

STATE OF CALIFORNIA
APPLICATION
FOR
DOMESTIC WATER SUPPLY PERMIT
TO OPERATE A SMALL PUBLIC WATER SYSTEM (SPWS)

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

Address: _____

System Name: _____

System Number: _____

TO: San Joaquin County Environmental Health Department
1868 E. Hazelton Ave
Stockton, CA 95205



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 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.

FOR OFFICIAL USE

Date Received:

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.

Signed By: _____

Title: _____

Address: _____

Telephone: _____

Date: _____