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COUNTY OF INYO
Department of Environmental Health Services
P.O. Box 427, Independence, California 93526

STATE SMALL WATER SUPPLY PERMIT APPLICATION

Application From _____
[NAME OF WATER SYSTEM]

Applicant _____
[ENTER THE NAME OF THE LEGAL OWNER, PERSON(S) OR ORGANIZATION]

Address _____
[ADDRESS OF LEGAL OWNER, PERSON(S) OR ORGANIZATION]

Pursuant and subject to the requirements of Title 22, Division 4, Chapter 14, Article 3 California Safe Drinking Water Act relating to State Small Water Systems, application is hereby made for a permit to:

[Applicant must state specifically what is being applied for - whether to operate a water system, to construct new works, to use existing works, to make alterations or additions in works or sources. Note Section 64211, regarding information to be submitted with application. Additional sheets(s) may be attached]

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 _____

Phone (Day) _____ Phone (Evening) _____

Dated _____