530.538.7281
FAX- 530.538.5339

202 MIRA LOMA DRIVE
OROVILLE, CA 95965

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5. Auxiliary Supplies (Source and character, frequency of use)

 6. Back-Flow Hazard (To premises having unapproved supplies; program regulations for controlling back-flow hazards)

 7. Emergency Provisions (For furnishing water during floods, earthquakes, power interruptions and water shortages)

 8. Operating Records (Indicate nature and frequency of readings)

 9. Laboratory Tests (Laboratory running tests, nature of tests and summary of recent tests)

 10. System Data (population served, number of connections, number of metered services, average water used in gallons, future growth of water system)
