MONTEREY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH BUREAU
DRINKING WATER PROTECTION SERVICES

APPLICATION FOR A NEW OR AMENDED WATER SYSTEM PERMIT

Return Application to: Monterey County Health Department
Drinking Water Protection Services
1270 Natividad Road
Salinas, CA 93906

Date:_____

1a. Legal Owner of System_____ phone no. (___) ____-_____
(Individual or Association)

1b. Operator of system_____ phone no. (___) ____-_____

2. Mailing Address _____
Street/P.O. Box

_____
City State Zip Code

3. Location Description of Water System _____
(e.g., road name and distance to nearest crossroad, etc.) _____

Number of Connections (attach list)_____
(each habitable structure (house, caretakers, senior unit, etc.) requires a separate connection

4. New water system ☐, modification of an existing water system ☐, or change of ownership ☐?

If modification or change in ownership,

1. Give name of water system (as it appears on Health Permit)_____
_____ computer no. _____

2. Describe proposed modifications(s)_____

_____

Submit detailed plans and specifications on proposed modifications before construction.

5. Qualified Engineer (experienced in water system design) or other person designing the construction or modification of the water system

_____
Name Company Name Mailing Address

phone no. (_____)_____-_____

(_____)_____-_____

6. Submit the following documents with the application:

(1) New system - Results from a source production test performed by a drilling contractor or other person approved by the Health Department on the source(s). This test must be witnessed by a representative of the Health Department. For non-alluvial formations the pumping shall be a minimum of 72 hours with a recovery period equal to the length of time of pumping. For alluvial formations, pumping shall be a minimum of 8 hours with a recovery period equal to the pumping length. Consult with Health Department prior to initiating the test to determine if the length of time for the test needs to be increased due to site specific factors including: distance to bedrock, known problems in the area, large fluctuating groundwater levels, drought conditions, etc. See website for more details:
http://www.co.monterey.ca.us/government/departments-a-h/health/environmental-health/drinking-water-protection/source-capacity-testing
Existing system (previously unpermitted system with no new connections)– consult with Department

(2) *Inorganic Chemical Analysis: Aluminum, antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, nickel, nitrate (NO_3), nitrite, (NO2), perchlorate, selenium, and thallium. Asbestos and cyanide may be waived if determined to not be vulnerable.

(3) *Secondary Standards: Total dissolved solids, specific conductance, chloride, sulfate, calcium, magnesium, potassium, sodium, iron, manganese, carbonate, bicarbonate, hydroxide alkalinity, total hardness, MBAS, copper, zinc, silver, color, odor, turbidity, pH. MTBE and thiobencarb are also required, but may be waived if determined to not be vulnerable.

(4) *Coliform Bacteria Analysis

(5) *Volatile Organic Chemical Analysis (EPA Method 502.2)(if determined to be vulnerable)

(6) *Synthetic Organic Chemical Analysis (Atrazine, Alachlor, Bentazon, Carbofuran, Diquat, Simazine, 2,4-D) (if determined to be vulnerable)

* Analyses must be performed by a lab certified by the State of California

(7) Recorded Water Agreement between all users of the system. (not required if system on one parcel) Incorporation also required for 5-14 connections.

(8) Construction plan(s) – New construction must be designed and stamped by a State certified engineer; approved by the local fire agency. Show location of tanks, wells, connections, all lengths and sizes of pipelines, shut-off valves, thrust block detail, connection detail at tanks and wells, trench detail and pressures within the system on a topographical map. If septic envelopes have been required, include them on the plan(s); also show location of other active, inactive, or abandoned water wells within the subdivision or boundaries of the water system, tank lot, well lot and other easements.

(9) Written approval from the local fire agency after completion of construction/modification.

(10) Well log(s).

(11) Emergency Notification Plan (form enclosed).

(12) Final Inspection of Water System.

(13) Connection List (form enclosed). Supply the required information, including the Assessor Parcel Number (APN) for each connection to be served by the water system.

(14) Obtain Use Permit from the Planning Department (755-5025) for each additional connection beyond the existing permitted connections (5-199 connections).

(15) Obtain Building Permit for storage tank(s) over 5,000 gallon capacity (if applicable).

(16) Contact Monterey Peninsula Water Management District at (831) 658-5600 for permit requirements (if within district boundary). http://www.mpwmd.dst.ca.us/wrd/wells/general%20info/geninfo_052407.htm

(17) Financial Capacity/Budget Projection analysis (form enclosed).

(18) Operation and Maintenance Plan (guidance enclosed).

7. SOURCE ☐ WELL ☐ SPRING ☐ Other (specify) _____

WELL:	WELL 1	WELL 2	WELL 3
a) Date drilled			
b) Location			
c) Dimensions of lot easement			
d) Well depth			
e) Capacity (GPM)			
f) Annular seal depth			
g) Perforation locations			
h) Conductor diameter			
i) Gravel packed (yes/no)			
j) 2nd casing diameter			
k) 2nd casing depth			
l) Type of casing			
m) Water level (static)			
n) Water level (pumping)			
o) Concrete slab			
p) Sounding tube/access hole			
q) P.G.& E. number			
r) Distance to:			
sewer			
septic tanks			
leach lines			
seepage pits			
abandoned well(s)			
hazardous chemical			
any other possible contamination sources within ¼ mile radius from each water source (e.g., gas station, agricultural activities, etc.)			
s) Use:			
Residential			
Commercial			
Agricultural			

7. continued:

	WELL 1	WELL 2	WELL 3
t) Approved backflow valve (Ag wells)			
Make			
Model			
Testing frequency			
u) Frequency of Use			

SPRING/OTHER (specify) _____

a) Location _____
b) Type of development _____
c) Flow (pump or gravity) _____
d) Average yield (GPM) _____
e) Surface drainage outlet screen _____
f) Topography _____
g) Exposure (residential/commercial/agricultural) _____
h) Sanitation measures _____

PUMP

a) Make _____
b) Type (submersible, jet, turbine) _____
c) Power (hp)_____
d) Capacity (GPM) range _____
e) Lubrication _____

8. STORAGE

a) Tank lot dimensions _____
b) Type (steel, wood, concrete, plastic) _____
c) Capacity (total gallons) _____
d) Feeds distribution system by: Check the appropriate box
☐ Booster Pump ☐ Pressure Tank ☐ Gravity ☐ Combination
e) Elevation _____
(height above/depth below ground surface)
f) Distance to source _____
g) Interior coating _____
h) Use: Domestic/Fire _____
Commercial _____
Other (specify) _____

9. DISTRIBUTION

a) Main Line: Size_____
Type of material _____
Dead ends _____

b) Meters: Size_____
Type material _____
Make/Model_____

c) Number of shut-off valves_____

d) Billing procedure: Metered _____
Flat rate _____

10. TREATMENT

a) Nature of treatment (e.g., NO_3, Fe, Mn, etc.) _____
b) Type equipment (e.g., RO, IE, etc.) _____
Manufacturer _____ Model _____
c) Location _____
d) Capacity (G.P.M.) _____
e) Waste discharge and handling _____
f) Operator's name _____ CA Certification # _____ Expiration date: _____
g) Maintenance schedule _____
h) Test frequency _____

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

Applicant's Name (print:_____

Applicant's Signature: _____

Title: _____

Address: _____

_____

Telephone: _____

9/09