

## COUNTY OF SAN DIEGO DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY

5500 Overland Avenue, # 210, San Diego, CA 92123

# SMALL DRINKING WATER SYSTEM PLAN REVIEW APPLICATION

(PLEASE READ BOTH PAGES OF THIS APPLICATION PRIOR TO COMPLETION)

	Water System Name	<u>S</u> y	stem Number	
	Site Address			
	(Please include Street, City, State, and Zip Code)			
	Water System Classification: □ Community □ Nor	n-Transient Non-Commu	nity □ Transient Non-Community □ State Small	
B.	Application Submitted By:			
	Contact Person	Telephone	E-mail Address	
	Company	License/Certificatio	n Number	
	Mailing Address			
	(Please include Street, City, State, and Zip Code)			
	Financially Responsible Party:			
	Contact Person	Telephone	E-mail Address	
	Company			
	Mailing Address			
acc	ent the annlication requirements and project revi	ew conditions listed on F	age 2 of 2 and I agree to nav all costs associated with	
	IQ staff time and services within 30 days of receive	ving an invoice.	rage 2 of 2 and I agree to pay all costs associated with  Date:	
	IQ staff time and services within 30 days of receive	ving an invoice Print Name:	Date:	
DEF	IQ staff time and services within 30 days of receiving Signature:	ving an invoice.  Print Name: Title		
DEH	IQ staff time and services within 30 days of receivages and services wit	ving an invoice.  Print Name: <u>Title</u> <u>E-ma</u>	Date:	
C.	IQ staff time and services within 30 days of receive Signature:  Water System Contact:  Telephone	ving an invoice.  Print Name: <u>Title</u> <u>E-ma</u>	Date:	
C.	IQ staff time and services within 30 days of receive Signature:  Water System Contact:  Telephone  Signature:  Project Scope:	ving an invoice.  Print Name: Title E-ma Print Name:	Date:	
C.	IQ staff time and services within 30 days of receive Signature:  Water System Contact:  Telephone  Signature:  Project Scope:	ving an invoice.  Print Name: Title E-ma Print Name:	Date:	
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### COUNTY OF SAN DIEGO DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY

E. PDS Zoning:	
Overall use allowed: Yes No No	Appropriate permits have been obtained: Yes \( \square\) No \( \square\)
Reviewed by Zoning Staff:	Signature:
Telephone:	Date:
Email:	
F. PDS Building:	
Overall use allowed: Yes  No	Appropriate permits have been obtained: Yes \( \square\) No \( \square\)
Reviewed by Building Staff:	Signature:
Telephone:	Date:
Email:	

### SMALL DRINKING WATER SYSTEM PROGRAM

#### **Application Requirements**

- Sections A, B, C, D and E must be completed on the application form.
- The applicant must be aware that submittal of plans to the Department of Environmental Health & Quality (DEHQ) for review does not negate or take the place of any required plan check or permits with Planning and Development Services (PDS). Please contact PDS at (858) 565-5920 for all permit and plan check requirements.
- Section E and F must be completed by County of San Diego, Planning and Development Services for this application to be considered complete.
- The water system name and system number should match the name on the plans or reports being submitted.
- The Small Drinking Water System Program requires a minimum initial deposit \$540 be submitted with the application. This deposit is made payable to the County of San Diego and will cover approximately three hours of staff review time. When the funds in the deposit account have been depleted, DEHQ will require that an additional deposit be submitted. An invoice will be generated and the applicant will be directed to submit payment. When review is completed and the project is approved by DEHQ, any remaining balance in the deposit account will be refunded to the applicant upon request.

#### **Project Review Conditions**

• Within 30 days of DEHQ receipt of your complete application (plans or reports, and fee submittal) DEHQ will review the project and provide written approval or disapproval with comments.

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