



Division of Environmental Health

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COTTAGE FOOD OPERATION (CFO) – PRIVATE WATER SUPPLY SUPPLEMENTAL FORM

Business Name: _____	
Water System Location: _____	
Owner Name: _____	Owner Phone: _____

WELLS

Type of Well: Drilled Dug

Casting Material: Steel PVC Concrete

Total Depth: _____ Depth to Water: _____

SPRINGS AND SURFACES SOURCES

Spring: _____

Infiltration Gallery: _____

River Bar Well: _____

Other Source: (please describe) _____

STORAGE TANK

<input type="checkbox"/> Pressure – Volume: _____	<input type="checkbox"/> Gravity – Volume: _____
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TREATMENT

PLEASE CHECK THE APPROPRIATE BOX AND DESCRIBE THE TREATMENT IN THE SPACE PROVIDED.

<input type="checkbox"/> Pretreatment: _____
<input type="checkbox"/> Disinfection – UV Light: _____
<input type="checkbox"/> Disinfection – Chlorination: _____
<input type="checkbox"/> Filtration Type: (choose one) <input type="checkbox"/> Cartridge <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Sand Filter <input type="checkbox"/> Other** **If other, please describe: _____

Filter Location: Outside Home (point of entry) At Sink (point of use)

Filter is Rated: NSF Std 58 for cysts NSF Std 53 for cysts "Absolute" 1 micron Don't know

Springs, surface sources, and shallow wells are vulnerable to bacterial contamination and need filtration and disinfection to be safe at all times. If your water source has fecal Coliform bacteria present then both harmful bacteria and cysts may be present, especially during the wet season. Persons with weakened immune systems, young children, pregnant woman, and the elderly are vulnerable. A combination of appropriate filtration and disinfection provides protection against these contaminants to keep the water safe for domestic use.

See the following link for more guidance on filter selection: http://www.cdc.gov/parasites/crypto/gen_info/filters.html

BACTERIOLOGICAL TESTING

FOR TOTAL AND FECAL COLIFORM BACTERIA

1. Frequent testing has been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Testing has been completed recently.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Source tests are free of Total and Fecal Coliform bacteria.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Source has been evaluated and disinfected.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Follow-up testing is free of Total and Fecal Coliform bacteria.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHEMICAL TESTING FOR NITRATES

1. Testing has been completed at least once.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant Signature: _____ **Date:** _____

ADDITIONAL INFORMATION

Frequent bacteriological testing for Fecal and Total Coliform by a certified laboratory is one means to ensure safety of the water supply. Positive results need to be followed up by examination of the system with disinfection, repairs, addition of treatment systems, and testing as necessary. Ground water wells may only need annual testing while spring and surface sources should be tested quarterly. The EPA recommends testing for nitrates yearly and Environmental Health recommends at least once if your source is near grazed or fertilized fields.

The following Environmental Health drinking water handouts are available:

- Water Testing for Small Water Systems – Frequently Asked Questions
- How to Interpret Your Water Sample Test Results
- Troubleshooting Checklist for Coliform Contamination

For additional information and assistance with drinking water supplies:

- Humboldt County Division of Environmental Health: 707-445-6215
- Safe Drinking Water Hotline: 1-800-426-4791
- Visit the EPA website: <http://www.epa.gov/safewater/index.html>