COUNTY OF IMPERIAL

APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT

FROM:			
Applicant:	(Enter the name	of legal owner, person(s) or organization)	
Address:		of legal owner, person(s) or organization)	
System Name	e:		
System Numb	oer:	CALTA VEALTA	
ГО:	Imperial County Public Health Department Environmental Health Division Local Primacy Agency 1221 W. State St., Ste. B El Centro, CA 92243		
Pursuant and	subject to the	requirements of the California Health and Safety Code, Division 104,	
Part 12, Chap	oter 4 (Califori	nia Safe Drinking Water Act), Article 7, Section 116525 and 116540,	
elating to do	mestic water s	supply permits, application is hereby made for a	
domestic wat	er supply pern	nit to operate	
		nit to operate(Applicant should state the type of system, e.g., community,	
transient-noncoi	mmunity, or nontrai	nsient-noncommunity, and the proposed area of services. This application will may be used	
for a change in o	ownership applicati	on.	
	ICIAL USE eceived:	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:	

4/2/25

Dated:____