

STATE OF CALIFORNIA
APPLICATION
FOR
DOMESTIC WATER SUPPLY PERMIT
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 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.)

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: _____

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