

**STATE OF CALIFORNIA  
APPLICATION  
FOR  
DOMESTIC WATER SUPPLY PERMIT**

Applicant: \_\_\_\_\_

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

System Address: \_\_\_\_\_

System (Company) Name: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

System Number: \_\_\_\_\_



TO: Imperial County Public Health Department  
Division of Environmental Health  
Local Primacy Agency  
797 Main Street, Ste. B  
El Centro, CA 92243

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 116525, relating to domestic water supply permits, application is hereby made for a domestic water supply permit to operate the following:

\_\_\_\_\_  
(Applicant should state the type of system, number of connections or population served, and the proposed area of service.)  
\_\_\_\_\_

***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.***

OFFICE USE ONLY
DATE RECEIVED:
RECEIVED BY:
AMOUNT/CHECK #:

Signed By: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dated: \_\_\_\_\_