SAN JOAQUIN — COUNTY— Greatness grows here.

Environmental Health Department

WATER PROVISION DECLARATION

acility Business Owner Name:			City Phone:	Zip
roperty Owner Addres	s:	Street		
		Street	City	Zip
ATER PROVISION	NFORMATION			
	<u></u>			
Number of houses	. mobile homes, or oth	ner occupied buildings	served by the water we	ell(s):
	,	ioi occupiou numumge (or roa by the mater in	5(5)
. Number of employ	ees at the facility per sh	nift: Number	of shifts:	
.				
	· · · · · · · · · · · · · · · · · · ·	and visitors at the facility	•):
January 	April	July	October	
February	May	August	November	
March	June	September	December	
. Number of days the	at total number of custo	omers, visitors and emp	loyees frequent the fa	cility per mo
February	May	August	November	
	June	September	December	
March		· · · · · · · · · · · · · · · · · · ·		
March				
1	g residents:			
1	g residents:			
i. Number of yearlor				
Number of yearlorNumber of resider	ts per month, if variabl	le:	October	
5. Number of yearlon 6. Number of residen 6. January	its per month, if variabl	e: July	October November	
. Number of yearlon . Number of residen January February	ts per month, if variabl	e: July August	October November December	
. Number of yearlor . Number of resider January	its per month, if variabl	e: July	November	
. Number of yearlon . Number of residen January February March	April May June	E: July August September	November December	wledge It is
. Number of yearlon . Number of residen January February March declare under penalty	April May June of perjury that the state	e: July August September ments on this application	November December are correct to my know	•
. Number of yearlon . Number of residen January February March	April May June of perjury that the state	E: July August September	November December are correct to my know	•
Number of yearlor Number of resident January February March declare under penalty	April May June of perjury that the state	e: July August September ments on this application	November December are correct to my know	•
Number of yearlor Number of resident January February March declare under penalty	April May June of perjury that the state	e: July August September ments on this application	November December are correct to my know	•