



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division
 292 W. Beamer Street, Woodland, CA 95695
 Phone (530) 666-8646 | ehealth@yolocounty.gov

Water System Determination Form

Facility name:	
Facility physical address:	APN:
Property Owner:	Legal owner of the Water System:
Primary contact name:	Mailing Address:
Contact phone number:	Email address:

1. Type of area served: _____
(i.e. type of business, facility or community. Please submit map if available)

2. How long has this facility been in existence? _____ year(s)/month(s)

3. Number of service connections: _____ *(A service connection is any connection between the water system piping and customer piping, i.e. number of plumbed buildings or physical structures supplied by the water system)*

4. Population Served:

- **Residential** - How many **year-round residential** customers or persons? (Residing on site **more than 183 days per year**) _____
- **Non-Transient** - How many of the **same persons** will be on your premises for **at least 6 months**? (Not including residential customers listed above) _____
- **Transient** - How many people are on site during the busiest **60 days of the year**? (Not including customers listed above. Also, the 60 days do not have to be consecutive) _____

5. Describe the proposed or existing operating activities for this facility and water system:

6. Days and hours of operation: _____

7. Water source name(s), type, and description of usage for the facility:

NAME OF WATER SOURCE (E.G. WELL 01, ETC)	TYPE OF SOURCE (GROUND WATER, SURFACE WATER, OR PURCHASED WATER)	PERIOD OF USE

Owner/Operator Signature: _____ Date: _____