



**TULARE COUNTY  
HEALTH & HUMAN SERVICES AGENCY**

Donna Ortiz  
Agency Director

Karen M. Elliott, MBA • Director • Public Health Branch  
Nilsa Gonzalez, REHS • Public Health Branch Deputy Director • Environmental Health Director

## Determination of Water System Type

**1. Name of Public Water System:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**2. Local Representative:** \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. Description of Service Area:** \_\_\_\_\_

(submit map if available)

County: \_\_\_\_\_

Is this an existing Water System? ☐ Yes ☐ No

If Yes, how long in existence? \_\_\_\_\_

**4. Service Connections**

*(A Service Connection is any connection between the Water System piping and customer piping)*

New/Planned Water System:

Number of Connections: Initial: \_\_\_\_\_ Final: \_\_\_\_\_

Number of Persons served: Initial: \_\_\_\_\_ Final: \_\_\_\_\_

Existing Water System:

Total Number of  
Connections: \_\_\_\_\_

**5. Population**

Total  
Population \_\_\_\_\_

Does this Water System serve more than 25 persons?

Yes  
☐

No  
☐

Does this Water System operate more than 60 days out of the year?

☐

☐

**6. Briefly describe the operating activities of the proposed Water System:**

\_\_\_\_\_



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**7. System Features**

a. Source(s) ☐ Groundwater ☐ Surface Water

Source Name	Source Location	Usage Months

b. Treatment (*Describe*): \_\_\_\_\_

c. Pumping Stations (*i.e. Booster Pumps*): \_\_\_\_\_

d. Reservoirs (*i.e. Storage Tanks, Pressure Tanks*): \_\_\_\_\_

e. Distribution System (*i.e. Mains and Laterals*): \_\_\_\_\_

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