



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
Lakeport:
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Cal-Code Water System Requirements

(For Food Facilities with Private Water Wells that Do Not Meet the Definition of Either a Public Water System or State Small Water System)

Retail food facilities not served by a public water system have a responsibility to assure a safe water supply. California Retail Food Code (Cal-Code), Section 114192, states that "an adequate, protected, pressurized, potable supply of hot water and cold water shall be provided," and Cal-Code, Section 113869 states that "potable water means water that complies with the standards for transient non-community (public) water systems pursuant to the California Safe Drinking Water Act, Chapter 4 (commencing with Section 116270) of Part 12, to the extent permitted by federal law."

*A **Public Water System** is defined in the California Health and Safety Code as a system that has 15 or more service connections or regularly serves at least 25 persons daily at least 60 days out of the year.*

*A **State Small Water System** serves at least 5 but not more than 14 connections and does not regularly serve drinking water to more than an average 25 individuals daily for more than 60 days out of the year.*

*If your facility is served by a private well source, but does **not** meet the definition of either a public water system or state small water system, your facility still requires what is called a **Cal-Code Water System operating permit**.*

Steps for Obtaining a Cal-Code Water System Operating Permit

The following information shall be submitted to the Environmental Health Department:

1. **"Water System Information Sheet"** (blank form attached).
2. A plan review.
3. **Information on your well water source:**
 - a. Existing well source: Provide construction information on the existing well (e.g. Department of Water Resources Well Completion Report.)
 - b. New well source: If you intend to construct a new well for your facility, it must be drilled by a licensed well driller under **permit** from this Department. Note that a NEW well must be constructed with a minimum **50-ft sanitary seal**.
4. **Sampling results:** Your well must be equipped with a sample tap located between the wellhead and the check valve. Sample each proposed well source for the following:

Bacteriological and Chemical Monitoring Requirements for Transient Non-Community Water Systems

Bacteriological Monitoring

Bacteriological Levels (Present/Absent)	Frequency
Total Coliform- Absent	Quarterly sampling required
Fecal Coliform- Absent	Quarterly sampling required

Primary Chemical Group

Chemical- Levels (MCL)	Frequency
Nitrate (as NO ₃)- 45.0 mg/L	Once per year
Nitrite (as N)- 1.0 mg/L	Once every three years
Fluoride- (Variable)	One time sample required
Arsenic- 0.01 mg/L	One time sample required

Secondary Chemical Group

Chemical- Levels (MCL)	Frequency
Iron- 0.3 mg/L	One time sample required
Manganese-0.05 mg/L	One time sample required
Bicarbonate- Variable	One time sample required
Calcium- Variable	One time sample required
Carbonate- Variable	One time sample required
Hydroxide- Variable	One time sample required
Magnesium- Variable	One time sample required

Sodium- Variable	One time sample required
Total Alkalinity- Variable	One time sample required
Total Hardness- Variable	One time sample required
pH- Variable	One time sample required

5. **Water system schematic.** This schematic may be hand drawn. It must show the location of your water source, water lines, other wells, and any other water system components (such as storage tanks, pressure tanks, treatment units, etc.). Also show septic systems, water bodies, and structures.

6. **“Bacteriological Sample Siting Plan”** Ongoing quarterly monitoring of the distribution system is required for Cal-Code water systems. The first routine bacteriological sample shall be submitted and absent for coliform bacteria before a Cal-Code permit will be issued.

7. **Schedule an inspection of your water system.** During this inspection, Department staff will verify the sanitary condition of your well and water system components. Depending on the complexity of the water system, there may also be requirements for backflow prevention and cross connection control.

Note: If your water source is from surface water (e.g. spring, pond, lake or reservoir, etc.) additional requirements may be necessary.



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WATER SYSTEM INFORMATION SHEET

Please Complete the Form and Return with the Annual Permit

OWNER/OPERATOR: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

FACILITY: _____

Site Address: _____ Assessor's Parcel No: _____

City: _____ Site Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Nature of Business: _____

EMERGENCY NOTIFICATION:

	Name	Day Phone	Night Phone
Contact #1			
Contact #2			

DESCRIPTION:

Owner/Manager/Operator _____

No. of Service Connections (i.e. Residences/campsites with water/barns/mobile homes, etc.) _____

No of days in a year that facility will be operated: _____

Population Served on a daily basis: _____ (Maximum No.) _____ (Minimum No.) _____

Number of days in a year that there are at least 25 persons on site: _____

Water Source (well, spring, lake) _____

Treatment Type(s) if any _____

As the owner or officially designated representative, I attest under penalty of perjury, that the information contained above is complete, accurate, and up to date.

Owner/Operator's Signature

Date