

STATE OF CALIFORNIA
APPLICATION
FOR
DOMESTIC WATER SUPPLY PERMIT AMENDMENT
FROM

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

Address: _____

System Name: _____

System Number: _____

TO: County of Inyo
 Department of Environmental Health Services
 P. O. Box 427
 Independence, CA 93526



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 116550, relating to changes requiring an amended permit, application is hereby made to amend an existing water supply permit to _____
 (Applicant must state specifically what is being applied for - whether to construct

new works, make alterations or additions in works or sources, or change or modify treatment.)

I (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.

By: _____

Title: _____

Address: _____

Telephone: _____

Application Date: _____

Permit Fee Amount Paid:		Receipt #:	
Permit Issue Date:		Permit #:	
For Inyo County EHS Office Use Only			