

Water System Facility Information

*New Water System - \$1,200.00 deposit (T/M + consultants)
*Permit Amendment - \$600.00 deposit (T/M + consultants)
*Change of Owner - \$600.00 deposit (T/M + consultants)
Water System Alterations or Repairs (Minor Plan Review) - \$400.00 deposit (T/M + consultants)

* Must be accompanied by an Application for Domestic Water Supply Permit

Facility Information:

Facility Name: _____

Facility Address: _____ City: _____ ST: _____ ZIP: _____

Operator or Person in Charge: _____ Phone: _____

Email (to receive notices, invoices, inspection reports, etc.): _____

Owner Information:

Owner Name: _____

Owner Address: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ Cell Phone: _____

Email: _____

Account Information:

Account Holder Name: _____ Attn. to / Care of: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Mail/E-mail Invoice To (check all that apply): Facility Owner Account Holder

Change of Ownership (Only):

Date of ownership change: _____ Previous Owner: _____

Anticipated date of operation under new ownership: _____

Water System Classification (Check the box that best describes the water system classification):

Community Water System
Non-Transient Water System
Transient Non-Community Water System
Other (Food Facility, State Small):

Office Use Only
Date: _____ Amt: _____ Pay Type: _____ #: _____ FA#: _____ Rcvd by: _____

Applicant's Name: _____
Please Print

Applicant Signature: _____ Date: _____
Owner or Authorized Agent

Environmental Health Use Only

Comments:

Approved by: _____ Date: _____

Imperial County Public Health Department, Division of Environmental Health
797 Main Street, Suite B, El Centro, CA 92243
Phone: (442)265-1888 Fax: (442)265-1903
www.icphd.org