COUNTY OF IMPERIAL

APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT AMENDMENT

FROM:	
Applicant:(Enter the name	of legal owner, person(s) or organization)
Address:	of legal owner, person(s) or organization)
System Name:	
System Number:	FALT W
	unty Public Health Department invironmental Health cy Agency reet, Ste. B
Pursuant and subject to the	requirements of the California Health and Safety Code, Division 104,
Part 12, Chapter 4 (Califor	nia Safe Drinking Water Act), Article 7, Section 116525 and 116550,
elating to changes requirin	g an amended permit, application is hereby made to amend an
existing water supply permi	(Applicant must state specifically what is being applied for - whether to construct new
vorks, or additions in works or source	es, or change or modify treatment.
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:

DDW 06/2019

Dated: