

STATE OF CALIFORNIA
APPLICATION
FOR
DOMESTIC WATER SUPPLY PERMIT

APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)

Applicant: _____

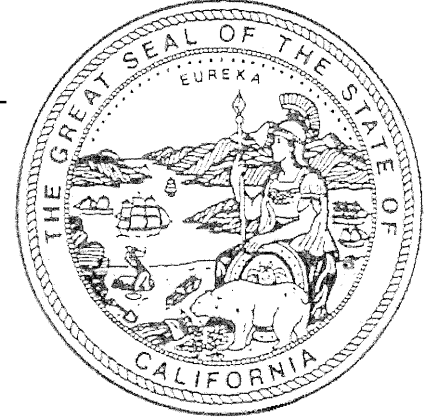
(Enter the name of legal owner, person(s) or organization)

Address: _____

System Name: _____

Water System Address: _____

TO: Contra Costa County
 Contra Costa Environmental Health
 2120 Diamond Blvd., Ste 200
 Concord, CA 94520
 (925) 692-2500
 (925) 692-2504 (fax)



Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116525, relating to domestic water supply permits, application is hereby made for a domestic water supply permit to operate _____

(Applicant should state the type of system, e.g., community,

transient-noncommunity, or nontransient-noncommunity, and the proposed area of services. This application will also be used

for a change in ownership application.

(We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

Signed By: _____

Print Name: _____

Title: _____

Date: _____

Address: _____

Telephone : _____

FOR OFFICE USE ONLY				
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