



APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT

FROM:

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

Address:

System Name:

System Number: To be assigned upon approval

TO: Nevada County Environmental Health Department
950 Maidu Avenue, Suite 170
PO Box 599002
Nevada City, CA 95959

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 116527 and/or 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.

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:

Dated: